

Impact of Experiential Learning Method on the Knowledge, Attitude, and Coping Mechanisms of Cancer Patient's Companions at the Java Branch of the Indonesian Cancer Foundation

Yulis Setiya Dewi, Nuzul Qur'aniati and Titis Eka Apriliyanti
Faculty of Nursing Universitas Airlangga, Kampus C Mulyorejo, Surabaya, Indonesia

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Abstract: Cancer is a chronic disease that has caused 8.2 million mortalities around the world and 347,792 mortalities in Indonesia. A good knowledge, a positive attitude, and a constructive coping mechanism are main factors of a supportive companion. This research aimed to understand the impact of experiential learning methods on the knowledge, attitude, and coping mechanisms of cancer patient's companions. The research was designed with a pre-experimental approach using a one group pre-post test. The population were the companions of cancer patients at the East Java Branch of the Indonesian Cancer Foundation with a sample of 27 respondents who were selected using a purposive sampling method. The Wilcoxon Signed Ranks Test was used to analyze the data with a value of $p < 0.05$. The significance of knowledge was 0.000, attitude was 0.012, and coping mechanism was 0.109. This indicated that experiential learning methods increase knowledge and attitude. The use of experiential learning methods is effective to increase the knowledge of good and positive attitudes of companions and may improve support for cancer patients to aid successful treatment.

1 BACKGROUND

For chronic diseases such as cancer, family support is very effective. This is in accordance with the statement that family support relates to attitude, action, and acceptance of family against sufferers of the illness (Friedman, 2010). Based on preliminary studies that researchers conducted on September 15, 2015 at the East Java Branch of the Indonesian Cancer Foundation using 10 companions or families of cancer patients. obtained 60% had low level of knowledge, 50%, had negative attitudes, and 70% had unconstructive coping mechanism. Less knowledge about cancer treatment, attitude, and non-constructive coping mechanisms will have a negative impact on the pattern of family support, which can influence levels of motivation, success, and life expectancy as well as compliance of therapy in cancer patients who need to continue the treatment process over long periods (Eom et al., 2013). This is proven by research by Rankin (2012) who states that a family's emotional physiology and upheaval is linked to stress and grief and can interfere with the treatment of people with cancer.

Prevalent cases of cancer are estimated to account for 8.2 million deaths worldwide (International Agency for Research on Cancer, 2012). The annual number of new cases is projected to rise from 14.1 million in 2012 to 21.6 million in 2030 (World Health Organization, 2017). Cases of cancer in Indonesia, based on the research of basic health prevalence of cancer in Indonesia, reached 1.4% or approximately 347,792 people (Badan Penelitian dan Pengembangan Kesehatan, 2013). The estimated number of cancer sufferers in East Java province, according to the Cancer Foundation Indonesia Branch in East Java, is around 61,230. Based on the results of preliminary studies, there are 30 cancer patients who occupy the Foundation with various types of cancer, such as breast cancer, rectal cancer, cervical cancer, and cancer of the eye. Breast cancer is the most prevalent cancer at the the East Java Branch of the Indonesian Cancer Foundation, which accounted for 60% of sufferers in 2014.

The impact of cancer requires patients to receive and handle ongoing treatment over a long period of time. Treatments such as radiotherapy and chemotherapy have side effects; chemotherapy drugs do not only kill cancer cells but also attack healthy

cells especially cells that divide rapidly, e.g. hair cells, bone marrow, skin, mouth, throat, and the digestive tract, which consequently causes hair loss, bleeding, weakness in the body, fatigue, infection, aphthous ulcers, difficulty swallowing, nausea, vomiting, and decreased appetite (Aslam et al., 2014). This causes side effects in cancer patients prompting a sense of worry, anxiety, and fear (Purba & Prawitasari, 2006). People with cancer feel worried and anxious affecting aspects of cognitive, emotional, and physiological wellbeing, and so support is needed from the family (Etty, 2004). The support from families, friends or relatives who can be a good listener and respected the patient's opinion can help individuals cope with feelings of worry, anxiety, and fear. A family environment can help an individual to develop close connections and feel safe and comfortable so that the emotions of each family member can flow positively (Kalsum, 2009). People with cancer are given support in the form of emotional support, family support and informational support to improve the quality of their lives (Henriksson & Arestedt, 2013). Those who receive support from family feel cared for and loved, and those who feel worthless can share the burden, gain confidence, and cultivate expectations to ward off, or reduce, stress (Grant et al., 2013).

The Minister of Health of the Republic of Indonesia Regulation No. 65 of 2013 has explained that community development is a process of providing continuous information to individuals, families and groups (clients) and continuously following the development and the process of helping to change aspects of knowledge, to an attitude of being willing, and from being willing to being able to perform (Kementerian Kesehatan RI, 2013). According to Adams, Kayes, and Kolb (2004) a learning model is a process obtained through gaining a combination of experiences (transforming experiences). Experiential learning methods can increase awareness and ability by integrating previous experiences with new knowledge, because the best learning process for leaning information is to experience it (De Porter, 2000).

The theory of planned behavior described by Ajzen (2005), states that specified behavior is formed from three main factors: 1) personal factors including personality traits, values, emotions, life and intelligence owned; 2) social factors including age, gender, and education; and 3) the information consists of experience, knowledge, and the media. One knows the stimulus or the objective of health, then makes an assessment or opinion of what is known. The next process is expected to carry out or

practice what is known or what has been responded to (considered good) or it can also relate to overt behavior (Notoatmodjo, 2007). Grasping experiences through the transformation of experience is aimed at the information factor. This is in the form of changing behavior because the concerned wants to adjust to the existing norms and stages of behavioral change, which are: concrete experience, observation and reflection, the formation of abstract concepts, and generalization and testing of concepts in new situations (Arjanto, 2012). This research aimed to know the impact of experiential learning methods on the knowledge, attitude, and coping mechanisms of cancer patients' companions.

2 METHODS

The study design was pre-experimental. The population in this study were the companions (relatives) of cancer patients in the East Java Branch of the Indonesia Cancer Foundation in 2015, with a population of 30 people. The main inclusion criteria entailed an age of 18–64 years, a companion within a nuclear family of cancer patients in the East Java Branch of the Indonesian Cancer Foundation, stage two of cancer, complementary cancer patients, having good vision and hearing, and an ability to read and write. After the inclusion criteria were selected, a population of 29 people were obtained. Determining the large samples in the research and obtaining large samples of geochemical calculation results amounted to 27 people. The sampling technique used in this research was purposive sampling, a type of non-probability sampling.

The independent variable in this study was a method of experiential learning, while the dependent variable, i.e. the knowledge, attitudes, and the coping mechanisms of cancer sufferers, were measured with research instruments, in this case, questionnaires to measure the initial data and final data following the intervention. The intervention of experiential learning methods included phases of 30–45 minutes. The first phase was a concrete experience of consideration and describes the experience of respondents as well as the delivery of the material. The second phase is the reflective observation in which a review has been conducted or studied with a question and answer discussion. The third phase is the phase of abstract conceptualization, explaining the new concept of integration experience and education. The fourth phase is the last active experimentation phase of concept planning and testing using the new experience gained.

Data analysis was conducted using the Wilcoxon Signed Rank Test then the conclusion was drawn along with the data processing and presentation of results with the degree of significance $p \leq 0.05$. This research passed an ethical review and was deemed eligible with the registration number 415/EC/KEPK/FKUA/2016.

3 RESULTS

The results indicated that nine respondents (33.3%) were aged 54–64 years and three respondents

(11.1%), were aged 18–29 years. Most respondents (14) (51.9%) were female. Respondents' average education level were the same, i.e. ten (37.0%) respondents were educated at primary level and very few (four) had attained a higher education level (14.8%). Based on job characteristics, 37% of respondents were categorised as private employees. Revenue of respondents was about 1–2 million/month. Some respondents came from outside the city of Surabaya but were still from East Java (51.9%), while the rest came from outside Java Island (48.1%) (see Table 1).

Table 1: Distribution of respondents' characteristics of cancer patients at the East Java Branch of the Indonesian Cancer Foundation December 2015–January 2016.

No	Variable	Category	Number	Percentage
1	Ages	18–29	3	11.1%
		30–41	8	29.6%
		42–53	7	25.9%
		54–64	9	33.3%
2	Gender	Female	14	51.9%
		Male	13	48.1%
3	Level of Education	Primary School	10	37.0%
		Junior High School	6	22.2%
		Senior High School	7	25.9%
		Higher Education	4	14.8%
4	Occupation	Swasta	10	37.0%
		Wiraswasta	8	29.6%
		Buruh	4	14.8%
		Tidak Bekerja	5	18.5%
5	Earning	< 1 million Rupiahs/month	7	25.9%
		1–2 < 1 million Rupiahs/month	15	55.6%
		> 2 < 1 million Rupiahs/month	5	18.5%
6	Area of Origin	Surabaya	0	0%
		East Java	14	51.9%
		Java Island	0	0%
		Outside Java Island	13	48.1%

Table 2: Distribution of cancer patient accompanied by respondents at the East Java Branch of the Indonesian Cancer Foundation December 2015–January 2016.

No	Variable	Category	Number	Percentage
1	Time having cancer	<1 year	17	63.0%
		< 5 Years	10	37.0%
2	Treatment	Surgery	7	25.9%
		Radioteraphy	8	29.6%
		Chemoteraphy	17	63.0%
3	Cancer	Ca. Cervix	8	29.6%
		Ca. mameae	2	7.4%
		Ca. colon	2	7.4%
		Ca. rectal	3	11.1%
		Ca. Uterine	1	3.7%
		Ca. prostat	1	3.7%
		Ca. endometrium	1	3.7%
		Ca. Oculi	1	3.7%
		Ca. nasofaringeal	3	11.1%
		Ca. Cerebri	4	14.8%
		Hepatoma	1	3.7%

Seventeen patients, accompanied by their families, had been diagnosed with cancer for <1 year (63.0%). Furthermore, 17 patients received chemotherapy that (63.0%). Cervical cancer was the most prevalent, with 29.6% of patients (see Table 2). The result of the research showed that before undergoing experiential learning, the knowledge of the respondents in the pre-test was low (51.9%). However, after experiential learning was delivered, the results from the post-test showed that most people (19) had good knowledge (70.4%) (see Table 3). Some respondents (16 people) had a negative attitude (59.3%), but after performing the experiential learning method, post-test results showed that most had a positive attitude (77.8%) (see Table 4). The results of the pre-test from those participants provided with experiential learning showed that (16) had destructive coping mechanisms (59.3%). After being provided with the experiential learning method, the post-test results determined that 17 people demonstrated a constructive coping mechanism (63.0%) (Table 5).

Table 3: Distribution of respondents based on their knowledge before and after experiential learning is provided at the East Java Branch of the Indonesian Cancer Foundation December 2015–January 2016.

Knowledge				
Category	Pre-test		Post-test	
	Freq	Percent	Freq	Percent
Good	6	22.2%	19	70.4%
Enough	7	25.9%	8	29.6%
Low	14	51.9%	0	0%
Total	27	100%	27	100%

Table 4: Distribution of respondents based on attitude before and after they were provided with experiential learning at Yayasan Kanker Indonesia Branch of East Java December 2015–January 2016.

Attitude				
Category	Pre-test		Post-test	
	Freq	Percent	Freq	Percent
Positive	11	40.7%	21	77.8%
Negative	6	59.3%	6	22.2%
Total	27	100%	27	100%

Table 5: Distribution of respondents based on coping mechanisms before and after they were provided with experiential learning at Yayasan Kanker Indonesia Branch of East Java December 2015–January 2016.

Coping Mechanism				
Category	Pre-test		Post-test	
	Freq	Percent	Freq	Percent
Constructive	11	40.7%	17	63.0%
Destructive	6	59.3%	10	37.0%
Total	27	100%	27	100%

Table 6: Statistical test results using the Wilcoxon Signed Rank Test, showing the influence of experiential learning methods on knowledge, attitudes, and coping mechanisms of cancer patients at the Indonesian Cancer Foundation East Java Branch December 2015–January 2016.

No.	Category	P value
1	The influence of experiential learning methods on knowledge	0.000
2	The influence of experiential learning methods on attitude	0.012
3	The influence of experiential learning methods on coping mechanism	0.109

Based on the Wilcoxon Signed Rank Test statistics test, experiential learning method increases the knowledge and attitudes of respondents, which is significant with the probability of knowledge that is (p) = 0.000 and attitude (p) = 0.012, but regarding coping mechanisms do not have a significant influence at (p) = 0.109 (see Table 6).

4 DISCUSSIONS

4.1 Effect of Experiential Learning Methods on the Knowledge of Cancer Companions at the East Java Branch of the Indonesian Cancer Foundation

The study showed that, based on the Wilcoxon Signed Ranks Test, experiential learning methods improve knowledge of family who accompany cancer patients.

This research supports the theory that the learning process will change a person’s knowledge level (Efendi, 2009). The learning process provides knowledge for the companions of cancer patients, resulting in changes to information processes, decision-making, and emotions that eventually occur within the process of cognitive control in the brain to perform mechanisms of learning and adaptation (Nursalam, 2014).

The results showed respondents who have less knowledge before being provided with experiential

learning may have an elementary schooling level, with minimal exposure to information from magazines, newspapers, the Internet, and other information sources. This theory, proposed by (Notoatmodjo, 2003), states that the basic concept of education is a process of learning, which means that in education there are relationships, developments, and change toward more advanced, mature, better individuals, family, and society, where a higher level education may improve one's ability to receive information so that more and more knowledge is owned; with poor education it is difficult to receive information.

The knowledge level of respondents mostly improved after being provided with experiential learning because it is appropriately applied to individuals who have poor knowledge; the experiential learning model defines learning as a process obtained through a combination of experiences (grasping experience) by transforming experiences (transformation of experience) (Adams et al., 2004). Grasping experiences can occur directly, i.e. through the senses and indirectly, i.e. in the form of symbolic forms, such as concepts. The experiential learning model describes two methods of obtaining information with concrete experience and abstract conceptualization, and two experience transformation capital that is reflective observation and active experimentation.

Experience has an important role in the construction of knowledge. Madnesen and Sheal argue that meaningfulness of learning depends on methods of learning. Learning by reading only allows 10% of meaning, listening allows 20%, observing allows 30%, listening and observing allows 50%, communicating reaches 70%, and learning by doing and communicating can reach 90% of (Suhrman, 2008). Learning activities relating to active real experiences can optimize achievement of learning objectives. Experiential learning is an educational process, centered on learners and is activity-oriented. Experiences have an important role in the formation of cognitive knowledge in the mind. People reflect on the experience of new knowledge. It is stated that if new concepts can be integrated with existing concepts in cognitive structure, new concepts can be imagined or can be associated with the realistic world. The knowledge gained can be applied to other situations (Sharlanova, 2004).

There are three characteristics in the experiential learning model: (1) learning is best accepted as a process, in which concepts are obtained and modified through experimental activities and not stated in the form of products; (2) learning is a continuous process

based on experience; and (3) the learning process requires conflict resolution (Wirta & Rapi, 2008). The benefits of applying learning based on experience are as follows; (1) provide the appropriate range of learning methods, (2) provide a close link between theory and practice; (3) clearly formulate the importance of reflecting and stimulating the feed turning about what has been learned; (4) supporting the combination of teaching styles so that learning becomes more effective (Adams et al., 2004).

Using the experiential learning method, respondents are invited to share what they know and learn gradually from the concrete experience, reflection, observation, abstraction, conceptualization, and active experimentation phase, so that respondents who have less knowledge gain much more experience before or are exposed to information to improve their knowledge (Suhrman, 2008). The experiential learning method makes it easier for respondents to learn significantly from the experiences of others, whereas in the concrete experience phase until the abstract phase conceptualization which is the stage for the respondent is required to think in real or mind (mind on) develop a new concept in integrating experience previously obtained with knowledge just received from the education presented by the researchers (Sharlanova, 2004). The theory suggested by Ajzen (2005) also describes perceived behavioral control as a function based on control beliefs, that are beliefs based on individuals' previous experiences of a behavior, the information the individual possesses about a behavior, or that acquired by observing knowledge that belongs to self, as well as others known to the individual.

4.2 Effect of Experiential Learning Methods on the Attitude of Cancer Supervisors at the East Java Branch of the Indonesian Cancer Foundation

The results showed that respondents' attitudes of cancer patients found a strong correlation with significant differences according to the Wilcoxon Signed Ranks statistical test. It means that experiential learning methods improved the attitudes of the respondents.

Research using the experiential learning method regarding the companions of cancer patients supports the theory proposed by Azwar (2009), which states that health education is a form of persuasion in changing attitudes, by entering ideas, thoughts, or facts through communication messages, with the

message intentionally delivered to open opportunities for expected changes in attitude. Regarding the experiential learning methods in the reflective observation phase, learners review what has been done or learned. Listening skills, giving attention/sharing, finding differences, and applying ideas, so forming a discussion can help to obtain results of reflection. Learners observe the activity carefully using the five senses or feelings and then reflect on the obtained results. At this stage, learners discuss the results of the reflection.

Attitude is a disposition of positive or negative responses to a behavior. Attitudes toward behavior are determined by the belief about the consequences of a behavior; these are called behavioral beliefs (Ajzen, 2005). Behavioral beliefs associate behavior with the results that can be obtained from the behavior. Attitudes toward behavior are determined by individual evaluations of behavior-related results and with the strength of the relationships of both (Ajzen, 2005).

In general, the more individuals that evaluate a behavior will produce positive consequences then the individual will tend to favor the behavior; if more individuals evaluate negatively then the individual will be unfavorable towards the behavior (Ajzen, 2005). After the experiential learning method intervention, respondents have mostly positive attitude changes because good knowledge is the cause of better attitude changes. This will lead people to have cognition for considering good, bad, or personal maturity. According to Notoatmodjo (2003), factors that can affect the level of knowledge is information, for which more information can affect or increase one's knowledge. Knowledge raises an awareness so that eventually one will behave in accordance with the knowledge they possess. The experiential learning method allows respondents to get real information from other people's experiences and the stages of respondents to integrate experiences that have been previously obtained using educational knowledge submitted by researchers. This supports the statement of Azwar (2009) who states that the influence of other people can affect attitude and, generally, individuals tend to have a compromising attitude towards the more important person.

4.3 Effect of Experiential Learning Methods on the Coping Mechanisms of Companions at the East Java Branch of the Indonesian Cancer Foundation

The results of the study indicated that the coping mechanisms of respondents regarding cancer does not achieve any significant data between the pre-experiential learning method and the post-test; in this study, the experiential learning method was not proven to improve the constructive coping mechanism of respondents.

The results before the experiential learning method found that most respondents have a destructive coping mechanism. This is because one of the impacts of cancer for families are a sad feeling such as the fear of losing something, There are difference response of adaptation in every people. The psychological reactions of rejection will arise at the beginning of the diagnosis. This can be felt by the clients and their family and is a defensive response enabling one to avoid reality. This refusal can be expressed openly, for example, by doubting the truth of the diagnosis by conducting another medical examination (called a "second opinion") (FKUI, 2013).

The change in some respondents who demonstrated a constructive coping mechanism, after being provided with experiential learning, was prompted by physical health, according to Mu'tadin (2002). A healthy condition plays an important role in coping with stress. Individuals required energy rather than positive beliefs or views when dealing with stress or problems they encounter. The individual must feel confidence and positive thinking that a problem will be resolved. Problem-solving skills include the ability to seek information, analyze a situation, and identify the problem with the goal of generating alternative actions. Respondents who are active and able to carry out each stage are found to have a constructive coping mechanism.

5 CONCLUSIONS

The level of knowledge of the companion of cancer patients increased after the provision of experiential learning method. The level of knowledge of respondents about the treatment of cancer patients was mostly good because the method of experiential learning makes it easier to learn significantly from the experience of others.

The positive attitudes of patients with cancer increased after the provision of experiential learning methods. Positive attitudes of respondents in the treatment of cancer sufferers are mostly good because the experiential learning method provides a real concept of the experience of others and integrates the experience possessed with new knowledge.

The constructive coping mechanisms of sufferers with cancer did not improve following the provision of experiential learning methods. The coping mechanism of respondents in the care of cancer patients in part were not constructive because of the psychological reactions of rejection during the phase of adaptation of various respondents.

As suggested, it is expected that the board of the East Java Branch of the Indonesian Cancer Foundation can learn experiential learning methods within the health education provided for the companions of cancer patients. It is suggested that the nursing profession should study and develop the use of experiential learning methods as an alternative to educational media when providing counseling. There is a need for further research relating to the relationship between the counselor and patient with cancer (father, mother, child, grandmother/grandfather). The level of adaptation regarding the coping mechanism of each respondent is different, so the time of the research should be added so that the results are representative and satisfactory.

REFERENCES

- Adams, A. B., Kayes, D. C., & Kolb, D. A. (2004). *Experiential Learning in Teams*, 1–45.
- Ajzen, I. (2005). *Attitude, Personality, and Behaviour*. Buckingham: : Open University Press, Milton Keynes.
- Aslam, M. S., Naveed, S., Ahmed, A., Abbas, Z., Gull, I., & Athar, M. A. (2014). Side Effects of Chemotherapy in Cancer Patients and Evaluation of Patients Opinion about Starvation Based Differential Chemotherapy. *Journal of Cancer Therapy*, 5(8), 817–822. <https://doi.org/10.4236/jct.2014.58089>
- Azwar, S. (2009). *Sikap Manusia, Teori dan Pengukurannya*. Yogyakarta: Pustaka Pelajar.
- Badan Penelitian dan Pengembangan Kesehatan. (2013). Riset Kesehatan Dasar (RISKESDAS) 2013. *Laporan Nasional 2013*, 1–384. <https://doi.org/10.1186/1475-2875-13-384>
- De Porter, B. (2000). *Quantum Learning*. Bandung: Kaifa.
- Efendi, F. & M. (2009). *Keperawatan Kesehatan Komunitas : Teori dan Praktik dalam Keperawatan*. Jakarta: Salemba medika.
- Eom, C.-S., Shin, D. W., Kim, S. Y., Yang, H. K., Jo, H. S., Kweon, S. S., ... Park, J.-H. (2013). Impact of perceived social support on the mental health and health-related quality of life in cancer patients: results from a nationwide, multicenter survey in South Korea. *Psycho-Oncology*, 22(6), 1283–1290. <https://doi.org/10.1002/pon.3133>
- Etty, M. (2004). *Mengelola Emosi, Tips Praktis Meraih Kebahagiaan*. Jakarta: PT Gramedia Widiasarana Indonesia.
- FKUI. (2013). *Buku Ajar Onkologi Klinis*. Jakarta: Badan Penerbit FKUI.
- Friedman, (2010). *Buku Ajar : Keperawatan Keluarga/ Riset, Teori, Praktik*. Jakarta: EGC.
- Grant, M., Sun, V., Fujinami, R., Sidhu, R., Otis-Green, S., Juarez, G., ... Ferrell, B. (2013). Family caregiver burden, skills preparedness, and quality of life in non-small cell lung cancer. *Oncology Nursing Forum*, 40(4), 337–346. <https://doi.org/10.1188/13.ONF.337-346>
- Henriksson, A., & Arestedt, K. (2013). Exploring factors and caregiver outcomes associated with feelings of preparedness for caregiving in family caregivers in palliative care: a correlational, cross-sectional study. *Palliative Medicine*, 27(7), 639–646. <https://doi.org/10.1177/0269216313486954>
- International Agency for Research on Cancer. (2012). GLOBOCAN 2012: Estimated Cancer Incidence, Mortality and Prevalence Worldwide in 2012. Retrieved May 3, 2018, from http://globocan.iarc.fr/Pages/fact_sheets_cancer.aspx
- Kalsum, F. U. (2009). Mengapa Keluarga Begitu Penting. Retrieved May 15, 2015, from <https://m.viva.co.id/kosmo/42692-mengapa-keluarga-begitu-penting>
- Kementerian Kesehatan RI. (2013). Peraturan Menteri Kesehatan Republik Indonesia Nomor 65 Tahun 2013, 1–24. <https://doi.org/10.1017/CBO9781107415324.004>
- Mu'tadin, Z. (2002). *Pengantar Pendidikan dan Ilmu Perilaku Kesehatan*. Yogyakarta: Andi Offset.
- Notoatmodjo, S. (2003). *Pendidikan dan Perilaku Kesehatan*. Jakarta: Rineka Cipta.
- Notoatmodjo, S. (2007). *Promosi Kesehatan dan Ilmu Perilaku*. Jakarta: Rineka Cipta.
- Nursalam. (2014). *Metodologi Penelitian Ilmu Keperawatan*. Jakarta: Salemba Medika.
- Purba, A. W. D., & Prawitasari, P. D. J. E. (2006). Semangat hidup penderita kanker ditinjau dari optimisme, dukungan sosial dan kepasrahan kepada Tuhan. Retrieved from http://etd.repository.ugm.ac.id/index.php?mod=penelitian_detail&sub=PenelitianDetail&act=view&typ=html&buku_id=33017
- Rankin, S. R. (2012). Influence of coping styles on social support seeking among cancer patient family caregivers. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 72(7–B), 4367. Retrieved from http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:dissertation&res_dat=xri:pqdiss&rft_dat=xri:pqdiss:3454307
- Sharlanova, V. (2004). *Experiential Learning*. Trakia

- Journal of Sciences*, 2(4), 36–39.
<https://doi.org/10.1016/B978-0-7506-7223-8.50017-4>
- Suherman, E. (2008). Model Belajar dan Pembelajaran Berorientasi Kompetensi Siswa. *Educare: Jurnal Pendidikan Dan Budaya*.
- Wirta, I. M., & Rapi, N. K. (2008). Pengaruh Model Pembelajaran dan Penalaran Formal terhadap Penguasaan Konsep Fisika dan Sikap Ilmiah Siswa SMA Negeri 4 Singaraja. *Jurnal Penelitian Dan Pengembangan Pendidikan*.
- World Health Organization. (2017). WHO | World's health ministers renew commitment to cancer prevention and control. *WHO*. Retrieved from <http://www.who.int/cancer/media/news/cancer-prevention-resolution/en/>

