

Conference Paper

Management of Self Concept in Nursing for Quality of Life and Dilemma Ethics among Cancer Patients

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Abstract

Biopsychosocial changes in cancer patients affect compliance psychosocial needs. Various efforts made to meet the patient's needs can maintain integrity and achieve balance. The purpose of this study was to explore the fulfillment of psychosocial needs with a self concept for cancer patients. The method of this study is qualitative design descriptive phenomenology. The participants were eight breast cancer patients who underwent mastectomy and chemotherapy. Data retrieval was done by interview. Data analysis was carried out using the stages of analysis according to Colaizzi. Results: The research has five themes, namely (1) feelings when diagnosed with disease affect feelings in undergoing treatment, (2) physical symptoms affect the self concept, social aspects, and spiritual aspects, (3) self-acceptance reaction to cancer conditions determine the coping strategy undertaken, (4) the needs of breast cancer patients consist of physical, psychological, social, and spiritual needs, and (5) the needs of cancer patients can be met physically, psychologically, socially, and spiritually. Based on the results of the study. It can be concluded that self concept from the five main themes and the physical symptoms in cancer patients affects the needs and fulfillment of physical, psychological, social, and spiritual needs. This study recommends the need for a special nursing assessment format for psychosocial needs and how to fulfill them.

Keywords: cancer, chemotherapy, fulfillment of self concept, ethics

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1. Introduction

Nursing is one profession that has the field of regulating human well-being by providing assistance to healthy individuals and sick people to be able to carry out their daily functions. One that regulates the relationship between patient nurses is ethics. Ethics and moral terms are often used interchangeably.

Ethics and morals are a source in formulating standard principles that become guides in behaving and making decisions to protect human rights. Ethics is needed by all professions including nursing which underlie the principles of a profession that are reflected in the standards of professional practice.

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The nursing profession has a social contract with the community, which means the community gives confidence to the nursing profession to provide the services needed. Consequently, of course, every decision from nursing action must be able to be held accountable and every decision making is certainly not only based on scientific considerations but also with regard to ethics.

Ethics are rules or norms that can be used as a reference for someone's behavior that are related to good and bad actions committed by a person and are a moral obligation and responsibility. Nurses must know the principles of nursing ethics, the ethical issue in nursing practice, and legal principles in nursing practice.

Professional nurses must face ethical and conflict responsibilities that they may experience as a result of their relationship in professional practice. Advances in medicine, client rights, social and legal changes have played a role in increasing attention to ethics. Nurse behavior standards are set out in a code of ethics prepared by international, national and state or provincial nursing associations. Nurses must be able to apply ethical principles in decision making and include the values and beliefs of clients, professions, nurses, and all parties involved. The nurse has the responsibility to protect the client's rights by acting as a client advocate. Nursing as a profession must have a clear foundation and protection. Nurses must know various legal concepts related to nursing practice because they have accountability for the professional decisions and actions they take. In general, there are two reasons for the importance of nurses knowing about the laws that govern their practice. The first reason is to provide certainty that the nurse's decisions and actions are carried out consistent with legal principles. Second, to protect nurses from liabilities.

According to Purba and Marlindawati (2010) there are 7 ethical principles, namely: 1) autonomy which is the right of individuals to regulate their activities according to their own reasons and goals, 2) beneficence means doing only something good, 3) justice (justice) is needed for the same and fair treatment of others who uphold moral, legal and humanitarian principles, 4) non malfeasance means that all actions taken on the client do not cause harm / physical and psychological injury, 5) veracity (honesty) means full of truth, 6) fidelity (keeping promises) needed by individuals to respect their promises and commitments to others, 7) confidentiality What is contained in the client's health record documents only may be read in the context of client treatment.

Chiovitti's research (2011) discusses how nurses fulfill their responsibility to balance patient safety (kindness and non-harm) with patient choice (autonomy) through empowering protection theory, overall core processes of protective empowerment and

related reflective questions is as a new lens to balance patient safety with the choice of nurses.

Cancer is a malignant tumor that grows in the glands, ducts, fat tissue and connective tissue of the body. Cancer does not grow fast but is dangerous. Cancer causes physical and psychological problems. These problems are fatigue, disturbed sleep, nausea, pain, vomiting and decreased cognitive and immune function. Psychosocial problems include anxiety, stress, depression, fear of treatment, recurrence and death.

One of the treatment efforts for cancer patients is chemotherapy. Chemotherapy affects cancer cells and has side effects on treatment. Some cancer patients often do not take chemotherapy because of the effects. Cancer patients who undergo chemotherapy are prone to stress, the problem of handling stress in cancer patients needs special attention. One of the goals of treating cancer patients is to reduce pain and stress management. Cancer patients will feel scared, worried and frustrated. After being diagnosed, before surgery, during and after surgery and when undergoing therapy, patients will feel lost and experience stress.

Initially the patient carries out reactions to the diagnosis of chronic disease. Patients face the reality that must be forced to face, bad conditions cannot be lost, and symptoms of the disease are getting worse, so that it requires new adjustments to the condition. Furthermore, patients make adjustments through an intermediary process in the form of cognitive assessment.

At an advanced stage, cancer can spread to other organs so that it can aggravate the disease. Therapy that is carried out becomes more complex. As a result of the severity of the disease causes psychosocial problems. To overcome this, adaptive coping management is needed. Coping management is a psychological factor that can reduce or resist stress. Patients must find it very difficult to accept him because the disease and treatment of cancer causes stress continuously. Patients with advanced stages can experience psychological disorders and self-rejection so that they can worsen the condition of the patient.

Stress management strategies are included in the secondary assessment. Stress management strategies can have a direct effect in the form of physiological changes, positive or negative emotions, and quality results. If cancer patients have a high stress management strategy, the long-term effects that arise are the patient's health becomes better, a high spirit of life, high psychological well-being, and good social functions. Conversely, if breast cancer patients have a low stress management strategy, the long-term effects that arise are the deterioration of the patient's health condition, decreased enthusiasm for life, low psychological well-being, and low social function.

Cancer patients have a high stress management strategy, so patients will be able to deal with stressful situations, so that stress levels decrease and emotions that often arise are positive emotions. Patients who have a low stress management strategy will cause patients to often have negative emotions. Emotions that often arise are negative emotions, patients will not be able to survive and find it difficult to establish positive relationships with others. Furthermore, patients experience prolonged stress to decrease psychological well-being.

Most cancer patients experience adaptive coping mechanisms assessed from the cope inventory questionnaire, which is a positive statement in the form of patients doing some work activities to reduce thoughts of the disease experienced, patients taking lessons behind the trials, after being diagnosed with cancer, getting closer to God, choose to watch TV, read books, sleep in bed, or shop to reduce thoughts about cancer, try to routinely consult with an expert doctor and try to keep the spirit of life despite suffering from cancer. The negative statement from the questionnaire was mostly that the patient felt hopeless, the patient could not accept the fact that he had cancer, the patient used traditional medicines to heal cancer wounds did not immediately seek treatment in health services, the patient did not tell the family and others about the illness so that the patient detected cancer is already in an advanced stage and the patient feels concern because the cancer is getting worse.

Cancer patients who experience stress can be intervened. The purpose of self concept therapy is to help clients identify, analyze, and oppose accuracy in their own clients. In addition, it is also to strengthen perceptions that are more accurate and encourage behaviors designed to deal with symptoms of depression. The technique of the self concept, among others, supports clients to identify beliefs that cause worry, using socratical questioning techniques, namely asking clients to describe, explain and affirm negative thoughts that humble themselves. Self concepts are individuals who can share problems with life situations or crises. Self concept in general is how to build yourself and can be done on all conditions to overcome emotional problems, physical disabilities, eating disorders and dependence. Thus, the client begins to see that these assumptions are illogical and irrational, identifying a more realistic interpretation of oneself, self-worth and the world. Thus, the client forms new values and beliefs, and emotional distress disappears.

Cancer patients show that needs that have not been met are psychosocial needs. Cancer patients are emotionally higher, so more psychic support is needed, nurses fulfill these psychosocial needs through mental support and enthusiasm in service, providing positive support for cancer patients undergoing chemotherapy. Fulfillment of needs

including palliative care includes physical, psychosocial, and spiritual problems sought to improve so that the quality of life becomes good.

The multidisciplinary approach has an important role in assessing and meeting psychosocial needs. The focus of the approach is the patient's emotional and psychological response to the disease and its treatment, and psychotherapy treatment and focuses on the communication of patients and health workers. The principle of fulfilling psychological needs is that health workers understand the expectations of cancer patients including information about nursing plans and treatment.

In the course of the process all professions including nursing in it can not be separated from a problem that requires a variety of alternative answers that do not necessarily have answers that are beneficial to all parties. That is what is often tied to ethical dilemmas in the world of nursing with many cases that occur. So that a nurse knows about ethics, ethical dilemmas and ways to resolve ethical dilemmas to get the best decisions.

2. Methods

This type of qualitative research uses narrative descriptive methods. This research method is qualitative with descriptive phenomenology design. Participants numbered eight cancer patients who underwent chemotherapy. Data collection is done by in-depth interviews. Data analysis was performed using the stages of analysis according to Colaizzi

3. Result and Discussion

The themes found after analysis contained five themes, namely 1) feelings when diagnosed with illness affect feelings in undergoing treatment, 2) physical symptoms affect self-concept, social aspects and spiritual aspects, 3) reaction to self-acceptance of cancer conditions determine coping strategies that are carried out, 4) the needs of breast cancer patients consist of physical, psychological, social and spiritual, and 5) meeting the needs of cancer patients physically, psychologically, socially and spiritually.

1. Feelings when diagnosed with a disease affect the feeling of undergoing treatment. Health is an important thing for someone. For some people the verdict of diseases such as cancer is a serious thing. Shocked, sad, scared are some of the things that happen to patients with cancer.

1) Sad "The doctor said my illness was already malignant I became sad, anxious". (P3)

"I was sad for days, in my mind why I was sick like this". (P7)

2) Afraid "Afraid of dying mbak, the pain is dangerous can cause death" (sad expression) (P3)

3) Angry "But at that time I was angry when I was advised," the mother did not feel pain like me, I said at the time I was crying (with tears in my eyes) (P7)

4) It's normal "I am just normal, I'm not afraid, how about it, I have to seek medical treatment only by doctor" (P1)

b. Feelings of illness and treatment

1) Surrender "... just give up....." (P2) "I just surrender, bro..." (sad expression) (P3) the same as Above... "(P5)

2) Sincerely "..... if you are being tested, you must be accepted with sincerity" (looking gloomy face) (P1) "..... must accept sincerely

... (P2)"this trial from God, must be accepted with sincerity... "(P7)

3) Patience "Yes... you have to wait a lot of people..." (while lowering your head) (P1) "Must be patient, mbak " (P8)

2. Physical symptoms affect the concept of self, social aspects and spiritual aspects

a. Physical symptoms

1) Bald, out of eight participants all experienced hair loss (bald). "Yes... it's normal, sis, no one will be bald later to grow again." (P1)

2) One breast is missing, all participants undergo a mastectomy. "This is the same (while holding his chest), one breast is operated on, so it's OK, bro." (with a smile). (P5) "Yes, like this, ma'am is bald (while stroking his head while smiling), then this (while holding her breasts) there is no one." (P6)

3) Nausea "Yes... tired mbak, every three weeks you have to go to chemo, not to mention if you are tired of being nauseous" (P1) "Yes, mbak, usually nauseous, now I am still nauseous but can't" (P5)

4) Fatigue "If it runs out of chemo it feels to be weak..." (P1) "How come it runs out at least once a month chemo, not to mention after the body feels like it is tender" (P4)

5) Diarrhea "Actually, I'm bored, Miss, once every three weeks, it's gone to be nauseous, like now I have diarrhea, it's already soft, so it gets more gluey" (body looks limp) (P6)

6) Pain "Thank God there are no complaints like nausea and vomiting, only pain in the breast" (P2) " my arm is swollen (while showing his arm). Moreover this is pain when night, until I can't sleep" (P4)

7) Smelling wounds " moreover there are still a few more bad scars, but a little uncomfortable, miss," (P2) "The wound sometimes smells of mbak" (while showing the scars of surgery to the researcher). (P8)

8) Swollen arms "How do you run out at least once a month chemo, not to mention after your body feels weak, don't want to eat, nausea, this is until my arms swell" (while showing his arms) (P4)

9) Black fingers "Then (holding his bald head) fall out, how come my fingers are blackened, ya, bro, I don't know why, but said doctor W because of the chemo effect". (P5)

b. Self concept

1) Not beautiful "Breasts are good, two, more beautiful if it's still perfect..." (P3) "My hair used to be good, bro... not beautiful anymore, breasts are important for women..." (P7)

2) Not feminine "... what is the name mbak (thinking) more interested... oh... yes feminine now no longer feminine" (P3) "Breasts to parts of the body to mbak, he said to be feminine... even though now not feminine anymore "(P4)" Breasts don't show us to be different from men, more feminine but now it's not already "(P6)

3) Not pulling "... the woman's attraction is one of them here" (while holding her breasts) but now it might not be interesting anymore "(P4)" Before I was sick, one of the charms of women was breasts, now one is missing it is not attractive anymore "(P6)

4) Not perfect "... sometimes I feel sad, too, Miss, you know as a woman, as a wife if it's not perfect how she feels..." (P2) "I feel imperfect again..." (with a look of regret) (P8) "Yes... scared, because it's not complete, it's not perfect" (P4)

5) Cannot breastfeed "Breast that shows us the difference, shows as mother to mother..." (P6) "That is important for women, my child is still a baby and suckling what...", (crying) (P7)

6) Limitations of sexual ability "Since I suffered from cancer as a wife I was not able to serve my husband to the fullest" (P1) "For sexual relations, if my husband asks, I will serve, but now it cannot be maximal mbak" (smiling shyly)

7) Embarrassed "I am ashamed of my head becoming bald (while stroking his head), I am still embarrassed to leave the house" (P3) "It feels a bit embarrassed Ms., yes, just accepted, wong has happened, what can I do" sad, I'm embarrassed to cook there are parts of my body that are missing "(P7)

8) Stay optimistic "Even though my breasts are missing one, but I am still happy with my breasts" (P3) "I am not worried, even though my breasts are not beautiful anymore"

(P5) "Even though there is only one breast, I want to stay beautiful in front of the person I love "(P1)

9) High self-esteem "Even though I am sick like this my husband is not indifferent to me" (P8) "My family accepts sincerely even though my condition is like this" (P2)

c. Social aspects

1) Not active in the activity "Since I was sick, I did not take part in PKK activities..." (P3) "I have rarely participated in activities outside..." (P7)

2) Avoiding the community "If the activities in my village have not yet joined again, actually my neighbors often invited me to go to PKK for recitation but I always did not leave, still embarrassed Ms..." (P3) "I am lazy going out... embarrassed if you look bald... rarely join the PKK, recitation, the problem is lazy." (P8)

3) Not accompanied at all times "Do you want to be accompanied by your husband or child?"

d. Spiritual aspect

1) Disease as a deduction of sin "Wong the disease is not a curse and not a punishment, so the patient is as a charity field, so that our sins are reduced". (P4)

2) Disease is a language for communication with His Creator "In my opinion, sis, sickness may be the language of God to communicate with us, maybe if I do not get sick like this I will not diligently worship like now" (P4)

3) Regarding the test "The test of the Almighty, is rewarded with sickness..." (P2) "This is indeed a test for me..." (looks sad) (P3)

4) Think of it as a reprimand "Even though I'm afraid, maybe all of this is a warning so that I can be more patient" (P6) (imitating the husband's words) maybe this is all a reprimand for me." (P8)

3. Self-acceptance reaction to cancer conditions determines coping strategies that are carried out Changes in physical and psychosocial conditions in breast cancer patients, will provide stressors to patients. The extent to which coping uses participants for their illness.

a. Attitude in dealing with problems

1) Receive ".....What has happened, how else can you do it, if you are being given a test, you must accept it..." (P1) " be rewarded with illness, just accept it..." (P2) " but maybe this trial from God must be accepted... "(P7)

2) Denying "Initially I had refused, it was impossible for me to get cancer..." (P7) " At first I refused, it was impossible for me to get cancer..." (emotional expression) (P8) "If

Ny. S (P7) is still denial until now "(T1)" Maybe if Ny (P7) is still young, he can't accept the condition of his illness... "(T2)

3) Blaming yourself "... all of my mistakes..." (P3) "Maybe this won't all happen, if I take medication from the start" (P8) "Usually Ny.R (P3) if invited to talk still often blames herself alone..." (T2)

4) Withdrawing "After this illness I have not dared to leave the house,..." (P3) "I did not leave the house..." (P8) "Ny.T (P8) maybe because her husband rarely waited, she was more quiet "(T1)

b. Efforts are made to resolve psychological and social problems

1) Reading the Bismillah "Every time I want to do what I read the Bismillah, let me calm down." (P1)

2) Pray / remembrance / prayer. "... if it's time to pray, pray..." (P2) "..... I prayed, prayed, sometimes read istigfar dhikr." (P3) "I pray, so that I can be calm..." (P4) "... if prayer time, prayer, then pray..." (P5) "Yes usually praying, hopefully the disease will be quickly removed..." (P6) "..... pray, pray..." (P7) "..... prayer sometimes- sometimes "(not excited while looking away) (P8)" If Ny.T (P8) I see rarely praying "(T2)

3) Listen to music "..... sometimes listen to songs through the cellphone..." (P1) "If I'm alone, I listen to songs from my cellphone, bro ..." (while showing the patient's cellphone) (P4) "..... if not yes listen to the song through the head set cellphone "(P8)" If Ny. W with Ny. SR, I often see that when I often listen to songs through my cellphone "(T1)

4) Read books / magazines "Read and read books so they don't get bored..." (P7) "If you want to read the newspaper, what is the magazine " (P8)

5) Chat " ask each other to talk to a friend next door..." (P1) " talking to each other next to me....." (P2) "... if you don't talk to the neighbors "(While pointing to the patient next to him) (P5) "..... other activities I talked to a friend next to me..... if anyone waits to chat with my husband or my child "(P6)" If I'm alone, I chat with the patient next to... "(P7)" Almost all patients here, if they already know they will tell each other... "(T2)

4. The needs of cancer patients consist of physical, psychological, social and spiritual needs. Changes in the body and physical abilities of cancer patients will affect psychological, social and spiritual needs.

a. Physical needs

1) Nutrition "Just go as usual, if nausea is eating rice, eat telo or banana". (P1) "It feels like eating, but just eating two and three spoons of nausea." (P5)

2) Resting activity "Yes it is still an activity as usual. Since I was sick of cancer, thank God, I can still do housework well, sometimes helped by my child and husband". (P1)

"Light activities can still be done, for what my husband is doing hard". (P3) "If the night my arm feels painful, it won't run out." (P4)

3) Physical safety "Want it like other friends, there is no complaint of mbak pain." (P4) "Only pain in the breast, but sometimes". (P2)

4) Sexual "My husband understands why she lacks me, if I am fit, nausea does not have a husband and wife relationship, if it is healthy, do it, and even then it is rarely the most once a month" (looks shy) not able to serve a husband maximally ". (P1) "I can still serve my husband even with conditions like this, sometimes I do it once a month, and even then if I am fit, if my husband just asks and I am healthy I will be served to mbak" (smiling shyly) (P6)

b. Psychological needs

1) Accepted the shortcomings "My husband understands why you lack me..." (P1) " my husband still accepts my condition like this mbak.." (P2) "My husband said," no need to regret everything that happened it's important to have the spirit to get well "(P3)

2) Need to be accompanied "I want my husband to always wait for me, but my husband comes and can't wait every day for the little one at home". (P3) "I want someone to accompany me here, sis..." (P5) "... The waiters are waiting for you, bro..." (P6) "... I want to be accompanied by chemotherapy..." (P6) Someone is waiting, accompanied, the problem is that when they leave home they feel lonely... "(P8)

3) More attention "Thank God even though I can't wait for me every day, but my husband is increasingly affectionate, my husband is encouraging me, more attention is with me " (P3) "... the audience is still being watched by the husband..." (P6) "... but my husband is okay, he is not angry, he knows my condition, my needs are more concerned with my husband". (P8)

c. Social needs

1) Acting as a mother " the important thing is to still be my wife and mother of my children ..." (P3) "... because there are still small children in the house, usually he asks me when to go home, he said he missed my mother "(P6)" Imagine that you are still 37 years old, my child is still a baby, no stress, I still want to breastfeed my child, sorry for not being breastfed "(P7)

2) Acting as a wife "If you are fit, you will have a husband and wife relationship, and that is rarely the most once a month" (looks shy) (P1) "All my housework is done, sometimes my child cooks, I wash, iron..." (P2) "For sexual intercourse, if my husband asks me, I will serve" (smiling shyly) (P3) "Yes, usual mbak, I still do all the cooking, washing..." (P5) " my husband says it's still dear, no will leave, the important thing is

that I can still be the mother of children and become his wife "(imitating the husband's words) (P7)

3) Role as a community "I still participate in activities in the RT, but it is rare". (P4) "I can still do social activities in the community as usual Ms., join the PKK, recitations, so I don't get bored at home. Neighbors don't stand aside, gather together ". (P2)

d. Spiritual needs

1) Pray alone or with other people "Want to get treatment so that you get better, don't think about going to death, just pray for yourself, if anyone accompanies praying better". (P2) "Fine, my family all supports this treatment, my brothers and sisters, all the neighbors, look at me. Give encouragement, pray for me". (P1)

5. Meeting the needs of cancer patients carried out physically, psychologically, socially and spiritually Some things are done by participants to meet the needs of both physical, psychological, social and spiritual as an effort to maintain the quality of life of patients. The expression was conveyed by the patient as follows:

a. Physical fulfillment

1) Using a head covering / headscarf / wig "Yes

... if you go out using a headscarf, bro..." (P1) "I buy a cheap wig, for changing..." (P6)

2) Using special clothes "I wear a bra that is filled with cloth..." (shyly) (P4) "Use the loose clothes so they don't look..." (P2)

b. Psychological fulfillment 1) Having realistic hopes "Yes... the one that is now being lived, Ms. Bas, I want to get well first, I don't know what to do later." "I want to see my children succeed, my grandson is big, but don't let anyone get sick like me" (P1) "Want to get well soon, healthy" (P2) "Want to get well, so that you can gather again with your child and husband. long life "(P4)

2) Maintaining sexual relations "Yes... do it once a month, and even then if you are fit..." (P6) "Husbands sometimes ask sometimes not, at least once every two weeks when it doesn't work," (P7)

c. Social fulfillment

1) Improving interpersonal relationships "My husband and children support this treatment. My other family also encourages me to get well soon, comfort me so I don't have to be sad." (P3) "Good madam, my children like it mocked, but just joking so I wouldn't be sad. Other families also support me. "(P6)" If you are waiting for your husband to talk anything "(looks happy). "the one who waits for the child sometimes is the husband, the problem is that during the day the husband is the granddaughter of the grandson" (P2)

2) Stay active in the activity "I am still routinely participating in the PKK, recitation..." (P6)

"Instead of blinking at home, you can join RT RT activities" (P5)

3) Family, community and staff support "My family all supports..." (P1) "My husband and children support this treatment..." (P4) "My neighbors are good, I'm pretentious to be invited to get together..." (P5) "All RTs visited me..." (P7) "If nurse X sometimes invites to chat, jokes..." (P4) "Usually asked, what complaints, measured tension....." (P3) 4) Provision of information "Mbok, what is the pain told? What treatment is it? "(P5)" If you were told the pain from the beginning, right? Don't arrive at this... "(sorry tone) (P4)

5) Counseling "The doctor is not sure, so it can't be consulted for long..." (P8)

6) Increased caring behavior "The service needs to be improved, if the doctor visits only in the morning..." (P8) "Every now and then the nurse invites a long chat, while accompanying the patient..." (P2) Ma'am nurse Y is silent... "(P3)

d. Spiritual fulfillment

1) Increasing spirituality "If you are being tested, you must be accepted with sincerity" (looking gloomy face) (P1) "Getting closer to yourself. I pray so that I can be calm.

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The interpretation of the results of this study focuses on coping with cancer patients while fulfilling physical and psychosocial needs. Next, each of them will be discussed in detail which has been identified based on the research objectives. Explain the five steps of self concept activities

Step 1: Understand the problem. The activity carried out is to discuss the problems faced by patients. Each member reveals the problem he is facing. The second meeting and so on discussed again what other problems experienced by the patient.

The results of the analysis of research data showed that participants experienced various feelings when first diagnosed with breast cancer. Such as feeling afraid, sad, angry, and ordinary, is a psychological response to stress due to cancer that he suffered. According to Lubis (2009), when women are diagnosed with cancer, they will experience unpleasant psychological conditions. The verdict of cancer makes some participants experience sadness and fear of the disease. Feelings of sadness occur because they did not expect to experience cancer. The worst emotional condition that is always found in cancer patients is fear. High levels of fear are caused by having a small chance of life, prolonged physical and psychological suffering. Patients are afraid because cancer is a deadly disease. Fear of disease and the treatment process and negative perceptions of disease are images of poor thinking from patients. Angry or more emotional attitude that

occurs in cancer patients is caused by stress facing physical side effects experienced by chemotherapy and the ability to accept illness is not good (not yet acceptance). This anger can also be caused by a process of loss, in this case is losing one of her breasts. Loss is a state of an individual who separates from something that previously existed and then becomes non-existent, whether it occurs in part or in whole. Nurses help patients understand and accept their loss so that their lives can continue. According to Kubler Ross's theory that someone who experiences loss or grieving when he reaches acceptance will go through stages of loss such as denial, anger, bargaining and depression. Easy to anger as a result of a long cycle of chemotherapy that is unable to take care of the family. Angry reactions are accidental emotional expressions caused by unpleasant events.

This occurs in breast cancer sufferers because of the feeling that many daily activities cannot be carried out and the feeling that this disease makes him helpless. Like the participant's statement below: "But at that time I was angry when advised," the mother did not feel pain like me, I said at the time I was crying (while glazing) (P7) But there were other participants who expressed their experiences when known to suffer from breast cancer, then his attitude is normal, there is no feeling of fear or anxiety. This also appears in the non-verbal behavior of participants who appear to have no burden in undergoing the disease. Negative feelings that arise at the beginning of the diagnosis of the disease will last a long time, even With these conditions, the patient must adapt and undergo the disease and treatment. The attitude of the patient when he has received the condition of the disease shown by participants such as resignation, sincerity and patience, resignation arises when all the potential of reason, effort, and prayer has been utilized the maximum to reach the goal, the person who has spiritual beliefs al strong usually has life satisfaction. The relationship between psychology and religion lies in the attitude of surrender to the power of the Most High. Resignation will make an optimistic attitude towards someone so that positive feelings arise such as happy, happy, satisfied, feeling loved and safe. Doing worship will at least make someone's life more meaningful. As stated by the fourth participant: "Usually, mbak, I just give up, get closer to myself..." (P4) A sincere attitude of life will make the mind become rich and life lighter to live. Ikhlas reflects the awareness or willingness to do everything maximally and conduct introspection for repairs, even though heavy loads must be borne. Spiritually sincere is the attitude and behavior of humans with high transcendental intelligence. When someone feels sincere there is active synergy like good blood flow between body, mind, heart and soul. Sincerity and sincerity of a person in accepting illness, make the person closer to His Creator, not easily discouraged and sad. Like the seventh

participant's expression: "At that time I was shocked, but this might be a trial from God, it must be accepted sincerely" (P7) Patient attitude is very important in dealing with breast cancer. Because this disease is related to thoughts that can cause stress. When patients are patient, the body will respond positively psychologically. If a person cannot be patient with his illness, the emotional level will rise and be unstable.

Toshihiko Izutsu in Aliyah (2008) argues that patience means having enough soul power so that it is always steadfast in misery and suffering and persevering in various difficulties to fight for each other's goals. Patience in relation to that power is how to use and control, so that strength brings good to humans and avoids them from things that are harmful. Patience is a dynamic psychological defense mechanism system to overcome the tests faced by humans. As a system of review of the understanding of patience can be divided into input (stimulus) and the process of output (response) which has a mechanism of control and feedback. These system elements interact integratively to produce mechanisms to defend themselves in the environment. Patience in reality shows that the strength of determination, firmness and self-control make a person capable of continuing steps when facing difficulties that are internal and external. This is as stated by the first participant: "Yes... how about you, you have a lot of patience, just going through it later, too." (P1) Some emotional feelings due to the diagnosis of disease expressed by participants in this study are almost the same as research conducted by Sianipar (2017), research conducted on the Batak tribe which states that patients experience emotional instability in response to chemotherapy treatment. That the diagnosis of cancer and chemotherapy treatment will result in emotional changes in patients with various cultures and cultures.

Step II: How to solve the problem

The activities carried out are patients sharing information on how to overcome problems that occur based on a list of problems that have been made. The material obtained is given to provide information about cancer. The second meeting and so on of the activities carried out is to discuss how to solve other problems, are there any additions.

Self-acceptance reactions to cancer conditions determine coping strategies that are carried out. The main concept according to RAM is adaptation. The concept of adaptation assumes that a person is an open system that responds to stimuli both from outside and within a person. Adaptation is considered a positive response to a stimulus, while a negative response is described as maladaptive. The results of this study found that participants revealed forms of adaptation both adaptive and adaptive malls. The coping process in Roy includes innate coping mechanisms and coping mechanisms that are

obtained. Which is divided into sub- system regulators and sub-systems of cognators. Some coping mechanisms obtained from this study lead to cognitive and emotional responses which are sub-systems of cognator. Cancer diagnosis is the cause of distress in patients. Identifying early coping mechanisms for patients is important in care and is the first step in the results of psychological adaptation. In this study, two forms of patient coping mechanisms were obtained, namely coping mechanisms focused on emotions (emotional focused coping), among others, accepting, denying, blaming yourself and withdrawing. Problem-focused coping mechanisms (problem solving focused coping) include reading Bismillah, praying / remembrance / prayer, listening to music, reading books / magazines and talking. According to Lazarus (1984) Forms of emotional focused coping such as self control (self control), seeking social support (seeking social support), positive reinterpretation (taking a positive view of a problem), acceptance (accepting / surrender), denial (denying). While the form of problem solving focused coping includes distancing (covering with positive things), planful problem solving, positive reappraisal, self control and escape. Mechanism of coping by focusing on emotions expressed by participants is divided into two types, namely adaptive and maladaptive. Which includes adaptive like receiving. While the maladaptive ones like denying, blaming yourself and withdrawing. Receiving is a psychological response experienced by someone because of loss in the final phase. This phase is related to the reorganization of feelings of loss someone will realize that their life must continue. After a certain period of time the patient will accept the fact that he has breast cancer.

The results of this study from a number of eight participants, there were four participants who from the beginning of the diagnosis had refused their illness, while the other four were accepting. Of the four participants, each of them needed different time when accepting the condition of his illness. On average they need time to think and receive their pain for about one to three months. The results of the study illustrate that the pattern of coping strategies commonly used by patients is accepting. Receiving means in accordance with the reality of a stressful situation, learning to live with it (cancer), accepting its condition. They accept the fact that they suffer from breast cancer and continue to live their lives. They also accept because they already have experience communicating with other people who have the same illness. They will also accept the fact that they will lose their hair temporarily so that they are more focused on choosing to regain their health. Like the second participant's expression: "Yes, it's normal, Sis, no one is bald, then it can grow again, just give up, mboten isin, usually mawon. I consider this a test, inevitably must accept..."(P2) Denial is the first response when someone loses. In this condition a person is not ready to accept his condition. In accordance with the

results of the study that coping strategies used by patients that are denying or rejecting, which is a form of avoiding all thoughts about the effects of cancer that might occur. This can look useful because it may not eliminate negative mood conditions but can help women with breast cancer keep away from negative thoughts and feelings, thus encouraging feelings of hope for positive health outcomes. This is as revealed by the seventh participant: "Initially I had refused, I might not have had cancer..." (P7) Denial is one reaction to acceptance of the sick condition expressed by participants where there is disagreement with reality, by denying that reality or refusing to accept or face the unpleasant reality. This refusal is likely to lead to the thought that the effects of cancer are destructive, the patient then postpones getting treatment and treatment. So that this will affect the patient's condition worsening in the presence of widespread disease metastasis. The results of the study showed that denial was significantly correlated with the occurrence of metastatic disease. As stated by the participants below: "Initially I had refused, I might not have had cancer..." (P7) "... Initially I refused, it was impossible for me to get cancer..." (emotional expression) (P8) Blaming yourself or called self blame is a form of powerlessness of the problem faced by blaming oneself without optimal self evaluation. Cancer sufferers have a tendency to blame themselves for what they experience and have a negative view of themselves. So that this will have an impact on withdrawal from the social structure. According to research that women with breast cancer will blame themselves after a cancer diagnosis is established. The time can be four months, seven months and one year after diagnosis. Self blame is associated with increased symptoms of anxiety and depression. Self-blame is an adaptive mal behavior and will have a long- term effect on the psychological adjustment of breast cancer patients. In accordance with the participant's expression: "... I'm all wrong, bro ..." (P3) "Maybe this won't happen, if I take medication from the start" (P8) Pulling away is a situation where someone finds difficulties in building relationships and avoiding interactions with people others directly that can be temporary or permanent. Withdrawal is one of the damages to social interaction caused by embarrassing conditions, loss of body parts, and terminal illness.

In this case the possibility of withdrawing the patient is caused by feeling embarrassed by hair loss resulting in baldness, and loss of one due to surgery and chemotherapy. The results showed that patients using withdrawal coping strategies had a significant risk of poor long-term psychological adjustment. In addition, it will also interfere with the rhythm of the hormone cortisol.⁸⁷ Participants expressed this: "After this illness I have not dared to leave the house, (P3)"..... I did not leave the house... "(P8) Coping mechanism focusing on problems is in the adaptive category where patients can cope

with problems that are experienced in several ways including: reading business every time you will do activities, pray / remembrance / prayer, listen to music, read books / magazines, chat. In responding to long-term breast cancer treatment and psychological conditions, some participants multiplied their worship activities. Basmalah, is a recitation (dzikir) that we often recite. Basmalah has an important meaning in the life of a Muslim. Basmalah is an utterance and has the power of ruhiyah that can lead a Muslim to always remember His Lord. The main benefit of remembrance energy in the body is to maintain body temperature balance in order to create a calm, peaceful and controlled psychological atmosphere. Remembrance is also one way that can be done to bind positive energy. The prayer coping strategy is important to overcome psychological stressors and to calm feelings.⁸⁸ Praying is an activity carried out by bringing the heart and soul closer to the God who has created. Praying is proven to be effective in helping healing. Research shows that patients who always pray or speak to their Creator are shown to have a higher percentage of recovery compared to non-religious people. Belief and spirituality are very sensitive things. Patients tend to spend time alone to pray to God, because in this way they can get peace. Praying includes saying prayers and performing religious rituals, forming the basis for the needs of cancer patients. Spirituality with religious rituals, such as prayer, plays an important role in accepting illness. Praying has an important role in overcoming cancer and helps patients improve their spiritual health when they are sick. The participants' expressions related to coping prayed: "... if it's time to pray, then pray, then pray..." (P5) "Yes... usually praying, hopefully the disease will quickly be lifted..." (P6) Dhikr is defined as communication with God as experience and expression of human spirit. Dhikr is remembering Allah in an act and acknowledging His presence to fulfill human needs, so that peace will arise. Dhikr has extraordinary powers. There is psychological strength as follows, psychological conditions will affect the nerves and nerves will affect the glands, these glands will secrete endocrine fluid which will affect the human immune system.

As a person who believes and believes in everything that is done in the world will be accounted for, so that participants use the rest of their lives to be closer to His creator. As a human being participants are confident and believe that all of these are tests and trials that they face, so they must remain grateful for the existence of this disease and surrender all provisions to Him. As stated by participants: " I pray, pray, sometimes dhikr." (P3)

According to Potter and Perry (2005) religion plays an important role in the prevention and treatment of diseases. Religion teaches its adherents to follow moral, social and dietary practices designed to keep someone in a healthy and harmonious state.

According to the study that breast cancer patients who pray can find more positive contributions than patients who do not pray. Prayers and prayers have proven to be important emotional and psychological factors in breast cancer sufferers, helping patients receive cancer in their lives. This is as stated by the participants: " if it's time to pray, pray..." (P2) Besides praying / dhikr and praying, the participants also do activities by listening to music. Listening to music can help patients overcome the symptoms of chemotherapy, thus contributing to their ease and physical well-being. Listening to music is part of the distraction technique to deal with pain in breast cancer patients. because listening to music will be released endorphins that can inhibit pain impulses, music also works in the limbic system which will be delivered to the nervous system which regulates the contraction of the body's muscles, thereby reducing tension. With music can improve physical health, social interactions, interpersonal relationships, expressions, emotions and increase self- awareness to foster a relationship of mutual trust, develop physical and mental functions regularly and programmed. Music also helps improve a person's quality of life by producing positive changes in his behavior. The results of the study conducted on patients after chemotherapy were improvements in total comfort, physical, psychospiritual and sociocultural comfort. Listening to music effectively can reduce the severity of chemotherapy symptoms and improve patient comfort during treatment. Music that suits the tastes of the patient besides being able to create a relaxed, safe and pleasant atmosphere can also affect the limbic and autonomic nerves, thereby stimulating the release of gamma amino butyric acid (GABA), enkephalin and beta endorphins which will eliminate neurotransmitters from pain and anxiety. thus creating calm and improving mood. Research conducted by Zebley (2016) listening to music is one option in reducing symptoms of depression, fatigue, and pain, this is because listening to music will affect the emotional state, psychological cancer patients. One of coping with cancer patients is listening to music such as natural music, healing music, religious music and cheerful music, because this type of music provides benefits to patients. As the participants did: "..... sometimes listen to the song through the cellphone..." (P1) "If I'm alone I listen to songs from my cellphone, bro..." (while showing the patient's cellphone) (P4) During a long chemotherapy treatment will result in a loss of meaningful initial activity. Some participants carry out surrogate activities while waiting for treatment by reading books. Reading books is also one of the distraction techniques that can be used to overcome anxiety, pain. In addition, participants sought to improve stress coping strategies by sharing stories about their experiences with breast cancer with other patients, so that this would reduce the level of depression and improve their psychological well-being. Exchanging stories or chatting with other patients is one form

of social support. Self-distraction reflects the tendency to engage in other activities that distract individuals from thinking or taking action to deal with stressors. One way to improve coping with cancer patients is to share stories about their experiences to avoid a decrease in psychological well-being and depression. Such as participant expressions and triangulation: "..... other activities I chat with a friend next door if someone is waiting, yes, chat with my husband or my child" (P6) "Almost all patients here, if they know they will tell each other others... "(T2)

Step III: Choose how to solve the problem

The activity carried out is to discuss each method of problem solving that is in the problem solving list and choose how to solve the problem by considering the supporting and inhibiting factors in solving the problem. the second meeting and so on is discussing other ways chosen in overcoming the problem.

The needs of breast cancer patients consist of physical, psychological, social and spiritual needs. According to RAM other than psychosocial needs which include self-concept, role function and interdependence, Roy also stated about his physiological needs. Some of the needs presented by participants in this study include physical, psychological, social and spiritual needs. The physical needs conveyed by participants in this study included the need for nutrition, resting activities, physical safety and sexual needs. Nutrition is an important part of the management of cancer patients both while undergoing therapy, recovery period, in a state of remission and to prevent recurrence. Optimal energy and nutrient intake is an important thing reported in a number of studies. It was said that adequate energy and nutrient administration in patients undergoing chemotherapy might increase the effectiveness and decrease the toxicity of chemotherapy. From the results of this study, several participants revealed the occurrence of complaints of nausea and vomiting, which disturbed the fulfillment of their nutritional needs. In some participants complaining fatigue resulted in normal daily activities not being maximal. Even so, patients are still able to carry out light daily activities. Physical activity is recommended to be carried out in breast cancer patients. Because physical activity will not worsen their body condition, even with the health condition activities will improve. Prevents swelling of lymph nodes or lymphedema. The need for sleep rest patients will also experience interference due to surgical pain. As a result of giving chemotherapy will also affect the sexual needs of patients.

According to the results of the study patients were not able to serve their husbands to the maximum because treatment often affected their views on organs and sexual function. The psychological needs of patients with breast cancer when experiencing changes in self- concept are still appreciated for their shortcomings. The desire to

remain functioning in accordance with his role as mother and wife. And of course with all the shortcomings patients need friends, and more attention. One of the physical health problems of breast cancer patients is that women feel no longer ideal, this will affect their self-esteem.

The main aspects of psychosocial needs because of changes in self-concept are loved and received awards from other people, namely partners and family. As the participant said: "My husband understands why you lack me..." (P1) "... My husband still accepts my condition like this, Ms..." (P2) According to the research, it is stated that encouragement, family motivation for patients will help patients undergo adherence to treatment so that there is hope and motivation to recover. Availability of resources that can provide a psychological sense of comfort gained from interaction, to ensure that the individual is loved, cared for, and valued. When facing a cancer diagnosis, couples and other families are likely to experience psychosocial pressures that might also affect their individual functioning. Although the possibility of this happening to partner participants, some couples and families of participants showed a supportive attitude. As the participants put it: "Even though I was sick like this my husband was indifferent to me" (P8) "My family accepts sincerely even though my condition is like this" (P2) The participant's statement is an expression of satisfaction that they are valued and needed by couples and family. This is consistent with research that states that self-esteem is an important aspect that affects the quality of life for women with breast cancer, where they have the satisfaction and desire to remain respected and loved. Partner and family support and sharing in difficulties will result in satisfaction for the patient. According to Maslow, the need for self-esteem includes strength, acceptance, admiration, competence, self-confidence, independence and freedom. The need for respect or respect by others such as status, power, recognition, attention and appreciation. The needs of patients who want to be accompanied must always be supported by the family by giving encouragement or strengthening, giving love, giving attention and deep empathy by waiting for the patient during the chemotherapy program and reminding his schedule. This is in accordance with the affective function of the family that is useful for meeting psychosocial needs. The success of carrying out affective functions can be seen in the happiness and joy of all family members. Each family member maintains a positive climate, feelings of belonging, feelings of meaning and is a source of affection and reinforcement. With the success of carrying out this affective function, it can also develop positive self-concepts as well.⁹⁸ In accordance with the results of research that breast cancer patients hope one of them is to be respected, listened to, accompanied by husband and family.⁹⁶ As the statement was

conveyed by participants "... I want to be accompanied when chemotherapy..."(P6) "... there is someone who waits, accompanied, because if you leave your husband when you leave it feels lonely..."(P8) The role function according to RAM is defined as a set of expectations for how one occupies a position. The function of this role relates to some of the roles possessed such as the main role of determining most of the behaviors carried out by these people; this role is determined by age, gender and developmental stages; secondary role, namely the role of someone in assuming to complete tasks related to the stage of development; and tertiary roles, freely chosen roles.

Step IV: Take action to resolve the problem

The activity carried out is that each patient performs a solution to the problem that has been chosen. The second meeting and then choose another method that has been chosen, namely:

Meeting the needs of breast cancer patients is done physically, psychologically, socially and spiritually. Because a woman's breasts symbolize beauty and femininity, lifting the breasts can result in the desire to hide new reality and change the way someone is dressed. Most of them tend to want to cover up and hide their shortcomings by using large / loose clothes.⁹⁴ As the participant's expression: "I wear a bra that is filled with cloth..." (shyly) (P4) "Wearing a loose shirt so it won't be visible.. (P2) Some methods are also used by patients to deal with hair loss during chemotherapy, using headscarves, headgear and wig. According to the patient this is done so that the head remains protected and increases the patient's confidence. As stated by the participants below: "Yes... if you go out using a hijab, ma'am..." (P1) "I buy a cheap wig, for changing..." (P6) Expectation is an important factor in psychosocial aspects. Hope is related to how individual beliefs influence their behavior. Increasing self-concept especially self-esteem can be done by nurses by helping patients to form their thoughts to be more realistic, positive patterns, such as encouraging patients to do something for themselves (eg going for a walk). Efforts to increase self- esteem can also be done by means of nurses accepting patients with their changes so that they can stimulate positive rehabilitation. Give attention to the appearance of the patient, show respect and help rather than encourage dependence or guilt. Based on the results of the study, several participants had realistic expectations, namely by following chemotherapy treatment hoping to get healing. Another hope the participants wanted to achieve was the desire to see their children grow up. The impact of cancer will affect the interpersonal relationships of patients with spouses, families and officers. Interpersonal relationships have an important role in meeting the psychosocial needs of breast cancer patients. One form of interpersonal relations is to establish open communication with both partners,

families and officers. Proximity between families is also one form of maintaining good interpersonal relationships. A patient has a social function that is seen from a social perspective, namely the fulfillment of an individual's role as a result of an individual's interaction with himself, his family, his community and his own environment to carry out important tasks for daily life. Social functions are related to functional status as women with cancer associated with family, social and work activities. Although there are psychological and social disorders experienced by breast cancer patients, this does not interfere with their ability to carry out their daily roles. Changes in the roles and relationships experienced by breast cancer women cause emotional stress and cause limitations in carrying out daily activities. Patients try to maximize their potential that is still there, even though it is not perfect to continue to carry out its role in family life and society. The effort to maintain its role and manage its emotions is to remain involved in social relationships such as participating in activities in the community and maintaining interpersonal and sexual relationships with partners.

The consequences of chemotherapy such as fatigue, vaginal dryness and early menopause are caused by decreased levels of estrogen and progesterone. This causes women to be difficult to be aroused and feel pain during intercourse which ultimately contributes to reducing sexual libido levels. However, as a wife, it might always struggle to fulfill the sense of intimacy in a relationship, even though the condition is painful, but on the other hand the husband must accept and understand the conditions experienced by his partner. Some participants also revealed that they maintained their sexual relations for fear that if the couple would leave, like the following expression: "My husband is mediocre, but sometimes he thinks if he leaves me...". One effort to maintain interdependence is that patients need medical, social and psychological support during and after treatment. The integrative approach of the health team is needed in patient care. Multidisciplinary teams consisting of doctors, nurses, psychologists, nutritionists, therapists, pharmacists and religious leaders have their respective roles in service delivery to patients.⁹⁴ Support from partners or families is emotionally beneficial to improve the quality of life for breast cancer patients. This form of support is like the desire to be accompanied and appreciated by the husband or other family members, accompanied by contacting or visiting, appreciated as the patient's hope that the husband accompanies the chemotherapy treatment, the husband wants to understand and understand the patient's illness. This is in accordance with the results of research that cancer patients need family support in seeking ways to deal with emotions, medication and lifestyle later. Support from the community when there is no negative stigma from the community towards patients related to the condition of their illness. Likewise, support

from health workers in providing nursing care services, is one source of patient support in treating the effects of chemotherapy and mastectomy. They want more information regarding care and treatment from health workers, this is consistent with research that patients need information about treatment and education about sexual needs. Providing this information through structured and systematic health education will provide a comprehensive understanding to maintain and improve the well-being and quality of life of patients. There is a personal consultation service about the treatment of patients, so that patients are able to make informed decisions regarding the treatment of their illness. Some psychosocial distress manifested as social isolation, low self-esteem, anxiety can be reduced through experience counseling. Increasing caring behavior is an ability to be dedicated to others, monitoring with caution, showing concern, feeling empathy for others, feeling love or loving.

Nurses must develop critical thinking skills in order to improve caring behavior for patients. This is in accordance with one of Watson's caring caratives that nurses who behave caring towards patients means that the nurse is able to provide good service to patients. Caring attitude means giving support, sympathy and protection. This is in accordance with the results of the study that the staff performance of nurses including caring behavior can contribute greatly to the quality of patient experience while being treated. But other studies have stated differently that almost half of nurses have not behaved caring according to patient perceptions, especially in communicating with patients. Nurse communication is one of the keys in implementing nursing care. Because by doing therapeutic communication nurses can foster a trusting relationship with patients. This is in accordance with one of the carative factors of Watson's caring. Another effort taken so that participants can still be fulfilled their psychosocial needs is by increasing spirituality. Spirituality has proven to be an important emotional and psychological factor that affects the quality of life for breast cancer patients. Spirituality is related to psychological adjustment, where spirituality has an effect on decreasing symptoms of depression and increasing the vitality of breast cancer patients, leading to peace, social welfare and functionality. Spirituality is an internal aspect that exists in every human being. Spirituality is a human characteristic and provides energy that affects physical and spiritual well-being. Spiritual growth of cancer patients is explored in the form of: prayer, prayer, and dhikr. A person's spirituality in addition to providing connection with God, individuals also strive to improve relationships with others to improve the quality of life better. Spirituality for cancer sufferers is the main point by evaluating past life related to relationships with other people. In line with the phrase Potter and Perry (2010) that one's spirituality makes a person able to love, have trust

and hope, seek meaning in life and maintain relationships with others. The form of spirituality expressed by participants such as drawing closer to His Creator by praying, accepting illness as a test.

Breast cancer patients show that the needs that have not been met are psychosocial needs. Breast cancer patients are more emotionally emotional than men, so more psychosocial support is needed, nurses fulfill these psychosocial needs through mental support and enthusiasm in service, providing positive support for cancer patients undergoing chemotherapy. Fulfillment of needs including palliative care includes physical, psychosocial, and spiritual problems sought to improve so that the quality of life becomes good.

The multidisciplinary approach has an important role in assessing and meeting psychosocial needs. The focus of the approach is the patient's emotional and psychological response to the disease and its treatment, and psychotherapy treatment and focuses on the communication of patients and health workers. The principle of fulfilling psychological needs is that health workers understand the expectations of breast cancer patients including information about nursing plans and treatment.

4. Conclusion

Based on the results of the research and discussion described in the previous section, it can be concluded that meeting the psychosocial needs of cancer patients undergoing chemotherapy at the Tugurejo Regional General Hospital Semarang are as follows: 1. Each participant has different time in the acceptance process against the diagnosis of breast cancer. It takes months to adapt to the condition of the illness. 2. This experience in physiological changes can affect the function of the role of the patient (social interaction) and change in the mode of interdependence (relationship with family and society) 3. Coping strategies used by patients vary both adaptively and maladaptively in adapting to breast cancer. Emotional focused coping and problem solving focused coping are coping strategies that use patients when suffering from breast cancer. 4. Some of the patient's needs both physically, psychologically, socially and spiritually are very necessary for the patient to maintain a balance of his consistency and maintain integrity in the ability to remain loved and valued by others. 5. Participants make several efforts to fulfill their psychosocial needs so they can continue to engage in social interaction, get social support, maintain well-being and improve their quality of life.