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# Faith as a Pillar: Parental Resilience and Spiritual Support in a Pediatric Cancer Shelter, Yogyakarta Indonesia

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## Abstract

Childhood cancer places substantial psychological, emotional, and social burdens on parents as primary caregivers, especially when treatment requires prolonged accompaniment away from home. In this context, resilience becomes crucial, while spirituality may serve as an important source of meaning and strength. This study aimed to examine the level of parental resilience and to explore how spiritual experiences contributed to the formation and maintenance of resilience among families residing at the YKAKI pediatric cancer shelter in Yogyakarta, Indonesia. The study employed an explanatory sequential mixed-methods design. In the quantitative phase, data were collected from eight parents using the 25-item Connor-Davidson Resilience Scale (CD-RISC). Descriptive statistics were used to identify total and item-level resilience patterns. In the qualitative phase, semi-structured interviews were conducted with four purposively selected participants and analyzed thematically. The findings showed that parents demonstrated moderate to high resilience, with the strongest dimensions concentrated in belief in God, life purpose, and persistence, while adaptability and responses to uncertainty appeared less prominent. The qualitative findings revealed that spirituality functioned as a source of emotional steadiness, meaning-making, hope, and caregiving commitment, supported by communal interaction within the shelter. This study concludes that parental resilience in pediatric cancer caregiving is best understood as a spiritually mediated and socially supported process within a specific cultural setting.

Keywords: Resilience, Spirituality, Pediatric Cancer, Family, CD-RISC.

### **Abstrak**

*Kanker pada anak menimbulkan beban psikologis, emosional, dan sosial yang besar bagi orang tua sebagai pendamping utama, terutama ketika proses pengobatan menuntut pendampingan jangka panjang jauh dari rumah. Dalam situasi ini, resiliensi menjadi sangat penting, sementara spiritualitas dapat berfungsi sebagai sumber makna dan kekuatan. Penelitian ini bertujuan untuk mengkaji tingkat resiliensi orang tua dan mengeksplorasi bagaimana pengalaman spiritual berkontribusi terhadap pembentukan dan pemeliharaan resiliensi pada keluarga yang tinggal di Rumah Singgah YKAKI Yogyakarta. Penelitian menggunakan desain mixed-methods eksplanatori berurutan. Pada tahap kuantitatif, data dikumpulkan dari delapan orang tua menggunakan Connor-Davidson Resilience Scale (CD-RISC) versi 25 butir. Data dianalisis secara deskriptif untuk melihat pola resiliensi total dan per butir. Pada tahap kualitatif, wawancara semi-terstruktur dilakukan kepada empat partisipan yang dipilih secara purposif dan dianalisis secara tematik. Hasil penelitian menunjukkan bahwa orang tua memiliki tingkat resiliensi sedang hingga tinggi, dengan dimensi terkuat terletak pada keyakinan kepada Tuhan, tujuan hidup, dan ketekunan, sedangkan adaptabilitas serta respons terhadap ketidakpastian tampak lebih rendah. Temuan kualitatif menunjukkan bahwa spiritualitas berfungsi sebagai sumber kestabilan emosi, pemaknaan, harapan, dan komitmen pengasuhan yang diperkuat oleh interaksi komunal di rumah singgah. Penelitian ini menyimpulkan bahwa resiliensi orang tua dalam pengasuhan anak dengan kanker dipahami paling tepat sebagai proses yang dimediasi secara spiritual dan ditopang secara sosial dalam konteks budaya tertentu.*

*Kata kunci: Resiliensi, Spiritualitas, Kanker Anak, Keluarga, CD-RISC.*

## **Introduction**

Childhood cancer places a substantial psychological, emotional, and social burden on families, especially parents as primary caregivers<sup>1</sup>. During the treatment process, parents often experience stress, anxiety, emotional exhaustion, financial strain, and social stigma<sup>2</sup>. This burden may become more severe when treatment requires temporary relocation, since such

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<sup>1</sup> Khusnan Khusnan et al., "Pengaruh Keteladanan Orang Tua Terhadap Akhlak Terpuji Remaja Usia 13-17 Tahun Di RW 15 Kelurahan Kalijaga Kecamatan Hatjamukti Kota Cirebon," *Al-Tarbawi Al-Haditsah: Jurnal Pendidikan Islam* 4, no. 1 (2019), <https://doi.org/10.24235/tarbawi.v4i1.3828>.

<sup>2</sup> Mulima Walubita et al., "Challenges for Health Care Providers, Parents and Patients Who Face a Child Hood Cancer Diagnosis in Zambia," *BMC Health Services Research* 18, no. 1 (2018): 314, <https://doi.org/10.1186/s12913-018-3127-5>.

circumstances disrupt family routines and weaken existing support systems<sup>3</sup>. Previous evidence further shows that both mothers and fathers experience considerable psychological distress while caring for a child with cancer<sup>4</sup>.

In this context, resilience becomes an important lens for understanding how parents maintain psychological adaptation during prolonged crisis. Within Indonesian Muslim scholarship, moral-spiritual orientation is also viewed as an important basis for shaping inner strength and responses to adversity<sup>5</sup>. Research in pediatric oncology has shown that resilience is associated with psychosocial well-being among parents of children with cancer<sup>6</sup>, while adaptive coping strategies contribute to better parental adjustment during the caregiving process<sup>7</sup>. At the same time, spirituality has been identified as a source of meaning, hope, and emotional strength for parents facing a child's serious illness<sup>8</sup>. Even so, the relationship between resilience and spirituality remains insufficiently explained, particularly regarding how spirituality operates within caregiving settings as an individual, relational, and communal resource.

Previous studies have examined spirituality, religiosity, and family resilience in various contexts. In Indonesia, religious values and community support have been shown to strengthen family resilience, including in Acehese communities<sup>9</sup>. Other studies highlight the contribution of

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<sup>3</sup> Chloe Vanlaer et al., "Study of Uprooting in Pediatric Cancer Care for Children From the French West Indies and Guiana Treated in Mainland France: A Qualitative Study," *Psycho-Oncology* 34, no. 8 (2025): e70242, <https://doi.org/10.1002/pon.70242>.

<sup>4</sup> Begum Sirin Koc et al., "The Effects of Having a Child with Cancer on Parental Psychology: A Cross-Sectional Study," *Journal of Clinical Medicine* 13, no. 19 (2024): 6015, <https://doi.org/10.3390/jcm13196015>.

<sup>5</sup> Muslihudin Muslihudin, "Moral-Spiritual Artikulatif: Muara Pendidikan Agama Islam Dalam Kurikulum Merdeka," *Al-Tarbawi Al-Haditsah: Jurnal Pendidikan Islam* 8, no. 1 (2023), <https://doi.org/10.24235/tarbawi.v8i1.14164>.

<sup>6</sup> Abby R. Rosenberg et al., "Resilience and Psychosocial Outcomes in Parents of Children with Cancer: Resilience and Psychosocial Outcomes," *Pediatric Blood & Cancer* 61, no. 3 (2014): 552–57, <https://doi.org/10.1002/pbc.24854>.

<sup>7</sup> Nadya Golfenshtein et al., "Profiles of Parental Coping with Paediatric Cancer and Their Associations with Parental Illness Adaptation," *Journal of Advanced Nursing* 81, no. 3 (2025): 1376–87, <https://doi.org/10.1111/jan.16341>.

<sup>8</sup> Morteza Abdoljabbari et al., "Taking Refuge in Spirituality, a Main Strategy of Parents of Children with Cancer: A Qualitative Study," *Asian Pacific Journal of Cancer Prevention (IR)* 19, no. 9 (2018), <https://doi.org/10.22034/APJCP.2018.19.9.2575>.

<sup>9</sup> Bahrun Abubakar et al., "Parenting Education in Islamic Families within the Framework of Family Resilience in Aceh, Indonesia," *Samarah: Jurnal Hukum Keluarga Dan Hukum Islam* 7, no. 2 (2023): 1121, <https://doi.org/10.22373/sjhk.v7i2.17901>.

spirituality to emotional coping and acceptance among parents of children with serious illness<sup>10</sup>. Research has also shown that spiritual interventions may enhance resilience and reduce anxiety among parents of children with chronic illnesses<sup>11</sup>, while spirituality and meaning in life function as important emotional resources in parenting children with special needs. However, much of the existing literature remains quantitatively oriented and tends to treat spirituality and resilience as separate constructs, with limited attention to parents' lived experiences and meaning-making processes<sup>12</sup>. In Southeast Asia, qualitative studies have shown that spirituality is shaped by social and cultural relations, as illustrated in Malaysia<sup>13</sup>. Comparable narrative-based evidence from Indonesian pediatric cancer caregiving, however, remains limited.

This study addresses that gap by examining parental resilience and spirituality in the context of an Indonesian pediatric cancer shelter. In this study, spirituality is understood not merely as a private religious practice, but as a psychological, relational, and social resource that may strengthen resilience in caregiving. By combining quantitative measurement of resilience with qualitative exploration of parents' spiritual experiences, this study seeks to offer a more contextual understanding of how faith, meaning-making, and social interaction work together in sustaining parental resilience.

Accordingly, this study addresses two main questions: (1) What is the level of resilience among parents of children with cancer at the YKAKI Shelter in Yogyakarta? and (2) How do spiritual experiences contribute to the formation and maintenance of resilience during the caregiving process? The objective of this study is to explore the dimensions of parental resilience and to examine the role of spirituality as a source of psychological and social

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<sup>10</sup> J. Gregory Dolan et al., "Association of Psychological Distress and Religious Coping Tendencies in Parents of Children Recently Diagnosed with Cancer: A Cross-sectional Study," *Pediatric Blood & Cancer* 68, no. 7 (2021): e28991, <https://doi.org/10.1002/pbc.28991>.

<sup>11</sup> Fateme Mohammadi et al., "Effect of Nurse-Led Intervention Programs Based on Spiritual Care on the Resilience and Death Anxiety in Parents of Children and Adolescents with Cancer, a Randomized Clinical Trial," *BMC Psychology* 13, no. 1 (2025): 881, <https://doi.org/10.1186/s40359-025-03179-w>.

<sup>12</sup> Ihsana Sabriani Borualogo et al., "Expanding the CYRM-R to Include Domains of Spirituality and Religiosity for Use with Children and Youth in Indonesia," *Cogent Psychology* 10, no. 1 (2023): 2184115, <https://doi.org/10.1080/23311908.2023.2184115>.

<sup>13</sup> Kartini Ilias et al., "Risk and Resilience Among Mothers and Fathers of Primary School Age Children With ASD in Malaysia: A Qualitative Constructive Grounded Theory Approach," *Frontiers in Psychology* 9 (January 2019): 2275, <https://doi.org/10.3389/fpsyg.2018.02275>.

strength in order to enrich culturally grounded spiritual support for families accompanying children with cancer in Indonesia.

## **Method**

This study employed an explanatory sequential mixed-methods design consisting of two phases: quantitative data collection and analysis followed by qualitative exploration to deepen and interpret the initial findings<sup>14</sup>. The design was selected to obtain a comprehensive understanding of parental resilience in pediatric cancer caregiving, with emphasis on spirituality as a psychological resource in crisis situations<sup>15</sup>. The research was conducted at the Yogyakarta branch of Yayasan Kasih Anak Kanker Indonesia (YKAKI), a pediatric cancer shelter for families of children receiving treatment at Dr. Sardjito General Hospital. Participants were parents or guardians serving as primary caregivers of children with cancer and residing in the shelter. Eligible participants were caregivers of children undergoing active treatment, had stayed in the shelter for at least one month, and provided written informed consent.

In the first phase, quantitative data were collected using the 25-item Connor-Davidson Resilience Scale (CD-RISC)<sup>16</sup>. Item and total scores (0–100) were analyzed descriptively using mean, standard deviation, minimum–maximum range, and item-level distributions, with attention to spirituality and internal motivation. In the second phase, semi-structured interviews were conducted with four purposively selected respondents to explore spiritual experiences and the meanings underlying resilience during caregiving. Interviews addressed spiritual experiences, guidance within the shelter, social interactions, interpretations of suffering and hope, and meaning reconstruction amid uncertainty. Data were audio-recorded, transcribed verbatim, and analyzed thematically following Braun and Clarke

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<sup>14</sup> Andrian Liem, "Interview Schedule Development for a Sequential Explanatory Mixed Method Design: Complementary-Alternative Medicine (CAM) Study among Indonesian Psychologists," *International Journal of Social Research Methodology* 21, no. 4 (2018): 513–25, <https://doi.org/10.1080/13645579.2018.1434864>.

<sup>15</sup> Agnes Shu Sze Chong et al., "Spiritual Coping Among Families of Children With Cancer: A Qualitative Study," *Asia Pacific Journal of Public Health* 35, nos. 6–7 (2023): 408–12, <https://doi.org/10.1177/10105395231190830>.

<sup>16</sup> Kathryn M. Connor and Jonathan R. T. Davidson, "Development of a New Resilience Scale: The Connor-Davidson Resilience Scale (CD-RISC)," *Depression and Anxiety* 18, no. 2 (2003): 76–82, <https://doi.org/10.1002/da.10113>.

<sup>17</sup>. Confidentiality was maintained, and participation remained voluntary throughout.

## **Findings and Discussion**

### **Quantitative Findings**

Eight parents of children with cancer residing at the YKAKI shelter in Yogyakarta participated in the quantitative phase of this study using the 25-item Connor-Davidson Resilience Scale (CD-RISC). Total resilience scores ranged from 65 to 83, with a mean of 74.50 and a standard deviation of 6.91, indicating that participants generally demonstrated a moderate to relatively high level of resilience while accompanying their children through the treatment process. In the context of prolonged caregiving demands, this pattern reflects a considerable degree of psychological endurance.

Recent Using the commonly applied CD-RISC classification, scores below 60 indicate low resilience, scores between 60 and 74 indicate moderate resilience, and scores of 75 or above indicate high resilience. Based on this classification, four participants (50%) were categorized in the high-resilience group and four (50%) in the moderate category, while none fell into the low-resilience category. This distribution suggests that resilience was present across all participants, although with different levels of intensity.

At the item level, the highest mean score was found in "Belief in God when no clear solution is present" (3.87). Other highly rated items included "I prefer to lead problem-solving" (3.50), "I feel confident about my life purpose" (3.38), "I strive to achieve my goals despite obstacles" (3.38), and "I am proud of my accomplishments" (3.38). These findings indicate that faith, purpose in life, and persistence were the most prominent dimensions of resilience in this group.

By contrast, several items received lower mean scores. The lowest score was found in "I can deal with whatever happens in my life" (2.13), followed by "I enjoy challenges" (2.25) and "Sometimes we must act on intuition or instinct" (2.38), while items related to adaptability and perceived personal strength also remained comparatively low (2.63). Overall, these findings portray parental resilience at the YKAKI shelter as generally stable, with stronger expression in faith-related belief, purpose orientation, and persistence than in flexibility toward uncertainty. This pattern provides an empirical basis for the qualitative findings presented in the following section.

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<sup>17</sup> Victoria Clarke and Virginia Braun, "Thematic Analysis," *The Journal of Positive Psychology* 12, no. 3 (2017): 297–98, <https://doi.org/10.1080/17439760.2016.1262613>.

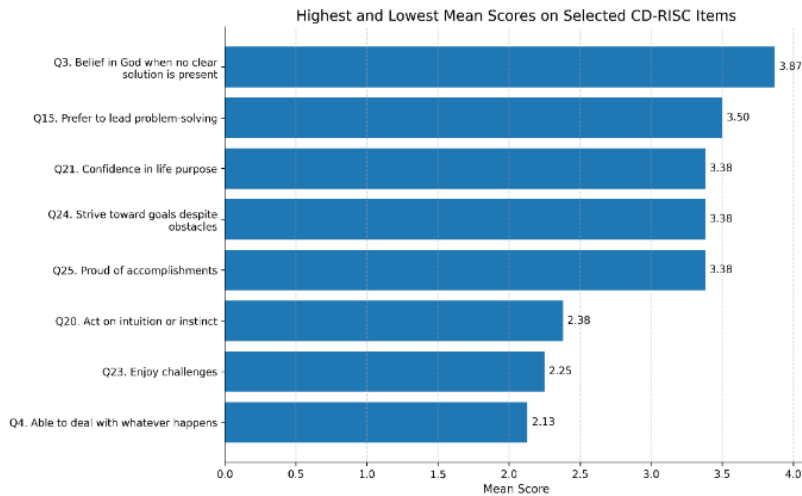


Figure 1. Selected CD-RISC Items with Highest and Lowest Mean Score.

### **Spirituality as the Pillar of Emotional Resilience**

The qualitative findings show that spirituality functioned as a primary source of emotional stability for parents accompanying children with cancer at the YKAKI shelter. In situations marked by uncertainty, fear, and limited control over medical outcomes, participants described spirituality not merely as a religious obligation, but as a practical resource for sustaining inner calm and continuing their caregiving role. This was reflected in references to worship and surrender as ways of managing emotional strain. As one participant stated, “I perform night prayers. I surrender to Allah. Whatever Allah decrees, I accept.”

The interviews also indicate that spirituality shaped how parents interpreted suffering and positioned themselves within the caregiving process. Rather than viewing the child’s illness only as a burden, several participants described it as a divine trust to be faced with patience and responsibility. As expressed by Participant R1, “I believe that everything Allah gives surely has wisdom behind it.” In this sense, spirituality served as a meaning framework through which suffering became more bearable, helping parents reduce distress, preserve hope, and remain present in caring for their children.

Another important pattern is that spirituality was tied more to endurance than to certainty. Faith did not remove hardship or fear, but helped parents continue despite unresolved difficulties. Through prayer,

surrender, and trust in divine wisdom, they maintained emotional composure and caregiving commitment during prolonged crises.

In this study, spirituality emerged as one of the strongest dimensions of parental resilience among caregivers accompanying children with cancer at the YKAKI shelter. This pattern was evident in both the qualitative narratives and the quantitative profile of resilience. The highest mean score appeared in the item “Belief in God when no clear solution is present” (3.87), while other highly rated items were also related to life purpose and persistence. By contrast, lower scores appeared in items associated with uncertainty, challenge, and immediate adaptation. These findings suggest that resilience in this context was sustained less by control over external circumstances than by spiritually grounded meaning, purpose, and endurance.

The qualitative findings clarify how this process operated in everyday caregiving. Parents described prayer, surrender to God, and trust in divine wisdom not merely as religious routines, but as practical ways of maintaining emotional steadiness when medical outcomes remained uncertain. Spirituality enabled them to interpret suffering as meaningful rather than purely destructive, thereby reducing distress and helping them remain present for their children. In this sense, spirituality functioned as a mechanism of emotional regulation and meaning-making through which fear and helplessness were transformed into patience, acceptance, and caregiving commitment.

These findings are consistent with previous studies showing that spirituality can strengthen hope<sup>18</sup>, reduce anxiety<sup>19</sup>, and support psychological adaptation among parents of children with severe illness<sup>20</sup>. However, the present study extends that literature by showing that spirituality operates not merely as an individual coping strategy, but as a resilience resource under prolonged uncertainty, especially when parents have limited power to alter the course of illness. In this context, resilience was

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<sup>18</sup> Aysel Karaca and Dilek Konuk Şener, “Spirituality as a Coping Method for Mothers of Children with Developmental Disabilities,” *International Journal of Developmental Disabilities* 67, no. 2 (2021): 112–20, <https://doi.org/10.1080/20473869.2019.1603730>.

<sup>19</sup> Sophia Livas De Morais Almeida et al., “The Role of Spirituality in the Well-Being of Families with Children with Congenital Heart Disease: Scoping Review,” *Translational Pediatrics* 13, no. 8 (2024): 1457–68, <https://doi.org/10.21037/tp-24-134>.

<sup>20</sup> Neslihan Özcanarlan and Merve Koyuncu, “The Effect of Spiritual Coping Skills on Psychological Resilience and Health Beliefs of Mothers with Children with Special Needs,” *Archives of Medical Science*, ahead of print, May 18, 2025, <https://doi.org/10.5114/aoms/202613>.

expressed less as mastery over adversity than as the capacity to remain emotionally stable, purposeful, and relationally committed.

From a theoretical perspective, these results support the view that spirituality should be understood not only as a private belief system but also as a meaning-centered psychological resource that sustains resilience when uncertainty cannot be resolved<sup>21</sup>. In the YKAKI context, spirituality did not remove suffering; rather, it made suffering more bearable and enabled parents to continue caregiving with emotional presence and moral commitment.

### **Shelter as a Space for Spiritual and Social Nurturing**

The qualitative findings indicate that the YKAKI shelter functioned not only as a temporary residence, but also as a relational environment in which emotional and spiritual strength was continuously reinforced. For parents accompanying children with cancer, the shelter became a second home where distress could be shared and caregiving burdens could be carried collectively. Participants described daily interactions with other parents as a source of comfort and encouragement. In a warm and familiar atmosphere, they shared stories, cried together, and supported one another. As one participant stated, “We don’t only cry together; we also laugh and strengthen each other.”

The interviews also show that the shelter contributed to resilience by creating repeated opportunities for spiritually meaningful interaction. Participants referred to activities such as pengajian, religious commemorations, Ramadan observances, volunteer visits, and testimony sessions with survivors and families who had passed through difficult periods. These activities helped shape an atmosphere of hope and shared endurance. As expressed by Respondent R2 and a YKAKI staff member, “These success stories give great hope to those who are still struggling.” Hope, therefore, was strengthened not only through personal belief, but also through collective exposure to narratives of recovery, perseverance, and faith.

Another important pattern is that spiritual support within the shelter was often informal rather than structured. It emerged through ordinary communal encounters, shared experiences, and emotional closeness among parents. Overall, the shelter functioned as a setting in which resilience was

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<sup>21</sup> Waway Qodratulloh S et al., “Faith, Tolerance, and National Identity: Rethinking Character Education in a Multicultural Society,” *Tafkir: Interdisciplinary Journal of Islamic Education* 6, no. 3 (2025): 768–86, <https://doi.org/10.31538/tijie.v6i3.1879>.

sustained through social connectedness, shared hope, and spiritually meaningful exchange.

In this study, the YKAKI shelter emerged as more than a temporary residence for parents accompanying children with cancer. The qualitative findings indicate that it functioned as a relational environment in which emotional burdens could be shared and psychological strength sustained collectively. Parents described the shelter as a second home where they could cry, talk, laugh, and support one another amid prolonged caregiving strain. This suggests that the shelter contributed to resilience not merely by providing accommodation, but by creating a socially protective setting in which emotional expression and mutual support became part of everyday coping.

The findings also show that the shelter supported resilience through repeated opportunities for spiritually meaningful interaction. Participants referred to pengajian, religious commemorations, Ramadan observances, volunteer visits, and testimony sessions with survivors or families who had passed through similar crises. These activities were significant not simply because they were religious in form, but because they fostered a shared atmosphere of hope, endurance, and reflection. In this context, hope was strengthened not only through personal belief, but also through collective exposure to stories of perseverance, recovery, and continued faith.

Another important finding is that spiritual support within the shelter was often informal and relational rather than programmatic. Participants did not describe spirituality only as something transmitted through formal instruction, but as something emerging through daily encounters, emotional closeness, and shared struggle. This indicates that social connectedness and spiritual reinforcement were closely intertwined in the YKAKI context. The shelter therefore did not merely host families who were already resilient; it also helped produce resilience by enabling spirituality, empathy, and shared endurance to be lived collectively.

These findings are consistent with previous studies showing that supportive environments<sup>22</sup>, relational care<sup>23</sup>, and community-based spiritual

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<sup>22</sup> Nicolette V. Roman et al., "Strengthening Family Bonds: A Systematic Review of Factors and Interventions That Enhance Family Cohesion," *Social Sciences* 14, no. 6 (2025): 371, <https://doi.org/10.3390/socsci14060371>.

<sup>23</sup> Ann S. Masten and Amy R. Monn, "Child and Family Resilience: A Call for Integrated Science, Practice, and Professional Training," *Family Relations* 64, no. 1 (2015): 5–21, <https://doi.org/10.1111/fare.12103>.

support<sup>24</sup> can strengthen family resilience and reduce emotional isolation. However, this study extends that literature by showing more specifically that resilience in a pediatric cancer shelter is co-constructed through everyday interaction, shared narratives, and spiritually colored social exchange. From this perspective, resilience should be understood not only as an individual psychological trait<sup>25</sup>, but also as a relational<sup>26</sup> and environmental process shaped by the quality of communal life within the shelter<sup>27</sup>.

### **Reconstructing the Meaning of Suffering and Sustaining Hope**

Other findings indicate that parental resilience was closely connected to a process of reinterpreting suffering rather than merely enduring it. In accompanying a child through cancer treatment, parents described suffering not only as an emotional burden, but also as an experience that gradually reshaped their understanding of life, patience, and responsibility. Several participants portrayed illness as a moment of inner maturation. As expressed by Respondents R3 and R1, "I became more mature, more understanding. I take the wisdom from it." This suggests that suffering was experienced not only as distress, but also as a reflective process associated with greater acceptance and emotional steadiness.

The interviews also show that hope was sustained through a reconstructed view of reality shaped by faith and lived experience. Parents did not present hope as a denial of hardship, but as a way of remaining oriented toward the future despite uncertainty. Respondents R2 and R4 stated, "I want my child to live a normal life... Allah will surely provide a way and sustenance." This indicates that hope was maintained through trust in divine provision and the belief that a better outcome remained possible, helping parents preserve direction and commitment during the treatment journey.

Another pattern is that the meaning of suffering was formed not only

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<sup>24</sup> Yoyok Beki Prasetyo et al., "The Influence of Religious Well-Being on the Resilience of Family Spirituality during the COVID-19 Pandemic," *Healthcare in Low-Resource Settings*, ahead of print, November 9, 2023, <https://doi.org/10.4081/hls.2023.11747>.

<sup>25</sup> Michael Ungar, "The Social Ecology of Resilience: Addressing Contextual and Cultural Ambiguity of a Nascent Construct," *American Journal of Orthopsychiatry* 81, no. 1 (2011): 1–17, <https://doi.org/10.1111/j.1939-0025.2010.01067.x>.

<sup>26</sup> Froma Walsh, "Family Resilience: A Developmental Systems Framework," *European Journal of Developmental Psychology* 13, no. 3 (2016): 313–24, <https://doi.org/10.1080/17405629.2016.1154035>.

<sup>27</sup> Tamara D. Afifi et al., "The Theory of Resilience and Relational Load," *Personal Relationships* 23, no. 4 (2016): 663–83, <https://doi.org/10.1111/pere.12159>.

individually, but also through reflection on the experiences of other parents. By comparing their own situations with those of families who had recovered, continued struggling, or experienced loss, participants placed hardship within a broader human and spiritual horizon. Overall, resilience was supported by the ability to assign meaning to adversity and sustain hope under uncertainty.

In this study, parental resilience was expressed not only through endurance, but also through the ability to reinterpret suffering in a meaningful way. The qualitative findings indicate that parents did not describe their child's illness solely as an emotional burden; rather, they portrayed it as an experience that gradually reshaped their understanding of life, patience, and responsibility. Statements such as, "I became more mature, more understanding. I take the wisdom from it," suggest that suffering was experienced as a reflective process leading to greater acceptance and emotional steadiness.

The findings also show that hope was sustained through a reconstructed view of reality shaped by faith and lived experience. Parents did not present hope as a denial of hardship, but as a way of remaining oriented toward the future despite uncertainty. When participants stated, "I want my child to live a normal life... Allah will surely provide a way and sustenance," hope appeared as a form of future-directed trust that helped preserve commitment, energy, and caregiving purpose during a prolonged and unpredictable treatment journey.

Another important finding is that the meaning of suffering was formed not only through personal reflection, but also through comparison with the experiences of other parents. These findings align with previous studies showing that meaning-making and spiritually grounded hope help individuals maintain emotional balance and adapt to severe disruption<sup>28</sup>. The present study further suggests that parental resilience in pediatric cancer caregiving is best understood as a meaning-centered and spiritually mediated process<sup>29</sup>.

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<sup>28</sup> Crystal L. Park et al., "Advancing Our Understanding of Religion and Spirituality in the Context of Behavioral Medicine," *Journal of Behavioral Medicine* 40, no. 1 (2017): 39–51, <https://doi.org/10.1007/s10865-016-9755-5>.

<sup>29</sup> Abby R. Rosenberg et al., "Promoting Resilience among Parents and Caregivers of Children with Cancer," *Journal of Palliative Medicine* 16, no. 6 (2013): 645–52, <https://doi.org/10.1089/jpm.2012.0494>.

## **The YKAKI Shelter as a Space for Psychological and Spiritual Recovery for Parents**

The combined findings of this study indicate that the YKAKI shelter functioned as an important setting for sustaining parental resilience during the caregiving process. Quantitative results showed resilience scores ranging from 65 to 83, with a mean of 74.50, and all participants fell within the moderate to high resilience categories. At the item level, the strongest dimensions were concentrated in belief in God, life purpose, and persistence, while lower scores appeared in items related to uncertainty, challenge, and adaptability. This pattern suggests that resilience was present across participants, although expressed with varying strength across dimensions.

The qualitative findings help explain how this resilience was sustained in daily life at the shelter. Interviews showed that spirituality served as a source of emotional steadiness when parents faced fear, exhaustion, and limited control over their child's condition. At the same time, the shelter environment enabled parents to share emotional burdens with others undergoing similar experiences. Through everyday interaction, religious gatherings, shared narratives, and stories of recovery, the shelter became a place where emotional support and hope were maintained collectively.

The findings also indicate that the shelter helped parents reinterpret hardship in more bearable ways. Suffering was described not only as pressure, but also as an experience inviting patience, reflection, and renewed trust in God. Although uncertainty remained, this process helped parents stay emotionally present and committed to caregiving. Overall, the shelter emerged as a setting of emotional recovery and spiritually grounded coping.

### **Parental Resilience and Its Implications for the Child's Quality of Life**

In this study, parental resilience emerged as an important condition for sustaining caregiving under prolonged uncertainty. Parents at the YKAKI shelter generally demonstrated moderate to high resilience, with stronger expression in faith, life purpose, and persistence than in flexibility toward uncertainty. The qualitative findings further show that spirituality, meaning-making, and communal support helped parents remain emotionally steady and committed to caring for their children despite fear, exhaustion, and limited control over medical outcomes. Taken together, these results suggest that parental resilience in this context was expressed not only as personal endurance, but also as the capacity to preserve emotional presence within the caregiving relationship.

This pattern matters because the emotional condition of parents may shape the immediate psychosocial environment in which the child undergoes treatment<sup>30</sup>. Parents who are better able to regulate distress, sustain hope, and remain meaningfully engaged are more likely to provide a calmer and more supportive caregiving atmosphere<sup>31</sup>. In this sense, parental resilience may contribute indirectly to the child's well-being by helping maintain emotional security, continuity of care, and supportive interaction during treatment. These findings therefore support the view that resilience is not only an internal parental resource, but also a relational resource with implications for the child's lived experience of care.

These results are consistent with previous studies linking parental resilience, family functioning<sup>32</sup>, emotional communication, and parent-child interaction with better child adjustment and health-related quality of life<sup>33</sup>. At the same time, this interpretation should be read cautiously, since the present study did not directly measure the child's quality of life. Rather than establishing causality, the findings indicate a plausible pathway in which parental resilience contributes to a more supportive ecology of care<sup>34</sup>.

#### **Practical Implications and a Family-Based Spiritual Support Model**

The findings of this study indicate that parental resilience in the YKAKI shelter was sustained through the interaction of spirituality, meaning-making, emotional support, and communal life. Parents remained emotionally engaged in caregiving not only because of individual coping capacity, but also because the shelter environment enabled them to pray, reflect, share experiences, and draw strength from others facing similar struggles. Since resilience was expressed more strongly in faith, purpose, and persistence than in adaptability toward uncertainty, caregiver support in

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<sup>30</sup> Julia A. Kearney et al., "Standards of Psychosocial Care for Parents of Children With Cancer," *Pediatric Blood & Cancer* 62, no. S5 (2015), <https://doi.org/10.1002/pbc.25761>.

<sup>31</sup> Nicholas David W. Smith et al., "The Mediating Role of Caregiver Hope in Relations among Caregivers' Coping and Emotional Socialization Beliefs in Pediatric Oncology," *Journal of Psychosocial Oncology* 42, no. 2 (2024): 271–85, <https://doi.org/10.1080/07347332.2023.2241855>.

<sup>32</sup> Murti Andriastuti et al., "Family Functioning, Parental Cancer-Related Emotions, and Quality of Life in Childhood Cancer Patients," *Paediatrica Indonesiana* 64, no. 3 (2024): 250–57, <https://doi.org/10.14238/pi64.3.2024.250-7>.

<sup>33</sup> Sasja A. Schepers et al., "Adjustment in Childhood Cancer Survivors, Healthy Peers, and Their Parents: The Mediating Role of the Parent–Child Relationship," *Journal of Pediatric Psychology* 44, no. 2 (2019): 186–96, <https://doi.org/10.1093/jpepsy/jsy069>.

<sup>34</sup> Tianji Zhou et al., "Family Resources and Parental Problem-Solving Skills Mediate Family Functioning and Family Adaptation in Families of Children With Cancer," *Journal of Clinical Nursing* 34, no. 9 (2025): 3704–19, <https://doi.org/10.1111/jocn.17528>.

pediatric cancer settings should address not only endurance, but also the interpretation of suffering, emotion regulation, and connection to social and spiritual support networks.

From a practical perspective, these findings suggest that shelters and hospitals should move beyond viewing spirituality as a purely private family matter<sup>35</sup>. Instead, spirituality may be facilitated as part of holistic caregiver support through emotionally safe spaces, opportunities for shared reflection, peer support, and optional forms of spiritual accompaniment that are sensitive to family background and belief<sup>36</sup>. In this context, the study points to the need for a structured but flexible support model integrating psychological, relational, and spiritual dimensions of caregiving.

Based on these findings, a family-based spiritual support model may be proposed around four components: spiritual meaning-making, compassion-based relational support, family strengthening, and community-cultural integration. In practice, this model may be translated into peer-support circles, guided reflection sessions, culturally appropriate spiritual practices, caregiver check-ins, and collaboration among psychosocial staff, volunteers, and spiritual mentors<sup>37</sup>. Such support is particularly relevant where parents show strong faith and persistence but continue to struggle with uncertainty and rapid adaptation.

### **Theoretical Contributions of the Study**

This study contributes theoretically by extending the understanding of parental resilience in pediatric cancer caregiving beyond an individual psychological coping framework. The findings indicate that resilience in the YKAKI context was expressed more strongly through faith, life purpose, persistence, and meaning-making than through a strong sense of control over uncertainty. This suggests that resilience in this setting should be understood less as mastery over adversity than as the capacity to remain emotionally steady, purposeful, and committed while adversity remains unresolved.

A second contribution lies in clarifying the relationship between

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<sup>35</sup> Rhonda Robert et al., "Spiritual Assessment and Spiritual Care Offerings as a Standard of Care in Pediatric Oncology: A Recommendation Informed by a Systematic Review of the Literature," *Pediatric Blood & Cancer* 66, no. 9 (2019): e27764, <https://doi.org/10.1002/pbc.27764>.

<sup>36</sup> Marc Hendricks et al., "Building a Psychosocial and Spiritual Care Service for Children with Cancer and Their Families," *South African Journal of Oncology* 3 (January 2019), <https://doi.org/10.4102/sajo.v3i0.52>.

<sup>37</sup> Mary Baron Nelson et al., "Adding a Parent to the Brain Tumor Team: Evaluating a Peer Support Intervention for Parents of Children With Brain Tumors," *Journal of Pediatric Oncology Nursing* 35, no. 3 (2018): 218–28, <https://doi.org/10.1177/1043454218762797>.

spirituality and resilience. Previous research has often treated spirituality as a background variable, a coping aid, or an individual religious resource. By contrast, the present study shows that spirituality functioned as a mechanism through which parents regulated emotion, interpreted suffering<sup>38</sup>, sustained hope<sup>39</sup>, and preserved caregiving commitment<sup>40</sup>. A third contribution concerns the relational and environmental dimensions of resilience, showing that resilience was reinforced through everyday interaction, shared narratives, emotional solidarity, and spiritually meaningful exchange within the shelter rather than formed solely within the individual parent.

Taken together, these findings advance existing theoretical frameworks in three ways: by shifting the focus from resilience as control to resilience as meaningful endurance, by positioning spirituality as an active mechanism of resilience, and by showing that resilience in pediatric cancer caregiving is embedded in relational and communal processes<sup>41</sup>. On this basis, parental resilience in chronic childhood illness is best conceptualized as a spiritually mediated, meaning-centered, and socially sustained process<sup>42</sup>.

## Conclusion

This study found that parents of children with cancer residing at the YKAKI Shelter generally demonstrated moderate to high levels of resilience. The strongest dimensions of that resilience were expressed in belief in God, life purpose, and persistence, while dimensions related to uncertainty and adaptability appeared less prominent. These findings indicate that parental resilience in this context was maintained primarily through meaning, endurance, and spiritually grounded commitment during the caregiving

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<sup>38</sup> Shahnaz Salawati Ghasemi et al., "Explaining the Process of Spiritual Adjustment in Parents of a Child with Cancer: A Qualitative Study," *Journal of Caring Sciences* 11, no. 4 (2022): 232–38, <https://doi.org/10.34172/jcs.2022.27>.

<sup>39</sup> Chun-Yan Liu et al., "Hope Experiences in Parents of Children with Cancer: A Qualitative Meta-Synthesis," *European Journal of Oncology Nursing* 70 (June 2024): 102583, <https://doi.org/10.1016/j.ejon.2024.102583>.

<sup>40</sup> David B. Nicholas et al., "Parental Spirituality in Life-Threatening Pediatric Cancer," *Journal of Psychosocial Oncology* 35, no. 3 (2017): 323–34, <https://doi.org/10.1080/07347332.2017.1292573>.

<sup>41</sup> Charis Stanek et al., "Spirituality, Social Support, and Adjustment Among Parents of Children With Advanced Cancer," *Clinical Practice in Pediatric Psychology* 12, no. 4 (2024): 468–79, <https://doi.org/10.1037/cpp0000520>.

<sup>42</sup> Pedro Emílio Gomes Prates et al., "Effectiveness of Family Coping Interventions in Improving Problem-Solving Skills in the Care of Children and Adolescent Cancer Survivors during and after Treatment: A Scoping Review," *Nursing Reports* 14, no. 3 (2024): 2153–78, <https://doi.org/10.3390/nursrep14030161>.

process.

The study also found that spiritual experiences contributed to the formation and maintenance of resilience by helping parents preserve emotional steadiness, interpret suffering in a more meaningful way, sustain hope, and remain committed to caring for their children. Within the shelter context, spirituality was experienced through personal faith as well as through shared interaction, emotional support, and collective narratives of endurance. The YKAKI shelter therefore emerged as a setting in which resilience was sustained through the interaction of spirituality, social connectedness, and everyday caregiving experience.

The contribution of this study lies in showing that parental resilience in pediatric cancer caregiving should be understood as a spiritually mediated and socially supported process within a specific cultural setting. In this respect, the study enriches the understanding of culturally grounded spiritual support for families accompanying children with cancer in Indonesia.

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