



# Hardiness and Psychological Well-Being in Caregiver Cancer

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**Abstract.** A cancer caregiver's responsibility is not easy because it has a heavy burden and is full of complex dynamics. On the other hand, even though the burdens and responsibilities are not easy to bear, cancer caregiver's are also expected to have good psychological well-being as possible. Unfortunately, psychological well-being cannot be achieved just like that because it requires self-means, one of which is hardiness. Hardiness is essential to help cancer caregiver's carry out their roles sincerely and fully committed. Therefore, this study aimed to determine the relationship between strength and psychological well-being in cancer caregiver's. The method used is quantitative with a correlational design. Sixty cancer caregiver's are members of the cancer care community as research participants using the purposive sampling technique. The research measurement used Clark and Hartman Scales of Hardiness ( $\alpha = 0.909$ ) and Ryff Scales of Psychological Well-Being ( $\alpha = 0.932$ ). This study's result is a significant positive relationship between hardiness and psychological well-being in cancer caregiver's. Hardiness effectively contributes 51% to the psychological well-being of cancer caregiver's. This research implies that it is hoped that cancer caregiver's will continue to train and improve their hardiness to maintain their psychological well-being. They can continue to carry out their roles and responsibilities.

**Keywords:** hardiness · psychological well-being · cancer caregiver

## 1 Introduction

The disease is something we cannot avoid in this life. Cancer is one of the leading causes of death worldwide, according to the World Health Organization (WHO). The number of cancer cases and deaths in 2018 was 18,1 million and 9,6 million, based on data from the World Health Organization's (WHO) Global Burden of Cancer (GLOBOCAN). Cancer deaths are estimated to increase to more than 13,1 million by 2030. This is a significant issue for cancer patients and those who care for them, and this also should be a key priority for people with cancer and those who care for them.

Caregivers are family members, the closest people, and individuals who care about cancer patients and can offer full support and attention to those living with cancer. A caregiver is a person who cares for people who are afflicted with a disease and are unable to carry out daily activities without the assistance of others typically this caregiver is the

sufferer's closest relative, such as a spouse, children, relatives, neighbors, close friends, and others, Julianti (related to Ariska, Handayani & Hartati., 2020). In this instance, the caregivers are individuals who can offer support to cancer patients.

Caregiving is a term coined by The National Family Caregivers Association (NFCA) to describe the process of providing physical and psychological support (Talley, McCorkle, & Baile, 2012). The family's role as a caregiver includes daily activities, physical, social, psychological, autonomy, spiritual, and financial issues, according to Rizka, Erwin, Hasneli, and Putriana (2021). These roles are certainly not easy for cancer caregiver's to take on. Caring for cancer patients requires a strong sense of responsibility, and the willingness to invest time, energy, and heart, and there is no denying that all of the things that must be performed and provided by these caregivers create burdens or pressures that impact the caregiver's physical and psychological condition. Gbiri, Olwale, and Issac (2015) also revealed that the caregiver burden increases as the patient's condition deteriorates.

In this case, caregiver burden is a painful condition that occurs when caregivers provide care and concern for the sufferers they care for. The burdens experienced include physical, psychological, and social burdens and financial problems (Rha, Park, Song, Lee & Lee., 2015). According to Briggs (2012), several factors affect the caregiver's burden, including age, gender, income or financial problems, education level, occupation, marital status, relationships, and family support. Younger people and the elderly will undoubtedly face more significant stress. Gender, in this instance, women are likely to bear a more significant burden than men.

Based on a phenomenon in one of Central Java's small cities, Temanggung, these cancer caregiver's are selected individuals determined to carry out this demanding responsibility. According to the findings of three interviews conducted by researchers with cancer caregiver's from cancer care communities on June 8 2022, caregivers were initially touched and experienced difficulty hiding their displeasure when they saw the condition of cancer patients. Particularly concerning conditions not obtaining positive progress cause caregivers to experience concern. Caregivers are also concerned about the cost of not being able to use the Social Security Administering Body's facilities (BPJS). This is because cancer patients must undergo routine care, a specialized treatment that necessitates adequate costs and facilities.

Caregivers from these volunteers expressed the same concerns as caregivers from the nuclear family. The main issue they must overcome is the ability to feel okay during a bad situation. The caregivers are exhausted since they are in a case that could jeopardize their mental and physical health. On the other hand, being physically and psychologically healthy is critical, especially in stressful situations this condition is known as psychological well-being (Ryff, 1989.b).

Psychological well-being is a state or condition in which individuals can accept everything, control themselves and their surroundings, and establish good relationships with others or their social environment even when under stress (Ryff, 1989.a). Cancer caregiver's believe that they will be able to get used to being strong and always surviving with the responsibilities of caring for cancer patients. During the process, caregivers must make difficult decisions and demonstrate their strength to provide full support to people living with cancer and always be supportive during difficult times.

According to Ryff (1989.b) mentions that the dimensions of psychological well-being include, firstly self- acceptance, where caregivers are expected to be able to accept every condition that exists during difficult times in carrying out their duties and obligations. The second dimension is maintaining positive relations with others, such as between caregivers providing mutual support and sharing complaints and other things passed while being a caregiver. The third dimension is autonomy, caregivers are expected to be independent in carrying out their obligations and duties, which is undoubtedly not easy. The fourth dimension is environmental mastery, in this case the caregiver is expected to be able to deal with an environment that will immediately change due to having new duties and obligations as a caregiver. The fifth dimension is purpose in life, the life goals of the caregivers are expected to continue before facing the conditions as a caregiver. The last dimension is personal growth, caregivers are expected to continue to have better personal development despite difficult times however they still have to develop themselves in a better direction than before.

Individuals are expected to appropriately possess the dimensions of psychological well-being to realize their psychological well-being. Individuals are in a state of low psychological well-being when they experience gaps in themselves, such as dissatisfaction with themselves or unclear life goals (Rohi & Setiasih, 2019). If the individual has good psychological well-being, this person will most likely be able to control everything in himself or achieve psychological well-being. According to Matud, Curbelo, and Fortes (2019), psychological well-being is the point of achieving self-realization and living life to the fullest. Furthermore, Matud, Curbelo, and Fortes (2019) discovered that subjective health is associated with good psychological well-being. However, poor psychological well-being will negatively impact death.

The psychological well-being of cancer caregiver's is crucial to be considered. Age, gender, social status, economy, education, culture, religiosity, social support, and personality are all factors that can affect psychological well-being, according to Fitri, Luawo, and Noor (2017). Personality is one of the psychological well-being factors in this case, personality is challenging and prone to stress. However, according to Anggraeni and Jannah (2014), individual hardiness can overcome the stress tendencies they experience.

Hardiness is a personality trait that exists when an individual is resilient in the face of all the pressures that come his way (Kobasa, 1979). According to Kobasa (1979), several essential aspects can foster hardiness in individuals. The first is commitment, in this case caregivers must accept responsibility for continuing to carry out their responsibilities as caregivers. The second characteristic is the ability to control, in this case caregivers must have good self-control to carry out their responsibilities properly. Third, the caregiver must be prepared for any challenge that may arise in his life, particularly during his time as a caregiver, they must be prepared for anything that may arise and be able to face it.

Cancer caregiver's are perceived to require hardiness in carrying out their duties and obligations as caregivers, which are difficult for everyone to do. Individuals with hardiness can survive stressful situations since it involves responses to certain affective, cognitive, and behavioral functions Mund (2016). On the other hand, if the individual lacks hardiness, they will be vulnerable to stress since he cannot control the pressing issues Mund (2016). However, if they lack hardiness, it is possible that the individual is not prepared to become a caregiver.

Hardiness is experienced to affect psychological well-being in people when people have good hardiness, they can suppress things that cause stress which creates psychological well-being, Rusmawati and Pambudi (2022). According to Bakhshizadeh, Shiroudi, and Khalatbari (2013), hardiness positively affects stress suppression since it causes people to change for the better, with a  $p$ -value of 0.01. Another study by Rohi and Setiasih (2019) found that hardiness was positively related to psychological well-being, with a non-parametric correlation coefficient = 0.307, a significance level of  $p = 0.000$ , and a practical contribution of 12.5%. However, according to the findings of three cancer caregiver interviews, they tried to hide the essential things while dealing with cancer patients due to the sadness and concern they felt when they saw the condition of cancer patients. Yet, even face to face, they can look fine and provide positive energy to cancer patients. This motivates researchers to investigate whether or not there is a link between hardiness and psychological well-being in cancer caregiver's.

This study aimed to discover the link between hardiness and psychological well-being in cancer caregiver's. The proposed hypothesis then states a link between hardiness and psychological well-being in cancer caregiver's. Cancer caregiver's' psychological well-being improves as their level of hardiness improves. On the other hand, if hardiness is low so is psychological well-being.

## 2 Method

This quantitative study aims to determine the relationship between hardiness (X) and psychological well-being (Y) in cancer caregiver's. A non-probability purposive sampling technique was used to recruit 60 cancer caregiver's as research participants. Participants in this study had to be men or women from cancer families, close friends, relatives, or volunteers from a cancer care community, aged 22–40 years. They had been a cancer caregiver for one month to 120 months. Before participating in this study, participants were asked to fill out a sheet containing informed consent related to the research procedure. Table 1 describes the demographic information of the participants.

Data was collected using a questionnaire or a psychological scale and distributed online through a google form. Two scales were used to collect data, the hardiness scale and the psychological well-being scale. The Clark and Hartman Scales of Hardiness are used to measure hardiness. They are compiled based on hardiness according to Kobasa (1979), namely commitment, control, and challenge, which the researcher translates into Indonesian. The hardiness scale has 25 items, each with two statements favorable or unfavorable. The response model refers to a Likert scale with five options, Very Appropriate (SS), Appropriate (S), Neutral (N), Not Appropriate (TS), and Strongly Disagree (STS). The item selection test yielded 20 items that passed each aspect, with a total item correlation value ranging from 0.329 to 0.753 and a Cronbach's Alpha value of 0.906.

The psychological well-being scale has 42 items with five response options based on a Likert scale: Strongly Disagree (STS), Not Appropriate (TS), Neutral (N), Appropriate (S), and Very Appropriate (VS) (SS). The item selection test yielded 34 items that passed each dimension, with a total item correlation value ranging from 0.312 to 0.747 and a Cronbach's Alpha value of 0.926.

**Table 1.** Demographic Data of Participants

Characteristics of Participants	Frequency	Percentage
<b>Gender</b>		
Man	14	23,3%
Woman	46	76,7%
<b>Total</b>	<b>60</b>	<b>100%</b>
<b>Age</b>		
22–27 Years	8	13,3%
28–34 Years	17	28,4%
35–40 Years	35	58,3%
<b>Total</b>	<b>60</b>	<b>100%</b>
<b>Long Time Being a Cancer Caregiver</b>		
1–20 Months	32	53,3%
21–40 Months	20	33,3%
41–60 Months	3	5%
61–80 Months	1	1,8%
81–100 Months	2	3,3%
101–120 Months	2	3,3%
<b>Total</b>	<b>60</b>	<b>100%</b>

The measuring instrument utilized to measure psychological well-being is the Ryff Scales of Psychological Well-Being which was adapted by Qudwatunnisa, Yamin, and Widiarti (2018) based on the dimensions of psychological well-being proposed by Ryff (1989.b), namely self-acceptance, positive relationships with others, independence, environmental mastery, purpose in life, and personal growth. The psychological well-being scale has 42 items with five response options based on a Likert scale, Strongly Disagree (STS), Not Appropriate (TS), Neutral (N), Appropriate (S), and Very Appropriate (VS) (SS). The item selection test yielded 34 items that passed each dimension, with a total item correlation value ranging from 0.312 to 0.747 and a Cronbach's Alpha value of 0.926.

The product-moment correlation test developed by Karl Pearson was used to determine the relationship between hardiness and psychological well-being. SPSS version 21 for Windows was used to test the data in this study.

### 3 Results and Discussion

#### Descriptive Analysis

Table 2 demonstrates that the majority of cancer caregivers' hardiness scores are in the medium range, 61.7%. (Average 95,73 with a standard deviation of 7.611). Meanwhile, with a percentage of 68.3%, most cancer caregivers' psychological well-being scores are in the moderate range (an average of 79.43 with a standard deviation of 6.046).

#### Normality Assumption Test

The K-S-Z value of the hardiness variable was 0.474 with sig. 0.978 ( $p > 0.05$ ) based on the normality test results in Table 3, and the K-S-Z value of the psychological well-being variable is 0.859 with sig. 0.451 ( $p > 0.05$ ). Each variable has a significance value greater than 0.05, indicating that the data on hardiness and psychological well-being are normally distributed.

#### Linearity Assumption Test

The F count value of 56.349 with sig. 0.000 ( $p < 0.05$ ) from the linearity test results in Table 4 indicates that the relationship between hardiness and psychological well-being in cancer caregiver's is linear.

#### Hypothesis testing

The Karl Pearson correlation test calculation's correlation coefficient value in Table 5 is 0.716 with sig. 0.000 ( $p < 0.01$ ). This study found a significant positive relation between hardiness and psychological well-being in cancer caregiver's. The hardiness variable contributes 51.3% ( $r^2$ ) to the psychological well-being variable, indicating that

**Table 2.** Categorization of Research Variables

Variable	Average	SD	%	Description
Hardiness	95.73	7.611	61.7	Medium
Psychological Well-being	79.43	6.046	68.3	Medium

**Table 3.** Kolmogorov Smirnov-Z Normality Test

Variable	K-S-Z	Sig.	Information
Hardiness	0.474	0.978	Normal
Psychological Well-Being	0.859	0.451	Normal

**Table 4.** Anova Linearity Test

	F	Sig	Description
Linearity	56.349	0.000	Linear

**Table 5.** Karl Pearson Correlation Test

Variable	<i>r</i>	<i>Sig.</i>	Information
Hardiness-Psychological Well- Being	0.716**	0,000	Accepted

hardiness is a substantial factor contributing to increasing the psychological well-being of cancer caregiver's.

The findings of this study indicate that the hypothesis is correct. Variables hardiness and psychological well-being have a significant positive relation. In addition, Pam-budi and Rusmawati's (2022) research shows a significant positive relationship between authoritarian personality or hardiness and psychological well-being.

According to this study, cancer caregiver's' psychological well-being is reasonable. This is evident from the six dimensions of psychological well-being that the study's participants classified as "fairly good." The first dimension is self-acceptance cancer caregiver's in this study are pretty good at being positive about everything, even negative experiences as a cancer caregiver can be addressed with positive things and feelings. This is consistent with Permatasari and Gamayanti's (2016) belief that people with good self-acceptance can appreciate everything that happens and not blame themselves for their shortcomings. This is depicted quite well in the role of cancer caregiver's. Furthermore, as evidenced by their participation in this study, cancer caregiver's do not conceal their identity while carrying out their responsibilities. According to Nisa and Sari (2020), good self-acceptance can be seen when people can show their true identity without hiding it.

The second dimension is positive relations with others. Cancer caregiver's can relate to other people and even create a harmonious atmosphere with the surrounding environment in this condition. This is supported by Yuliani's (2018) belief that when people can form positive relations with others, they also can love other people, which is a component of developing mental health. Furthermore, Aulia and Panjaitan (2019) discovered that when people establish positive relations with their surroundings, their psychological well-being improves. Therefore, cancer caregiver's establish relationships with others and carry out their roles and responsibilities.

The third dimension is autonomy, a situation in which cancer caregiver's are relatively adept at seeking and maintaining their abilities and assessing their shortcomings during their time as cancer caregiver's. According to Yuliani (2018), autonomy refers to people who believe in themselves and can live independently. Furthermore, according to Fauzia and Komalasari (2020), we cannot rely on others in this life, we must be able to live independently.

The fourth dimension is environmental mastery, which can be defined as cancer care-giver's in this study being quite good at responding to the environment while still being able to place themselves in their social context. This is consistent with Awaliyah and Listiyandini (2017), who state that individuals who can control and control themselves in their environment can continue to develop their potential for the opportunities in their environment. Istiqomah, Anward, and Erlyani (2016) also show that we can deal with complex situations with reasonable environmental control.

The fifth dimension is that cancer caregiver's purpose in life they are good enough to see what they want to achieve and keep trying things that will get them there. Aulia, Wahyu, Anugrah, Chusniyah, and Hakim (2021), when a person understands his life's purpose, we can see his behavior in the present and future. Individuals will do things that will help them achieve their goals since they have explicit goals. According to Jayanti (2019), when life goals are met, people feel satisfied with their lives and can benefit themselves and their environment. Cancer caregiver's have a similar ability to determine the direction and purpose of becoming cancer caregiver's; thus, they understand what should be done to benefit themselves, cancer patients, and the families of cancer patients.

The sixth dimension is personal growth, cancer caregiver's have an excellent ability to continue to create new experiences with all of their potentials. This is consistent with Saraswati and Amalia's (2019) belief that when people strive for positive changes, they experience self-development and are prepared to grow even in difficult times. According to Borowa, Kossakowska, Harmon, and Robitschek (2020), when individuals grow with themselves, they will experience a much broader meaning of life, leading to life satisfaction.

The six dimensions of psychological well-being were well-owned by the cancer caregiver's who participated in this study. This study's participants have reasonably good psychological well-being since their hardiness is also quite good. This is demonstrated by the 51.3% effective contribution of hardiness to the psychological well-being of cancer caregiver's. Cancer caregiver's participating in this study have a hardiness that falls into the "pretty good" category. This can be seen in the aspect of hardiness, which includes cancer caregiver's' commitment, control, and challenges.

In this case, commitment refers to cancer caregiver's ability to remain involved in everything that comes their way. Due to their strong personalities, cancer caregiver's participating in this study firmly grasp this ability. This is consistent with Rohi and Setiasih (2019) belief that when people are challenged, they become more committed to everything that comes their way. Furthermore, cancer caregiver's will continue carrying out their duties and responsibilities when cancer caregiver's commit. This is supported by Hamida and Izzati's (2022) research on employees who can demonstrate their commitment by wanting to carry out their work and always involving themselves in everything they do.

The individual's ability to control everything in his life is the second aspect, which is well-owned by the participants in this study. For example, cancer caregiver's are very good at controlling what happens in their lives while carrying out their duties as cancer caregiver's, they spend the majority of their time in contact with other people, both people living with cancer and other related parties such as doctors, nurses, patient families, and others. So on. This is consistent with Marsela and Supriatna's (2019) belief that individual self-control is essential in life since humans are social creatures who are constantly in contact with other people. Furthermore, Sari, Yusri, and Said (2017) show that self-control strongly influences the lifestyle and behavior of individuals who can prevent negative behavior, resulting in a more orderly life for oneself and others.

The third aspect of hardiness is being questioned. Cancer caregiver's are more than capable of facing any challenge that brings about positive change in their lives. Choosing to be a cancer caregiver is a challenge, and everything that happens while you are a



cancer caregiver is a challenge that must be overcome in order for your life to improve. According to Sherwood and Given (2015), being a caregiver in the context of this study has adverse effects, such as fatigue. However, as participants in this study, cancer caregiver's can handle this challenge quite well. According to Nurfitri and Waringah (2018), a challenge is a situation in which an individual can use both negative and positive experiences as a learning experience in order to develop for the better in the future.

According to Shabrina and Hartini (2021), hardiness with the three aspects can control oneself depending on the situation, controlling and managing any difficulties or stressors becomes difficult. Individuals, however, continue to hold fast and regard it as a self-development process to bring individuals to the stage of carrying out positive psychological functions, namely leading to better psychological well-being since they can dispel stressors that approach them.

Cancer caregiver's must be resilient in order to fulfill their obligations and responsibilities as caregivers. It does not deny that the burden endured is not light. As a result, hardiness is required to maintain psychological well-being as a cancer caregiver. This is consistent with what Rohi and Setiasih (2019) stated in their study, that hardiness is essential for individuals to maintain their psychological well-being due to the hardiness that prepares them to face life events. According to Amalia and Desiningrum (2017), individual hardiness is necessary to face problems encountered while performing roles in social life; hardiness also affects the individual's ability to help realize psychological well-being for oneself and others. This research supports the notion that hardiness is required to become a cancer caregiver to provide benefits to cancer patients and other related parties. They are also capable of having psychological well-being for themselves. In this study, it was discovered that cancer caregiver's' hardiness, as well as their psychological well-being, was quite good.

The study's limitations include the expected results for cancer caregiver's to have high psychological hardiness and well-being levels. However, this is a suggestion for cancer caregiver's to increase their hardiness to improve their psychological well-being. Other researchers will be tasked with providing psychoeducation about the importance of hardiness in improving the psychological well-being of cancer caregiver's. Another limitation of this study is that it necessitates repeated announcements to cancer caregiver's in order for them to complete the research questionnaire, so the data collection process needs to be improved by the fact that it takes longer than the specified time.

## 4 Conclusions

The government has set a national cooking oil price of Rp. 14 thousand per liter some time ago. As a result of this low price drop, many minimarkets experienced long queues and were damaged by customers scrambling to buy cooking oil. This is known as panic buying or the fear of something by buying something excessively.

As a result, cooking oil is again scarce in the market. So in terms of consumer behavior, panic buying is not triggered by scarcity, but because the public perceives that there is no clear guarantee of the availability of the goods they need. This condition of uncertainty then creates feelings of being threatened and insecure.

## 5 Conclusions

According to the findings, cancer caregiver's have a positive relationship between hardiness and psychological well-being. Cancer caregiver's can quickly meet all the variables of hardiness and psychological well-being. Participants can be strong enough to have good psychological well-being as long as they are cancer caregiver's. This is demonstrated by hardiness's effective contribution of 51,3% to the psychological well-being of cancer caregiver's, with the remaining 49% influenced by factors not examined in this study.

Based on the research findings, the researcher realizes that the study still needs to be perfect. Thus, to improve research results, the researchers suggest future research. Cancer caregiver's are expected to receive psychoeducation about the importance of hardiness in improving psychological well-being while caring for cancer patients; thus, their hardiness improves and supports increasing psychological well-being. In addition to psychoeducation, cancer caregiver's can participate in training to increase their inner hardiness, allowing their psychological well-being to improve.

It is expected to provide a more extended deadline for data collection for future researchers since participants who have many other activities take data at an earlier time; thus, the length of data collection appears early enough. Furthermore, additional researchers can collect research samples from non-caregivers families of cancer patients who are members of the cancer caregiver community.

**Acknowledgments.** The author wishes to express gratitude to the Faculty of Psychology at Satya Wacana Christian University. Furthermore, the author would also like to thank the cancer caregiver's who agreed to participate in this study, thus the necessary data could be collected and fulfilled.

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