



Do-re-mi Self Motivation in Breast Cancer Patients: A Qualitative Study

Padoli Padoli*  Nur Hasanah, Ach Arfan Adinata

Department of Nursing, Surabaya Ministry of Health Polytechnic, Surabaya, Indonesia

Abstract

Edited by: Ksenija Bogojeva-Kostovska
Citation: Padol P, Hasanah N, Adinata AA. Do-re-mi Self Motivation in Breast Cancer Patients: A Qualitative Study. Open Access Maced J Med Sci. 2023 Jun 13; 11(B):727-736. <https://doi.org/10.3889/oamjms.2023.11476>
Keywords: Do-re-mi self-motivation; Breast cancer; Indonesia
***Correspondence:** Padoli Padoli, Department of Nursing, Surabaya Ministry of Health Polytechnic, Surabaya, Indonesia. E-mail: padolipd@gmail.com
Received: 12-Jan-2023
Revised: 30-May-2023
Accepted: 03-Jun-2023
Copyright: © 2023 Padoli Padoli, Nur Hasanah, Ach Arfan Adinata
Funding: This research did not receive any financial support
Competing Interests: The authors have declared that no competing interests exist
Open Access: This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0)

BACKGROUND: In Indonesia, breast cancer is the most prevalent type of cancer and a leading cause of cancer-related deaths. It is important to motivate the patients to fight the disease and to adapt to the illness and the treatments. This active sense of motivation helps them to feel secure and keeps the thoughts of death at a safe distance.

AIM: The aim of this study was to explore the emotions that motivate breast cancer patients. The study was qualitative in nature.

METHODS: This study involved 16 participants who were selected through purposive sampling at the Shelter House East Java Branch in Surabaya, Indonesia. The researchers used in-depth interviews to collect the data and the Colaizzi method was employed for the data analysis.

RESULTS: Seven themes emerged from the data: Drive/Self-Motivation, respect yourself, precious self, facts of success, solutions taken to overcome problems, next strategy, and supportive situation.

CONCLUSION: Positive attitudes and strategies that help breast cancer patients cope with their illness, include self-motivation, self-respect and valuing oneself, focusing on personal achievements, and seeking support, abbreviated as Do-re-mi. These findings could be used as self-talk content to develop self-affirmation strategies for breast cancer patients to help them accept their situation and reduce stress. The purpose of his study aims to explore self-motivation response of breast cancer clients. The type of research used in this study is a qualitative description.

Introduction

Cancer affects everyone and places a tremendous burden on patients, families, and society. The impact of cancer disease tends to increase substantially, causing much pain and suffering to patients, if not treated in a timely manner, resulting in death [1]. Cancer treatment is a complex process and is often associated with severe side effects and complications that affect the physical, psychological, and social dimensions of life of patients with cancer and their families [2]. Breast cancer survivors can experience severe stress due to cancer sequelae such as lymphedema, fertility complications, fatigue, fear of recurrence, and negative body image [3]. Ultimately, many cancer patients continue to experience unique psychological and social problems during their survival period.

According to the 2013 Basic Health Research, the prevalence of cancer in Indonesia is 1.4/1000 population and is the 7th leading cause of death (5.7%) of all causes of death. Breast cancer ranks first in terms of the number of cancers in Indonesia and is one of the first contributors to cancer deaths. Globocan data in 2020, the number of new cases of breast cancer

reached 68,858 cases (16.6%) of the total 396,914 new cases of cancer in Indonesia. Meanwhile, the number of deaths due to breast cancer reached more than 22 thousand cases [4].

A longitudinal study of breast cancer patients (n = 312) followed more than 10 years after diagnosis reported that survivors experienced poorer long-term general and physical health, more chronic diseases, and decreased psychosocial well-being [5]. Depressive symptoms can cause stress and are also associated with an increased risk of cancer mortality risk ratio (RR) = 1.18; and all-cause mortality (RR = 1.3). Studies in breast cancer patients found moderate-to-severe depressive symptoms at 2–3 years after diagnosis at low rates ($\leq 6\%$), with a higher incidence found in the 1st year. Increased stress and depressive symptoms correlated with cellular and immune immunity and inflammation and decreased stress or depressive symptoms correlated with improvement.

Any woman diagnosed with breast cancer requires a long and complex process of care, rehabilitation and treatment. This type of care should be geared toward supporting the underlying problem, the recognition of which requires individual identification. Acceptance as quickly as possible of the illness suffered by a woman with cancer is essential in a widely

understood therapy [6]. This will result in a positive attitude toward treatment and improved living skills with the disease. Acceptance of the illness will enable one to accept one's own health condition, allow for a true assessment of one's own health situation, and often provide encouragement to fight the illness [7]. Many studies have shown that the higher the level of support in cancer, the easier it is for the sick person to accept their condition [8].

Coping resources and various supports are needed to overcome the stress and depression experienced by breast cancer patients undergoing chemotherapy. Psychological interventions that incorporate coping skills training appear to provide better adjustment to illness, reduce symptoms, and increase positive coping [9]. Nursing improves patients' physical and psychological health, social functioning, and reduces stress related to treatment and illness. Positive self-talk includes self-concept, increasing self-efficacy, maintaining self-optimism, building hope, and making oneself happy and joyful [10]. Positive self-talk (pst) is a cognitive psychological technique used to stop negative cognitions that can lead to anxiety, depression, and pessimism, and can impair functioning and performance. Positive self-talk has been frequently used by athletes as a cognitive strategy to help maintain focus, increase motivation, and overcome negative thoughts, emotions, and events [11].

Positive self-talk is anything that is thought or said to oneself that is positive and can provide strength and enthusiasm to perform activities. One method that can be used to do self-talk is the Do-Re-Mi technique [12]. Positive words are arranged based on 7 charts in Indonesian, namely Do, Re, Mi, Fa, Sol, La, Si, in each chart there are keywords in making positive words. The purpose of this study is to obtain positive responses or motives of breast cancer survivors in dealing with their illness, as part of self-talk.

Methods

A qualitative study with an exploratory descriptive approach was conducted in this research. In this study, 16 participants from Yayasan Kanker Indonesia East Java Branch. As a resource person or participant is a cancer patient. The activity studied was the psychological response of Do-Re-Mi. Taking or selecting participants in this study using purposive sampling, namely by selecting participants based on the purpose or research problem, which uses several considerations from the research itself in order to obtain the accuracy and adequacy of the information needed in accordance with the purpose or problem being studied. Interviews were conducted using the Indonesian language. Before conducting in-depth interviews,

researchers conducted screening using an observation sheet to determine demographic characteristics including age, gender, education, occupation and disease characteristics including; length of cancer, type of cancer, stage of cancer experienced by participants. The in-depth interview guidelines used were compiled based on the research objectives, translated into questions that were expected to explore in-depth and broad information from participants. During in-depth interviews, participants reflectively revealed how their responses, mechanisms, and experiences were so that they could reveal the meaning of these experiences. The in-depth interview process was conducted for 30–40 min for one interview. In this study, the interview process was repeated 2–3 times to reach a saturation point of data and individual information. The transcripts of the interviews were analysed and returned to the participants to check for appropriateness as part of the interview process.

Data analysis used the Colaizzi method, which consists of seven stages [13]. Data processing at the analysis stage through data organisation was carried out to help and facilitate researchers in conducting data analysis. Data analysis from this study used in-depth interview techniques, focus group discussions with families and health workers who treated patients. Activities in qualitative data analysis are carried out interactively and take place continuously at each stage of the research so that it is complete and the data is saturated.

The validity of research data using the Lincoln and Guba Framework, states that qualitative research must have a validity component, testing the validity of data in qualitative research includes testing credibility (internal validity), transferability (external validity), dependability (reliability), and confirmability (objectivity).

Ethical considerations

This research has been declared ethical by the Health Research Ethics Committee of the Health Polytechnic of the Ministry of Health Surabaya, Surabaya, Indonesia, with certificate number No. EA/1281/KEPK.

Results

This study involved 16 breast cancer clients. The average age was 46.75 years, the lowest age was 18 years and the highest age was 57 years, 13 were housewives, and the average length of illness was 12.88 months. The number of participants was determined by the saturation of data obtained from the analysis of participants' answers. There were seven themes found in this study.

Theme 1: Drive/self-motivation

A motive is something that moves a person to act in a certain way or at least to develop a A motive is something that moves a person to act in a certain way or at least to develop typical behavioural tendencies. Motivation can be defined as the force within a person that drives or moves them to fulfil their basic needs and wants [14]. The theme found from the results of the initial stage of analysis is how participants motivate themselves in dealing with cancer and chemotherapy. This theme is elaborated in 4 sub-themes, namely wanting to recover, wanting to be healthy, family support, not spreading and trying.

Want to get well

The desire to get well is supported by the participants' statements as follows:

"I have a desire to get well soon, get well and be healthy again, like before. anyway until I get well like before" (P2) "Because I was sick, that's why I went for treatment, I want to get well." (P3) (P3) (P3) (P5) (P16)

Want to be healthy

The desire to be healthy is supported by the following participants' statements:

"Because I want to be healthy, and I want to be able to move like before, before I got sick, I had a lot of activities so that made me eager to seek treatment." (P1). (P1). "I underwent treatment because I wanted to be healthy again even though I could not be normal but at least I could move as usual. I received encouragement from some of the closest people to get well soon." (P15)

Family support

Family support was supported by the participant's statement as follows:

"My friends' responses were very kind and supportive, especially my brother who always thought about my health and always reminded me to take care of my health, diet, and mind" (P9). "At that time, I went for treatment because I thought of my young child and my husband so I decided to accept the treatment for the sake of my family and child, you could say my child and husband were my biggest motivation." (P10)

Make an effort

Making an effort is supported by the participant's statement as follows:

"Because at that time it also interfered with activities, thinking in the long term, rather than getting sick again, so yes. I was willing to have surgery."

(P4) "Because I want to be healthy, and I want to be able to move like before, before I got sick I did a lot of activities so that's what made me enthusiastic about treatment."(P1)

Theme 2: Respect for self

The theme found from the results of the initial stage of analysis is how participants respect or value themselves in dealing with cancer and chemotherapy. This theme is elaborated in 3 sub-themes, namely support from family and friends, tests from God, and the spirit of maintaining health.

Support from family and friends

Family and friend support is supported by the following participant statements:

"I am a woman and a housewife" "yes because I am supported by my family so I can get through it" (P3),

"I still have children, have grandchildren. I want to fight for my children." (P5, P6, P8)

"My friends, relatives, husband and family strengthened me, prayed for me and accompanied me through the long process which made my spirit rise again." (P12)

God is close

Being close to God is supported by the following participants' statements:

"In addition to feeling optimistic that I would recover quickly, I also increased my worship. Since then I have become closer to the Almighty Creator." (P2) "For worship, I pray and meditate more, so I have more time to pray and meditate so that it can be an encouragement and strength for me." (P9, P10)

The spirit of maintaining health

Cancer is basically out of our control. Its demands-treatment, side effects, surgery-can make us feel helpless or frustrated. The spirit of maintaining health is supported by the following participant statements:

"When I learnt that I started to watch my diet and reduce the foods that are forbidden to consume." (P11)

Theme 3: Your valuable self

In order to increase self-esteem, breast clients need to be explored about other valuable possessions they have to be brought up so as to increase

self-confidence. The theme found from the results of the initial stage of analysis is how participants realise their self-worth in facing cancer and chemotherapy. This theme is elaborated in 3 sub-themes, namely family, funding sources/BPJS, and health.

Family

Valuable family is supported by the participant's statement as follows:

"Of course, the most valuable thing for me is my family (P2, P3, P4, P9, P11, P12, P15, P16), because in difficult and happy situations, it is the family that is always there for me. Yes, support, yes, support, basically everything, sis." "Certainly, my children and husband, I have 3 children, 2 are grown up, one is already working and still in high school." (P6, P8) "The most precious thing at this time is my child, I am determined to recover at all costs." (P7)

Sources of funding

The source of funding was supported by the participants' statements as follows:

"Nothing, yes it's normal, yes I keep trying. I use BPJS. If possible, BPJS is not strong, because it is very expensive." "What is valuable for me is probably KIS, thank God I have KIS, if I don't have it, I don't know where the money will come from for this treatment." (P13)

Health

The participant's subtheme category that is valuable is health, supported by the participant's statement as follows:

"Very valuable. because getting well is the most valuable." (P5)

Theme 4: Facts of past successes/ achievements

The theme found from the results of the initial stage of analysis is how participants realise the facts of success or achievements that have been achieved in dealing with cancer and chemotherapy. This theme is elaborated in 5 sub-themes, namely diligently taking medicine, patiently undergoing examination procedures, having recovered or improved, and being strong in facing the disease.

Take medicine regularly

Taking medicine regularly is supported by the following statements:

"For me there is a small success, which is when I have faith and diligently take pain medication, the pain

disappears even a little." (P2), "there is ma'am, I just got this disease" (P6), "I routinely take the medicine given by the doctor, ma'am, so that the pain disappears, it's really lucky." (P14, P16)

Patiently following the examination procedure

Patiently following the examination procedure is supported by the following statement:

"At that time there were many and long processes, right before the operation, taking blood, radiology, to be honest, I was tired at that time. Tomorrow it will be finished, all the long processes yesterday have been completed, more relieved, the achievement is like oo. It's finished, the disease is about to disappear." (P4, P9, P10, P11) "I managed to go through a very long process, starting from a very large initial examination, then surgery, until now the control continues." (P7)

Have recovered or improved

Self-efficacy is an individual's belief that they can perform a successful behaviour that will produce the desired effect. To prevent psychological effects, good self-efficacy is required. Participants who have recovered are supported by the following statement:

"There have been many changes since I had chemotherapy, from not being able to get up at first, but since the third chemotherapy I have been able to walk, I have been able to raise my hand which previously I could not at all" (P6). "So yes, the method I found works, Mum, and there is a slight improvement from what I was doing before." (P15)

Strong against disease

The sub-theme category of being strong in the face of illness is supported by the following participant statements:

"So far I am still undergoing chemotherapy, I can undergo all the procedures well, I don't feel strong either." (P3) "But I realise that I have to fight this feeling. I have to move so that my body heals quickly and I must not lose to the illness of many people who expect me to recover." (P12)

Theme 4: Solutions (taken to overcome problems)

The theme found from the results of the initial stage of analysis is the solutions taken by participants to overcome problems in dealing with cancer and chemotherapy. This theme was elaborated into 4 subthemes, namely accepting, seeking family support, trying to cope with symptoms, and praying.

Accepting

Accepting as a solution to overcome problems is supported by the following statements:

“Yes, I accept it, it’s okay for the sake of my recovery with Allah. That’s all right.” (P1) “What else can I do, it’s a risk, so I accept it gracefully, I live as best I can.” (P13, P15) “But it’s okay, I just accept it sincerely, God willing, there will be a way.” (P14)

Seeking family support

Seeking family support as a solution to overcome problems is supported by the following statement:

“With chemotherapy it can make me heal slowly” “because there is support from my family I can get through it.” (P3, P4)

“In the end, I still ask for help from my family, like during treatment, I definitely need assistance, right?” (P6)

Trying to overcome the symptoms felt

Participants who tried to overcome symptoms as a solution to overcome the problem were supported by the following statements:

“The problem is that I have difficulty eating, mbak. The doctor advised me to force myself to eat, so I eat a little but often, usually I eat 3 spoons but 1 h later I eat again” (P7). “So during chemo I always have sweet oranges on hand in case I feel nauseous, I can prevent it by eating oranges.” (P15)

Pray

Participants who prayed as a solution to overcome problems were supported by the following statements:

“My husband always reminds me to send lots of prayers and prayers so that all his affairs are smooth.” (P10) “So I keep praying and trying to continue my treatment.” (P11)

Theme 5: Next strategic steps as solutions to current problems

The theme found from the results of the initial stage of analysis is the Next Strategic Step as a Solution to Current Problems. This theme is elaborated into 5 sub-themes, namely maintaining diet, resting and reducing stress, being sincere, enthusiasm, reducing symptoms (massage, scraping) and staying active.

Maintaining diet and rest

Maintaining a diet and rest as a solution strategy step to overcome the problem is supported by the following statement:

“So diet must be maintained, rest is maintained, stress levels too, if managed well it will not appear again” (P4, P9, P11, P12) “I have been transfused for 5 bags, I have to be healthy again, eh it turns out in my diet, I have to be forced to eat, I can’t or I told the doctor, I was given vitamins to increase my appetite, that’s all.” (P1)

Reducing stress

Reducing stress as a solution strategy step to overcome problems is supported by the following statement:

“So diet really has to be maintained, rest is maintained, stress levels too” (P4, P9, P10, P12). “So the diet really has to be maintained, the rest is maintained, the stress level too, the activities are maintained so that it doesn’t come back again.” (P11)

Sincerity, enthusiasm

Sincerity and enthusiasm as steps in the solution strategy to overcome problems are supported by the following statement:

“I just try to calm myself down, strengthen myself, until I don’t feel inferior anymore.” (P2) “I solve problems during this illness sincerely and learn to accept it gracefully. Anyway, I pray to Allah, may I be given the spaciousness of my heart so that I can accept this situation.” (P16)

Positive thinking

Positive thinking as a solution strategy step to overcome problems is supported by the following statement:

“I have to think positively so that other diseases do not accompany me, I try to always think positively, sis” (P6) “I believe that everything comes from the mind, I try to always think positively, sis. I try to learn sincerely, lillahi taala, I surrender everything to Allah.” (P14)

Reducing symptoms (massage, rubbing)

Reducing symptoms as a solution strategy step to overcome problems is supported by the following statement:

“At the moment there is no problem. Mostly my body is tired, that’s all, the solution is that I ask my child to massage with oil.” (P7) “I take medicine given by the doctor and then I like to use eucalyptus oil so I don’t get nauseous, wasp oil for self-massage.” (P8)

Staying active

Staying active as a solution strategy step to overcome the problem is supported by the following statement:

“So, the diet must be maintained, the rest is maintained, the stress level is also maintained, the activity is maintained so that it does not come back again.” (P11) “I still do household chores without any problems.” (P15)

Steps that will be taken to be able to accept oneself as it is in the face of breast cancer with its treatment. By revealing the strategic steps that will be taken by the patient, it is hoped that it will further increase the patient's self-confidence and self-acceptance.

Theme 6: Supportive situation

The theme found from the results of the initial stage of analysis is a situation that supports participants in dealing with cancer and chemotherapy. This theme was elaborated into 3 sub-themes, namely family support (husband and children), support from friends and neighbours, and gratitude.

Family support

Family support as a supportive situation to overcome problems was supported by the following statements:

“I don't want my family to look sad because of me, so I have to be strong and endure.” (P2) “My children and husband are supportive, the neighbour's brother and nephew are also supportive.” (P14, P15)

Support from friends and neighbours

The support of neighbours and friends as a supportive situation to solve the problem is supported by the following statements:

“My friends are supportive so I don't have to feel very, very inferior with my condition like this” (P4). “My friends, family and neighbours really understand my condition, so I don't need to feel inferior with my condition like this.” (P9) “My friends and neighbours understand it, but still take care of my feelings in their own way.” (P10)

Gratitude

In dealing with their problems, cancer clients need support from those around them, especially family. Family is one of the reasons they want to get well. When there is support from family, they will feel cared for and their presence is still expected. Cancer clients need motivation, they will appreciate and respond to moral support given to them through communication with spouses, children, family, relatives, and so on. So they will try to always be enthusiastic and want to always improve their health. Gratitude as a supportive situation in solving problems is supported by the following statement:

“I am very grateful to have a family as good as them, even though they are tired but they still want to take care of me, I am very grateful.” (P8) “For the current situation I am quite grateful that I am still given the opportunity to recover even though the road is not easy, there are still many treatments that I have to complete and I am grateful that there are still many who love me.” (P12)

Discussion

Based on this study, the meaning of motivation to recover in cancer patients is the natural desire to survive, and the spirit of optimism, sense of belonging, and responsibility that individuals acquire throughout their lives strengthens this motivation.

Cancer is a potentially life-threatening condition, so motivation to recover is influenced by factors such as prognosis and lack of sufficient time to make behavioural changes. The participants in this study experienced a desire to survive, desiring to be healthy. Chao *et al.* [15] also reported the desire to survive as their core category. This is a powerful and natural instinct that exists in all beings. Cancer patients do everything they can to increase their chances of survival. We found that, when faced with this serious illness, cancer patients become aware of the importance of their health and seek to defend their lives.

Self-motivation is indispensable for breast cancer patients undergoing chemotherapy. Self-motivation is useful for someone to be able to move or organise in achieving an expected goal. Self-motivation in breast cancer patients is needed to make changes to their health status. Patients who have self-motivation will try to fight their disease, while patients who have low self-motivation will easily feel hopeless and not try to fight their disease. Patients with low self-motivation tend to be more easily overwhelmed by stress than patients with high self-motivation.

Self-efficacy is an individual's belief that they can perform a successful behaviour that will produce the desired effect. To prevent psychological effects, good self-efficacy is needed. Self-efficacy is needed by breast cancer patients to deal with problems during chemotherapy.

Self-efficacy plays an important role in shaping the positive thoughts and behaviours that patients need in undergoing chemotherapy. Therefore, it is important for nurses to facilitate the improvement of patients' self-efficacy by providing health education and psychosocial care. The facts of success that have been achieved by patients need to be revealed no matter how small to increase self-confidence so that it can raise the client's spirit in facing chemotherapy and its side effects in daily life.

Building motivation for life expectancy, awakening the spirit of life for cancer patients is a very important part of therapy. Cancer is unpredictable by nature, but in health the sooner we realise that we are responsible for our own health, the better the outcome. A major part of their success is seen in the fact that health or cure is the responsibility of the sufferer and they have to do something for themselves if they want to live longer, the motivation from within the sufferer to get well or healthy depends on themselves so they themselves have to do something.

Patients' self-motivation in dealing with cancer and chemotherapy based on the results of interviews are wanting to get well, wanting to be healthy, getting family support, not spreading and trying to get well.

Hope is a basic form of belief that patients want to get changes in the future. Hope is defined as "the process of thinking about a goal, with the motivation to achieve that goal (agency), and the ways to achieve that goal (pathway)." For example, hope is not an emotion, but rather an understanding of a dynamic motivational system. In this case, emotion follows consciousness in the process of achieving goals [16].

There are several hopes of breast cancer patients undergoing chemotherapy, namely wanting to recover and wanting to be healthy.

Motivation is an important factor in starting treatment, enduring complications, and participating in rehabilitation programmes [17]. Higher levels of motivation are associated with better adherence. Motivation is a key factor in the success of therapeutic interventions and has a positive effect on the treatment process. A review of the literature showed that life goals improve the psychological outcomes of cancer patients Hullmann *et al.*, [18]. Taleghani *et al.* [19] found that the hope to live and return to a normal life was the main motivation for recovery. Abotalebidiariasari *et al.* [20] reported that participants' motivation was the love of life and returning to their previous physical health status. In line with this, Shrira *et al.* [21] showed that many cancer patients have a high will to live until the end of their lives.

The patients who participated in this study stated that they remained enthusiastic about maintaining their health and getting closer to God. The spirit of optimism is a concept of motivation to heal that arises from internal perceptions and views. In this condition, belief in a higher divine power and dependence on God stimulates optimism in cancer patients. This finding is similar to the findings of Taleghani *et al.* [19] who found that relying on God plays an important role in the healing of cancer patients. Relying on God motivates patient engagement in self-care activities. Spiritual needs are the need to find meaning and purpose in life, the need to love and be loved and a sense of attachment and the need to give and receive forgiveness. Participants stated that they needed to get closer to God in the

wound healing process. Religiosity and belief in God is a source of positive strength, especially when family and social support is absent, many participants referred to religion as a coping strategy [22].

To improve self-esteem, clients with breasts need to be explored about their other valued possessions to be raised so as to improve their confidence. We found that their other valued possessions are family and health. Breast cancer patients undergoing chemotherapy desperately need support from family to increase their motivation to heal. Because all cancer symptoms and chemotherapy side effects can be defeated with high motivation [23], [24]. Family support is a form of serving behaviour carried out by the family, both in emotional support (attention, affection, empathy), appreciation (appreciation, feedback), instrumental (assistance, funds, time), and information (advice, suggestions, information). The main source of social support is from family, namely parents, spouses and siblings [25], [26]. The existence of family support will have an impact on increasing the patient's confidence in facing the treatment process of the disease [27]. Research by Setiawati and Roza [28], showed that there was a relationship between family support and compliance of breast cancer patients undergoing chemotherapy.

Confidence or self-efficacy affects how a person acts for personal health and regarding health behaviour mindset [29]. Self-efficacy plays a very important role for patients in the search for drugs to cure or minimise breast cancer cells [29]. Therefore, in this theme, patients are asked to mention solutions to problems or solutions that have been done to overcome problems due to breast cancer or other previous problem solving. By revealing the solutions that have been done by the patient, it is hoped that it will further increase the patient's self-confidence and self-acceptance.

A person who has awakened the motivation of his life expectancy, with the determination that is in his heart, hopes how to make his health condition better. In addition to praying, he must try to make something good happen. He must do good to get good. After her fear was overcome with information and discussion, she returned to normal, her confidence grew again. So that she was no longer afraid of anything about cancer, after reading books and getting information about cancer.

Everyone experiences chemotherapy differently, both physically and emotionally. Everyone experiences the side effects of chemotherapy differently, and different chemotherapy drugs cause different side effects.

The results of our interviews about the client's solutions to the effects of cancer and chemotherapy were acceptance, optimism, adherence to treatment and strength to face the disease.

The optimistic spirit is a motivational concept for recovery that arises from internal perceptions and views. In this condition, belief in a higher divine

power and dependence on god stimulates optimism in cancer patients. This finding is similar to the findings of Taleghani *et al.* [19] who found that relying on God plays an important role in healing cancer patients.

The majority of participants with high hardiness showed high resilience. In contrast, participants with low hardiness had moderate resilience in the category. High hardiness is associated with the resilience of cancer patients undergoing chemotherapy. Participants with high hardiness have a strong, stable and optimistic personality in dealing with stressful conditions and view potentially stressful life events as less threatening (Kobasa in Sari and Nuryoto, 2014) [30]. Hardiness is considered a major factor in the relationship between stress and health [31]. Women with cancer with high hardiness are more committed to improving their quality of life, respond better to unexpected disease symptoms and disease treatment, and have greater control over their lives. They also have a greater ability to adapt to changes associated with their illness [31].

In our study, the solutions that have been done by clients to overcome problems in the past are maintaining diet, rest and reducing stress, sincerity, enthusiasm, reducing symptoms. Motivated patients try to fight their illness and try to adapt to their illness and treatment. This active sense of motivation helps them to feel secure and keep thoughts of death at a safe distance.

A person who has generated motivation for his/her life expectancy, by having determination in his/her heart, hopes how to make his/her health condition better. Besides praying, he must try to make good things happen. He must do good to get good. After his fear was overcome by information and discussion, he returned to normal, his confidence grew again. So that he was no longer afraid of anything about cancer, after reading books and getting information about cancer. Optimism about the future of treatment, positive thinking, belief in treatment, and relying on divine power create and strengthen motivation for recovery in cancer patients [17].

Compromise, describes an attempt to change circumstances carefully, asking for help and co-operation from family and colleagues or reducing desires and then choosing a middle ground by changing ineffective ways of acting, changing goals, and sacrificing aspects of self-interest. Maintaining a diet, resting and reducing stress, being sincere, enthusiastic, reducing symptoms (massage, scrapings) and staying active are the next strategic steps for breast cancer patients as a solution to the current problems. Cancer is basically out of our control. Its demands - treatment, side effects, surgery - can make us feel helpless or frustrated. But there are things we can do to regain a sense of control. We can't change cancer, but we can make decisions about how we care for ourselves. Self-care is one way to "get back in the driver's seat." Self-care during cancer treatment is an important and vital part of happiness and health. Research shows that regular

self-care practices can reduce the adverse effects of stress, sleep disturbances and anxiety.

Positive expression outcomes that motivate breast cancer patients can be considered as descriptors. Positive self-talk contains positive words, phrases, statements to increase enthusiasm, confidence, or focus attention on the success of breast cancer treatment. In relation to self-stated verbalisations, there is open self-talk and closed self-talk. Open self-talk is external self-talk addressed to oneself and allows others to hear it, while closed self-talk is internal self-talk using a subtle voice in the mind and cannot be heard by others.

Meanwhile, Helmstetter in Marhani explains that there are five methods of doing self-talk (1) silent talk, an internal dialogue between the client and himself which is carried out without making a sound and just being silent, (2) self-speak, a direct conversation conducted by a person using his own voice and telling about himself then conveyed to others, (3) self-conversation, self-talk is done by having a conversation addressed to himself, can use voice or in his heart, (4) self-write, self-talk is done by writing a word or sentence on a piece of paper addressed to himself which contains statements that are specific to the problem he is facing, this can be used as giving orders or instructions to himself, and finally (5) tape-talk, this is a continuation of the series of self-talk write, namely by taping yes that has been written before and placed in a place that is often seen in everyday life as a reminder. Self-talk therapy is one of the cognitive therapies that emphasises on a person's thought process to overcome irrational beliefs so that it can lead to more positive thoughts and behaviour, especially towards oneself [32].

Future research

The seven themes from this study; Self-Encouragement/Motivation, Self-Esteem, Valuable Self, Facts of Success, Solutions Taken to Overcome Problems, Further Strategies, and Supportive Situations were then used to develop Doremi's Self-Talk intervention for breast cancer patients which is expected to help reduce the psychological and physical impact of disease treatment.

Conclusion

Motivation/self-drive to continue undergoing treatment so far is that the client wants to get well, wants to be healthy, there is family encouragement and the need for effort or effort to achieve healing.

Appreciate/Respect Yourself. The client appreciates the importance of family support (husband, children and parents), views this disease as a test from

God and the need for enthusiasm to maintain health to deal with illness.

Clients see in assessing valuable assets to deal with their illness, namely family (children, husband, and parents), funds (BPJS) and health, as very valuable assets in dealing with breast cancer.

Facts (success/achievements) that have been achieved by breast cancer clients in the past are patiently following procedures/examination actions, diligently taking medication, never recovering or improving, and being strong in facing their illness.

Solutions that have been done by clients to overcome problems in the past are maintaining a diet, resting and reducing stress, sincerity, enthusiasm, reducing symptoms (massage and scraping), and staying active.

The next strategic steps taken by clients to deal with breast cancer with chemotherapy are accepting, seeking family support, trying to overcome symptoms, praying, situations that support clients in dealing with their illness are support from family (husband and children), support from friends, and support from friends.

References

- Bairwa KS. A study to develop and evaluate the effectiveness of an informational booklet on cancer risk factors. *Nurs J India*. 2002;93(10):227-83. <https://doi.org/10.48029/nji.2002.lxxxiii1002>
PMid:12718289
- Liao MN, Chen SC, Lin YC, Chen MF, Wang CH, Jane SW. Education and psychological support meet the supportive care needs of Taiwanese women three months after surgery for newly diagnosed breast cancer: A non-randomised quasi-experimental study. *Int J Nurs Stud*. 2014;51(3):390-9. <https://doi.org/10.1016/j.ijnurstu.2013.07.007>
PMid:23942373
- Miedema B, Hamilton R, Easley J. From "invincibility" to "normalcy": Coping strategies of young adults during the cancer journey. *Palliat Support Care*. 2007;5(1):41-9. <https://doi.org/10.1017/s147895150707006x>
PMid:17461370
- Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, et al. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin*. 2021;71(3):209-49. <https://doi.org/10.3322/caac.21660>
PMid:33538338
- Bloom JR, Stewart SL, Oakley-Girvan I, Banks PJ, Shema S. Quality of life of younger breast cancer survivors: Persistence of problems and sense of well-being. *Psychooncology*. 2012;21(6):655-65. <https://doi.org/10.1002/pon.1965>
PMid:21538677
- Al-Azri M, Al-Awisi H, Al-Moundhri M. Coping with a diagnosis of breast cancer-literature review and implications for developing countries. *Breast J*. 2009;15(6):615-22. <https://doi.org/10.1111/j.1524-4741.2009.00812.x>
PMid:19686231
- Marta L, Agata P, Robert L, Andrzej S, Zdzisława SS, Marianna CG. Akceptacja choroby w grupie kobiet leczonych chirurgicznie z powodu nowotworu piersi [Illness acceptance among women who have undergone surgical treatment for a breast neoplasm]. *J Educ Health Sport*. 2015;5(9):569-75. <https://doi.org/10.5281/zenodo.31529>
- Czerw A, Religioni U, Deptała A. Assessment of pain, acceptance of illness, adjustment to life with cancer and coping strategies in breast cancer patients. *Breast Cancer*. 2016;23(4):654-61. <https://doi.org/10.1007/s12282-015-0620-0>
PMid:26031432
- Groarke A, Curtis R, Kerin M. Cognitive-behavioural stress management enhances adjustment in women with breast cancer. *Br J Health Psychol*. 2013;18(3):623-41. <https://doi.org/10.1111/bjhp.12009>
PMid:23210527
- Meichenbaum D. *Stress Inoculation Training*. Toronto, ON: Pergamon Press; 1988.
- Kistan K, Malka S, Musni M. The relationship between knowledge, attitude, and readiness of academic community in Covid-19 spread prevention: Batari Toja Nursing Academy, Watampone. *Int J Health Med Sci*. 2020;3(1):72-8. <https://doi.org/10.31295/ijhms.v3n1.155>
- Martin AD. *Emotional Quality Management*. Jakarta: HR Excellency; 2003.
- Colaizzi PF. *Psychological Research as the Phenomenologist Views It*. New York: Oxford University Press; 1978.
- Andjarwati T. Motivation from the perspective of the theory of the hierarchy of needs Maslow, Herzberg's two factor theory, McGregor's XY theory, and McClelland's achievement motivation theory. *JMM17 J Ilmu Ekon Manajemen*. 2015;2(1):45-54. <https://doi.org/10.30996/jmm17.v2i01.422>
- Chao YH, Wang SY, Hsu TH, Wang KW. The desire to survive: The adaptation process of adult cancer patients undergoing radiotherapy. *Jpn J Nurs Sci*. 2015;12(1):79-86. <https://doi.org/10.1111/jjns.12050>
PMid:24751238
- Snyder CR, Shorey HS, Cheavens J, Pulvers KM, Adams VHIII, Wiklund C. Hope and academic success in college. *J Educ Psychol*. 2002;94(4):820-6. <https://doi.org/10.1037/0022-0663.94.4.820>
- Hosseini F, Alavi NM, Mohammadi E, Sadat Z. Scoping review on the concept of patient motivation and practical tools to assess it. *Iran J Nurs Midwifery Res*. 2021;26(1):1-10. https://doi.org/10.4103/ijnmr.ijnmr_15_20
PMid:33954092
- Hullmann SE, Robb SL, Rand KL. Life goals in patients with cancer: A systematic review of the literature. *Psychooncology*. 2016;25(4):387-99. <https://doi.org/10.1002/pon.3852>
PMid:25990641
- Taleghani F, Yekta ZP, Nasrabadi AN. Coping with breast cancer in newly diagnosed Iranian women. *J Adv Nurs*. 2006;54(3):265-72; discussion 272-3. https://doi.org/10.1111/j.1365-2648.2006.03808_1.x
PMid:16629910
- Abotalebidasari G, Memarian R, Vanaki Z, Kazemnejad A, Naderi N. Self-care motivation among patients with heart failure: A qualitative study based on Orem's theory. *Res Theory Nurs Pract*. 2016;30(4):320-32. <https://doi.org/10.1891/1541-6577.30.4.320>
PMid:28304261
- Shrira A, Carmel S, Tovel H, Raveis VH. Reciprocal relationships between the will-to-live and successful aging. *Aging Ment Health*. 2019;23(10):1350-7. <https://doi.org/10.1080/13607863>

- 2018.1499011
PMid:30450948
22. Umeh NI, Ajegba B, Buscetta AJ, Abdallah KE, Minniti CP, Bonham VL. The psychosocial impact of leg ulcers in patients with sickle cell disease: I don't want them to know my little secret. *PLoS One*. 2017;12(10):e0186270. <https://doi.org/10.1371/journal.pone.0186270>
PMid:29045487
23. Nisman WA. Five minutes get to know your breasts.. Yogyakarta: CV Andi Offset; 2011.
24. Setiawan SD. The effect of chemotherapy in cancer patient to anxiety. *J Majority*. 2015;4(4):94-9.
25. Suyanto S, Arumdari NP. Family support for cancer patients undergoing chemotherapy at Sultan Agung Islamic Hospital. In: *Proceeding Unissula Nursing Conference: Universitas Sultan Agung Semarang*; 2017. <https://doi.org/10.26532/v1i1.2898>
26. Purwanti A. Relationship between family support and self-esteem in breast cancer patients at Panembahan Senopati Hospital, Bantul. Skripsi. STIKES Aisyah Yogyakarta; 2013. Available from: <https://digilib.unisayogya.ac.id/553/1/naskah%20publikasi.pdf> [Last accessed on 2018 Nov 29].
27. Misgiyanto, Susilawati, D. The correlation between family support with the level of anxiety of patients with palliative cervical cancer. *J Nursing*. 2014;5(1):1-15. <https://doi.org/10.22219/jk.v5i1.1855>
28. Setiawati OR, Roza GE. The relationship between family support and compliance of breast cancer patients undergoing chemotherapy at regional hospital Dr. H. Abdul Moeloek. *Anfusina J Psychol*. 2019;2(2):159-68. <https://doi.org/10.24042/ajp.v2i2.6097>
29. Wahyuni E. The relationship between self-efficacy and communication skill with public speaking anxiety. *J Islamic communication*. 2015;5(1):51-82 <https://doi.org/10.15642/jki.2015.5.1.51-82>
30. Sari EP, Nuryoto S. Self-acceptance in the elderly in terms of emotional maturity. *J Psychology*. 2002;29(2):73-88. <https://doi.org/10.22146/jpsi.7017>
31. Bahramil M, Mohamadirizi S, Mohamadirizi S. Hardiness and optimism in women with breast cancer. *Iran J Nurs Midwifery Res*. 2018;23(2):105-10. https://doi.org/10.4103/ijnmr.ijnmr_200_16
PMid:29628957
32. Marhani I, Sahrani R, Monika S. The Effectiveness of Self-Talk training to Increase the Self-Esteem of Adolescent Victims of bullying (Study on Students Junior High School X Pasar Minggu). *J Inspiratif Pendidikan*. 2018;7(1):11-22. <https://doi.org/10.24252/ip.v7i1.4929>