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Becoming a Resilient Parent: Positive Psychology-Based Psychoeducation at the Parent Club of the Indonesian Children's Oncology Foundation

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ABSTRACT

Families of children with cancer experience significant emotional, physical, and social stressors, beginning at the diagnostic phase and continuing throughout the long-term treatment process. These stressors can reduce hope, weaken perseverance, and disrupt the psychological resilience of parents in fulfilling their caregiving roles. This Community Service Program aimed to strengthen the psychological resilience of families through psychoeducation based on positive psychology, emphasizing the reinforcement of hope, resilience, and grit, as well as optimizing the role of the Parent Club (PC) of Yayasan Onkologi Anak Indonesia as a key pillar of community support for newly affected families. The program was conducted in a hybrid format and involved 87 participants, consisting of Parent Club members, parents of children currently undergoing cancer treatment, and community support facilitators. The effectiveness of the program was evaluated through pre-test and post-test measures completed by 65 participants. The results indicated a consistent increase in participants' understanding across all measured indicators, reflected in a higher percentage of correct responses related to the concepts of resilience, hope, grit, and the meaning of parental toughness. This improvement illustrates a shift in participants' perspectives from reactive responses toward more structured and adaptive interpretations of the caregiving process. These findings demonstrate that a psychoeducational approach incorporating reflective activities, expressive writing exercises, and participatory discussions is effective in enhancing parents' psychological literacy and strengthening their emotional readiness to cope with the prolonged demands of caregiving.

KEYWORDS hope, resilience, grit, social support, childhood cancer

INTRODUCTION

Childhood cancer is one of the global health issues that has a major impact not only on patients but also on all family members. Epidemiologically, cancer remains one of the leading causes of death in children and adolescents, with more than 400,000 new cases each year in the age group of 0–19 years (WHO, 2021; Steliarova-Foucher et al., 2017). The most common types of cancer found in children include leukemia, brain tumors, lymphoma, and various other solid tumors. Although medical advances in developed countries have achieved survival rates of more than 80%, survival rates in low- and middle-income countries, including Indonesia, still range from 15–45% (WHO, 2021). This condition reveals significant gaps in the health service system, access to therapy, and families' psychosocial readiness in facing the treatment process. In Indonesia alone, WHO (2021) reported more than eleven thousand cases of childhood cancer, while the Indonesian Pediatric Cancer Registry (IPCAR, 2024) recorded an increase in the number of new cases at referral hospitals during the 2020–2024 period. This data emphasizes that childhood cancer is a health problem that requires attention not only from the medical side but also from the family's psychosocial side.

A child's journey from the onset of initial symptoms, through the intensive examination process, to the enforcement of a cancer diagnosis is a series of events that are very emotionally taxing for parents. The diagnosis phase is often a tipping point, as the family is suddenly faced with unexpected realities, a long-term treatment process, and uncertainty regarding the child's prognosis. The psychosocial literature shows that parents—especially mothers, who generally take on the role of primary caregivers—are prone to high emotional distress, such as anxiety, fear, deep sadness, anger, guilt, and symptoms similar to post-traumatic stress disorder (Ferraz et al., 2024; Bun et al., 2020). This pressure arises not only from the child's medical condition but also from drastic changes in family routines and roles. In many cases, mothers have had to stop work, limit social activities, and reorganize all aspects of home life to focus on assisting the child in the hospital (Van Schoors et al., 2019). These changes often create a heavy and prolonged psychological burden.

The emotional stress experienced by parents during the child's cancer treatment process can affect the overall functioning of the family. From a developmental ecological perspective, the psychological condition of parents is one of the main determinants of the quality of family adaptation (Bronfenbrenner, 1977). Previous research has shown that caregivers of children with chronic illnesses tend to experience higher parenting stress and have suboptimal psychological adaptation (Cousino & Hazen, 2013). High stress will impact parent-child relationships, decision-making skills, and the way families manage their routines during the treatment phase. Therefore, the psychological capacity of parents plays a crucial role in helping families survive stressful and uncertain situations.

One of the important concepts widely discussed in the psychological literature is resilience, which is the ability of individuals to bounce back from stress, maintain emotional regulation, and adjust to traumatic situations. Resilience acts as an adaptive mechanism that can help parents cope with stress, anxiety, and various psychosocial changes experienced during the treatment journey. Studies have shown that resilience can lower symptoms of depression and anxiety, improve family functioning, and strengthen parent–child relationships (Y. Luo et al., 2024). Research in Indonesia also shows that contextual factors—such as the type of child disease, social conditions, and family spirituality—play a role in shaping the psychological resilience of parents (Alyanisah & Imelda, 2024; Sumiati et al., 2022).

In this activity, the term resilience is not used explicitly in the main title, but is adjusted to make it easier for participants to understand. However, in the process of presenting the material, the term resilience was still introduced and explained to the participants as one of the important concepts that represents the mental strength of parents in facing pressures and challenges during child mentoring. The adjustment of the terms in the title was carried out by considering the characteristics of the participants, who mostly had a secondary education background and did not have adequate exposure to academic psychology terminology. However, the use of the terms resilience and grit in the material aims to broaden the participants' conceptual understanding while improving their literacy, by explaining that resilience is a form of mental strength that plays a role in the ability of parents to survive, recover, and adapt adaptively in stressful situations.

In addition to resilience, positive psychology approaches also emphasize the importance of internal strengths such as grit, i.e., perseverance and consistency of long-term goals despite obstacles (Armstrong, 2020). In the context of parenting a child with cancer, grit can be reflected in the commitment of parents to continue accompanying the child consistently throughout the treatment process. Research shows that grit is associated with lower levels of anxiety and depression as well as improved emotional well-being in individuals facing chronic medical conditions (Sharkey et al., 2018; Carroll et al., 2024). For mothers whose children are undergoing cancer treatment, grit can be an important psychological resource to maintain fighting power, manage heavy daily demands, and maintain a focus on the success of the child's treatment.

Another concept that is relevant in the psychological dynamics of parents is hope, which is the belief that goals can be achieved through internal motivation (agency thinking) and the ability to design alternative strategies (pathways thinking) when facing obstacles (Snyder et al., 1991). Hope serves as an adaptive mechanism that helps parents maintain a realistic yet optimistic interpretation of the treatment process. Research shows that parents with a high level of hope have lower levels of distress and are better able to maintain mental well-being while dealing with childhood illness (Liu et al., 2024). Hope allows parents to stay grounded in positive possibilities even in uncertain situations, while carrying out parenting functions more stably.

In Indonesia, the Parent Club (PC) under the Indonesian Child Oncology Foundation (YOAI) has become a community that plays an important role in accompanying families who are just starting their journey in child treatment. The Parent Club consists of survivor parents who have gone through the treatment phase and are now using their experiences to help new families. In practice, PC members often serve as a place to ask questions, share, and strengthen each other. However, based on field observations and internal reflections of the community, the support provided so far is more of a sharing of personal experiences and has not been structured in a systematic psychological framework. New parents often arrive in states of fear, confusion, and emotional exhaustion but lack sufficient psychological capacity to understand emotional dynamics, maintain realistic expectations, or sustain perseverance during long-term treatment.

Given these challenges, a community service program providing targeted psychoeducational assistance based on current scientific literature is essential. Psychoeducational activities are relevant because they can help parents understand emotional dynamics, recognize internal strengths such as hope and grit, and develop resilience needed during the treatment journey. Additionally, this program strengthens the Parent Club's capacity to function not only as an experience-sharing community but also as a provider of ongoing basic psychological education.

This community service program was designed to address the emotional and psychological needs of parents whose children are undergoing cancer treatment by strengthening their understanding of perseverance, hope, and psychological resilience. The program employs reflection-based approaches, real case studies, and integration of positive psychology concepts as foundational elements. Furthermore, this activity supports Parent Club empowerment as a pillar of accompaniment for new families, creating a support ecosystem that is not only emotional but also informative and grounded in psychological knowledge applicable to daily life.

METHOD

This psychoeducational activity was carried out with a reflective educational approach designed to help parents process their emotional experiences while accompanying their children to undergo cancer treatment. This approach was chosen because it was relevant to the characteristics of Parent Club participants, who were mostly in the intensive mentoring phase in the hospital; thus, it required a learning method that was not only informative but also provided a safe space for participants to reflect on their personal experiences. Psychoeducation was carried out in the form of an interactive seminar lasting approximately 120 minutes using an offline format supported by a hybrid method, so that parents who could not be physically present could still participate in online activities without losing the quality of interaction.

The preparation stage began with coordination with the Parent Club management to determine the participants' goals, implementation time, and necessary technical needs. Furthermore, the team compiled seminar materials based on the three main concepts of positive psychology displayed in the psychoeducation slides: hope, resilience, and grit. The preparation of the material was carried out by integrating theory and real case examples so that it was easy to understand and relevant to the daily situations experienced by parents of cancer patients. At this stage, the team also prepared pre-test and post-test instruments in the form of seven multiple-choice questions as a measure of participants' understanding before and after the activity. The instrument was evaluated for readability by several parents informally to ensure language clarity and context suitability.

The implementation stage began with an explanation of the purpose of the activity and the completion of the pre-test by all participants, both offline and online. The facilitator then delivered the material in stages according to the structure in the slides. The first session focused on hope, which was understood as the ability to maintain realistic expectations in the midst of a long and uncertain treatment process. In this section, participants were invited to recognize forms of adaptive expectation through simple examples and reflection on the initial experience of diagnosis, which was often accompanied by emotional distress. The second session discussed resilience as the ability to rise, reorganize, and maintain family functioning in the midst of repeated stress. In this session, participants conducted reflective writing exercises (journaling) to identify sources of self-resilience, moments of strength they had shown, and positive affirmations that could be used to maintain emotional stability while accompanying children through therapy. The third session discussed grit, which was the long-term perseverance required to undergo a complex and sustainable cancer treatment process. Participants were invited to reflect on the forms of perseverance they had been employing, such as maintaining treatment schedules, caring for children in weak physical condition, and sustaining family routines.

All material presentations took place in a dialogical manner and were complemented by case discussions based on the real experiences of the participants. These discussions provided a space for parents to reinforce each other and see that their experiences were not isolated but rather part of an adaptive process that could be understood psychologically. The facilitator related the stories to the concepts of hope, resilience, and grit, so that participants could see that their psychological strengths were real and could continue to be developed.

The evaluation stage was carried out by administering a post-test using the same question items as the pre-test to assess changes in participants' understanding after the activity. Data analysis was carried out descriptively by calculating average scores, minimum and maximum values, and standard deviations to objectively describe knowledge improvement. The descriptive approach was chosen because it was in accordance with the objectives of community service activities, which emphasized increasing participants' understanding capacity rather than testing hypotheses through experimental design. The results of the analysis were used as a basis to evaluate the effectiveness of the activities and provide recommendations for the development of follow-up assistance programs for families of children with cancer.

RESULT AND DISCUSSION

This psychoeducational activity was attended by 87 participants consisting of members of the YOAI Parent Club (PC) as the main target group, namely survivor parents who have gone through the child treatment process and are now acting as new family companions. In addition, this activity was also attended by parents whose children are still undergoing treatment, YOAI administrators, and community support workers involved in family support services.

Based on participant data in Table 1, most of the participants were mothers (68.12%) and the rest were fathers (31.88%). The attendance of participants was divided into 48 people offline (55.17%) and 39 people online via Zoom (44.83%). This data shows that parental involvement in psychoeducational activities is quite high, especially from the mother's group as the child's main companion during the treatment process. The number of participants who attended offline and online is shown in Table 1 below.

Table 1. Participant Data

No.	Participant Categories	Sum	Percentage (%)
1.	Mother	47	68.12
2.	Father	22	31.88
3.	Offline presence	48	55.17
4.	Online presence (Zoom)	39	44.83
5.	Total participants	87	100

The evaluation of the effectiveness of psychoeducational activities was carried out through pre-tests and post-tests filled out by psychoeducational seminar participants. Of the total 87 participants who attended, as many as 65 people filled out both pre-test and post-test. The results showed a consistent increase in participants' understanding of all measured indicators. In the understanding of resilience, the correct answer increased from 38.5% in the pre-test to 69.2% in the post-test, indicating a shift in understanding from simply calming down to the meaning of resilience as a process of getting back up after facing stress. In the concept of hope in the child's treatment journey, there was a significant increase from 73.8% to 93.8%, which indicates a stronger understanding that hope is not just passive optimism, but the belief to continue to strive to achieve the goal of children's recovery. The understanding of perseverance (grit) also increased to the maximum, from 83.1% in the pre-test to 100% in the post-test, which shows that all participants have understood perseverance as the ability to remain consistent on important goals despite facing difficulties and a long process.

When asked about the reason for the importance of perseverance for parents, the percentage of correct answers increased from 64.6% to 96.9%, indicating that participants are increasingly aware that the struggle to accompany children is a long process that does not always show instant results. The understanding of signs of hope and resilience when in difficult situations also increased from 52.3% to 92.3%, reflecting a shift in participants' perspective that hope does not mean suppressing emotions, but is still able to find other ways and step back. A similar thing can be seen in the understanding of the concept of parental resilience, where the correct answer increased from 64.6% to 93.8%, showing the strengthening of the understanding that being resilient does not mean never falling, but being able to get up and learn from experience. Meanwhile, the understanding of the importance of sharing hope and strength in the community increased from 75.4% to 96.9%, indicating a growing awareness that shared hopes can foster new enthusiasm for other struggling families.

Overall, the percentage difference between the pre-test and post-test showed an increase in participants' understanding of the main concepts presented in the seminar, especially related to resilience, hope, perseverance, and the meaning of parental resilience. These results indicate that psychoeducational activities have a positive impact on strengthening parents' cognitive and reflective understanding of assisting children in difficult conditions. However, uneven participant engagement remains a limitation in describing the overall participant population. However, the increase in the percentage of correct answers in the group that took the post-test provides an early indication that this intervention is effective in deepening parents' understanding of parenting patterns that are more adaptive, empathetic, and empowered in accompanying children.

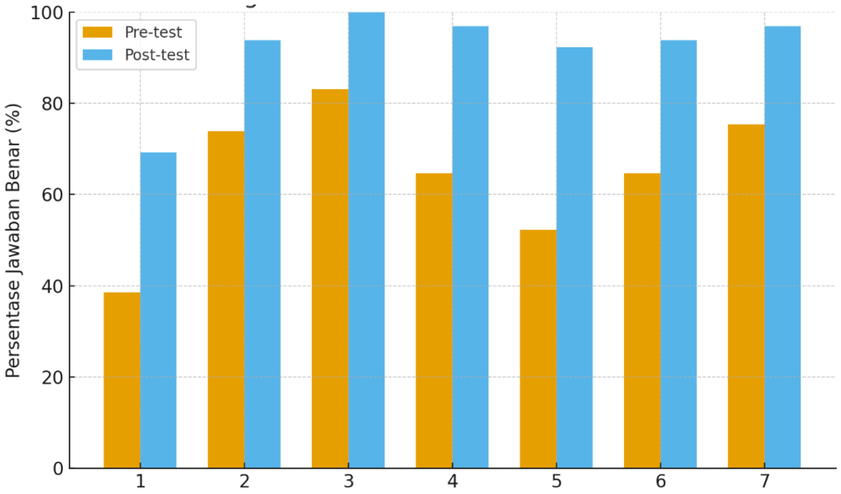

Figure 1 Comparison of Pre-test and Post-test Results of Psychoeducation Seminar

The results of psychoeducational activities show that the reflective educational approach used is able to help parents understand the concepts of hope, resilience and grit more deeply and are relevant to their experience of accompanying children undergoing cancer therapy. The increase in post-activity comprehension scores showed that the material presented was not only cognitively accepted, but also understood as psychological skills that could be applied in daily life in the face of constant emotional distress. These findings are in line with the literature that states that psychoeducation contributes significantly to improving the adaptive capacity of caregivers facing chronic medical conditions in children (Bun et al., 2020; Ferraz et al., 2024).

In the first part, the hope material provides a framework for parents to reinterpret their experiences through the perspective of goals, alternative paths, and internal motivations. Hope is described as a cognitive process that helps individuals maintain direction, see positive possibilities, and stay moving despite uncertain situations (Snyder et al., 1991; Liu et al., 2024). In this session, participants not only received theoretical explanations, but also did hope journaling exercises by writing simple sentences of parents' expectations for their children and mentioned as a form of positive affirmation. Participants' responses showed that this simple exercise helped them see that expectations can remain realistic but adaptive, and that small goals provide a sense of control and direction during the child's therapy process.

The second part focuses on resilience, which is described as the ability to bounce back, reorganize oneself, and maintain psychological functioning after prolonged stress. At this stage, the facilitator introduces the meaning of resilience through the "I am – I have – I can" framework as listed in the slide. Participants were then asked to write a resilience reflective journal to identify personal strengths (I am), sources of social support (I have), and real abilities that they have done while accompanying children (I can). This exercise helps participants recognize that experiences that have been considered burdens actually hold potential strengths that can continue to be developed. This interpretation is in line with the literature that affirms resilience as a dynamic process that involves the regulation of emotions, optimism, and the ability to recover psychological function after facing difficult situations. The findings of the discussion are also aligned with the results of Aulia et al. (2023), which show that resilience plays an important role in maintaining the mental health of individuals facing severe stress and loss.

Furthermore, the grit section provides an understanding of the long-term perseverance required in the pediatric cancer treatment process, which requires consistent rhythm, adherence to therapy, and strong emotional commitment. The facilitator explains that grit includes perseverance and consistency of purpose despite facing repeated obstacles. In this session, participants were again invited to do priority writing exercises and routines that require perseverance, such as maintaining chemotherapy schedules, monitoring medications, regulating diet and nutrition, communicating with schools, and managing home routines in the midst of tired physical and emotional conditions.

The Discussion session showed that many of the daily behaviors of parents are actually real forms of grit that are not always realized. This awareness reinforces the self-perception of parents as diligent, resilient, and able to maintain long-term commitments. This is consistent with the literature showing that grit is related to emotional stability, ability to sustain effort, and psychological control in challenging conditions (Armstrong, 2020; Sharkey et al., 2018).

Overall, all three sessions of hope, resilience and grit not only improved cognitive understanding, but also provided participants with reflective experiences that helped them recognize the psychological strengths they already possess and practice in their daily lives. Practice-based approaches to writing and experiential reflection have proven effective in helping parents revisit their adaptive capacities in a more concrete and structured way.

In addition to understanding the concept, the dynamics of the discussion between participants showed that the space for sharing experiences has an important value in strengthening the adaptive function of the family. Parent Club YOAI as an experiential community provides an environment conducive for parents to gain emotional validation, new insights, and a sense of community, which are needed in the critical phases of childhood cancer therapy. The literature suggests that a sense of community and social validation play a big role in helping families navigate long-term stress (Van Schoors et al., 2019). Findings during the activity showed that participants not only learned from the material, but also from each other's stories, which strengthened the emotional recovery process.

Increased participants' understanding after participating in the activity also showed that psychoeducational approaches based on self-reflection, writing exercises, and case discussions are effective methods to strengthen parents' emotional readiness. This reinforces the literature that emphasizes that interventions that combine education and self-reflection have a significant impact on improving emotional regulation and long-term adaptation in families with children with chronic diseases (Liu et al., 2024). Thus, this PKM activity makes an important practical contribution in supporting family resilience and can be a model of psychosocial assistance that is worthy of replication in similar communities.

Overall, the results showed that parents need psychological interventions that are not only informative, but also provide space to reinterpret experiences, find self-strength, and build new hopes. Community-based interventions such as Parent Club have been shown to provide significant emotional and educational benefits. Therefore, the development of a structured follow-up mentoring module on hope, resilience, and grit is recommended as a strategic step to strengthen the psychosocial support of families of children with cancer.

CONCLUSION

This psychoeducational intervention successfully enhanced the psychological literacy and adaptive perspectives of parents caring for children with cancer, as evidenced by significant post-test improvements in understanding hope, resilience, and grit. The findings affirm that a reflective, positive psychology-based approach within a community support setting is a viable strategy for strengthening caregiver capacity and emotional readiness. For future research, it is recommended to conduct longitudinal studies to evaluate the long-term impact of such interventions on parental well-being, family functioning, and child health outcomes. Furthermore, developing and validating a structured, modular training program for peer supporters within the Parent Club could enhance the scalability and sustainability of this psychosocial support model.

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