

## Spiritual Well-Being of Breast Cancer Patients

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### Abstract

**Background:** Breast cancer accounts for about 25% of all cancer cases diagnosed in women. Spiritual well-being is one of the important factors that can affect the quality of life of breast cancer patients. Spiritual well-being can provide hope and inner peace, which are essential in the face of a life-threatening illness.

**Objective :** The study aims to describe the spiritual well-being of breast cancer patients.

**Method:** This type of research is descriptive, with a quantitative approach. The population is breast cancer patients at Prof. Dr. Margono Soekarjo Purwokerto Hospital, and the sample is 97 respondents. The research criteria are patients diagnosed with breast cancer, Muslim religion, undergoing chemotherapy in June 2024 and breast cancer patients who experience decreased consciousness are not included. The sampling technique is non-probability sampling with purposive sampling. The instruments used were demographic questionnaires and SWBS. Data were analyzed using descriptive statistics.

**Results:** Breast cancer patients who have good spiritual well-being are expected to describe the patient's calm condition in facing the challenges faced during the treatment process.

**Conclusion:** Aspects such as meaning in life, connection to community, and emotional support from family and friends contribute greatly to patients' spiritual well-being. Therefore, spiritual well-being needs to be considered as an integral part of breast cancer care in hospitals. The need to integrate spiritual support into the care of breast cancer patients, as well as the need for nurses to be equipped with the knowledge to recognize and address spiritual needs through nurse training on the importance of patients' spiritual well-being and educational involvement for their families.

**Keywords:** Breast cancer, Spiritual Well-Being

### Introduction

Breast cancer is one of the most common types of cancer among women and is the leading cause of cancer death worldwide. According to data from the World Health Organization (WHO), breast cancer accounts for about 25% of all cancer cases diagnosed in women (1). A cancer diagnosis not only affects physical health, but also affects the psychological and spiritual aspects of patients. Spiritual well-being is one of the important factors that can affect the quality of life of breast cancer patients.

Spiritual well-being includes an individual's understanding of the meaning of life, relationship with God, and social support received. Research shows that patients with good spiritual well-being tend to have lower levels of anxiety and depression, and are better able to cope with challenges faced during the treatment process (2). Spiritual well-being can provide hope and inner peace, which are very important in dealing with life-threatening illnesses.

However, despite the importance of spiritual well-being, research on this in Indonesia is still limited. Therefore, it is important to explore how the spiritual well-being of breast cancer patients. With a better understanding of spiritual well-being. It is hoped that deeper insights can be obtained to support more holistic care practices for breast cancer patients.

## Material And Methods

This type of research is descriptive, with a quantitative approach. This study aims to describe the spiritual well-being of breast cancer patients. The population in this study were breast cancer patients at Prof. Dr. Margono Soekarjo Purwokerto Hospital in June 2024 totaling 117 patients. The sample in this study were breast cancer patients who met the research criteria. The sample was selected using a non-probability sampling technique with a purposive sampling technique. The research criteria include inclusion criteria, namely patients diagnosed with breast cancer, undergoing chemotherapy in the Wijayakusuma Room, Prof. Dr. Margono Soekarjo Purwokerto Hospital, Muslim and willing to participate in the study. While the exclusion criteria are breast cancer patients who experience decreased consciousness. The number of samples was 97 respondents. Data collection was carried out in June 2024. The instrument used was a demographic questionnaire and spiritual well-being was a Spiritual Well-Being Scale (SWBS) questionnaire to measure dimensions of spiritual well-being, such as meaning of life, purpose, and peace. Spiritual well-being is assessed using a spiritual well-being scale consisting of 20 questions, with a score ranging from 20 – 120.

The data collection procedure in this study began with permission from Prof. Dr. Margono Soekarjo Purwokerto Hospital No. 420/02069 dated February 26, 2024 and the provision of informed consent from respondents containing the patient's agreement to become a research respondent. Data collection was carried out by filling out a questionnaire for approximately 10 minutes. The researcher accompanied, if the respondent had difficulty filling it out, the researcher helped read the questionnaire and fill in the answers according to the answers determined by the respondent. The data was processed using a computer and analyzed using descriptive statistics with percentages. Descriptive analysis aims to explain or describe the characteristics of each research variable. The variables analyzed in this study were the characteristics of respondents regarding age, occupation, education, cancer stage, marital status, caregivers and spiritual well-being.

## Result

### 1. Respondent Characteristics Based on Age of Breast Cancer Patients

Table 1. Respondent Characteristics Based on Age of Breast Cancer Patients at Prof. Dr. Margono Soekarjo Hospital in 2024 (n=97).

Variable	Mean	Median	SD	Min-Max	95%CI	N
Usia	47.61	47.61	11.24	20-70	45.34 - 49.87	97

From table 1 above, it can be concluded that the average age of respondents is 47.61 years with a minimum age of 20 and a maximum of 70 years.

### 2. Characteristics of Respondents Based on Occupation and Education of Breast Cancer Patients

Table 2. Characteristics of Respondents Based on Occupation and Education of Breast Cancer Patients at Prof. Dr. Margono Soekarjo Hospital in 2024 (N=97)

No	Variable	f	%
1.	Pekerjaan		
	- Housewife	82	84,5
	- Private	08	08,3
	- Ritered	01	01,0
	- Others	06	06,2
2.	Education		
	- Elementary School	49	50,5
	- Junior High School	28	28,9
	- Senior High School	16	01,5
	- Higher Education	04	04,1
3.	Stadium		

	- 2	35	36,1
	- 2a	07	07,2
	- 2b	15	15,5
	- 3	24	24,7
	- 3a	05	05,2
	- 3b	10	10,3
	- 4	01	01,0
4.	Marital Status		
	- Married	87	89,7
	- Widow	10	10,3
	- Not Married	00	00,0
5.	Patient Attendant		
	- Husband	51	52,6
	- Siblings	11	11,3
	- Mother	02	02,1
	- Son/Daughter	28	28,9
	- Lainnya	05	05,1

From table 2 above shows that the characteristics of patients based on occupation are mostly (84.5%) and only 1% are retired. Based on education, it was found that half (50.5%) had elementary school education and only 4.1% had higher education. The characteristics of respondents based on cancer stage were mostly (36.1%) with stage 2 and only 1% with stage 4. Based on marital status, it was found that married status was more (89.7%) compared to widows, there were only 10.3%, and none (0%) were unmarried. Characteristics based on patient attendants found that more than half (52.6%) were waited on by their husbands, and 2.1% were waited on by their biological mothers.

### 3. Description of Respondents' Spiritual Conditions in Breast Cancer Patients

Table 3. Description of Respondents' Spiritual Conditions in Breast Cancer Patients at Prof. Dr. Margono Soekarjo Hospital in 2024 (n=97)

Variabel	Not Good		Fairly Good		Good		Very Good	
	f	%	f	%	f	%	f	%
Self-Awareness	0	0	0	0	54	55.7	43	44.3
Spiritual Beliefs	0	0	37	38.1	52	53.6	08	08.3
Spiritual Practices	0	0	11	11.3	76	78.4	10	10.3
Spiritual Needs	0	0	24	24.7	71	73.2	02	02.1

From table 3 above, it can be concluded that the patient's spiritual condition is in a fairly good and good condition, the majority of respondents have good spiritual practices, namely 76 (78.4%), and there are no respondents who have poor or fairly good self-awareness.

### Discussion

Based on the table 1 above, it can be concluded that the average age of breast cancer respondents is 47.61 years with a minimum age of 20 and a maximum of 70 years. The average age of breast cancer respondents of 47.61 years shows that most of the patients diagnosed are in middle adulthood. A minimum age of 20 years and a maximum of 70 years shows that breast cancer can attack individuals from various age groups, although the prevalence is higher in older women. In cases of breast cancer that underwent mammography as screening, the largest group was found to be women aged 50–69 years (3).

Age is an important variable in breast cancer epidemiology. Research shows that the risk of developing breast cancer increases with age. Women over 40 years (4). And most often found in people over 55 years of age (5). Age of diagnosis can also affect prognosis and treatment options, as well as affect survival. Younger patients may have different responses to therapy compared to older patients, and this can affect long-term

outcomes. Advanced age at diagnosis is associated with unique clinicopathological patterns, differences in treatment patterns (i.e. de-escalation approaches), and worse outcomes (6).

People younger than 35 years tend to be diagnosed with more aggressive and higher-grade tumors. Their breast cancer is often more advanced at the time of diagnosis. This means that younger women have a greater risk of their breast cancer recurring and a worse overall prognosis than postmenopausal women (5).

The results of this study found that the characteristics of patients based on work were mostly (84.5%) housewives and only 1% were retirees. Housewives often have a very important role in the family, but they can also experience significant emotional and physical stress. The responsibilities that large in taking care of household and family can cause stress, which is a risk factor for various health problems, including cancer. Chronic stress can affect the immune system and potentially contribute to the development of cancer. This is in accordance with research that chronic stress suppresses immune cell activity and activates immunosuppressive cells, reshaping the tumor immune microenvironment and inhibiting the body's immune response, which ultimately promotes tumor development. Therefore, stress needs to be managed properly to reduce its adverse effects on cancer (7).

Housewives may have limited access to health information and medical services. This may be due to lack of time, education, or support from family. The results of the study also emphasize that more health education is needed to increase awareness of worrying symptoms for patients and practitioners. Further research is also needed to clarify whether late diagnosis in young women has a negative impact on their survival (8).

Delays in early detection of breast cancer can occur if they do not undergo regular screening or are unaware of early symptoms. The results of the study showed that the cure rate and prognosis of breast cancer in young women are worse, with a higher incidence of recurrence than in older breast cancer patients. This is partly due to the fact that breast cancer is detected late in young women and turns into a more aggressive late stage. The incidence and mortality of breast cancer, as well as delays in diagnosis, vary widely across countries. developed, developing, and underdeveloped countries. Prevalence, timely detection, mortality, and delayed diagnosis of breast cancer are influenced by several factors, including ethnicity, socioeconomic status, rural or urban residence, educational attainment, accessibility to primary health care, health care structure, insurance systems, and more. These factors significantly influence breast cancer outcomes in countries with varying Human Development Index (HDI) (8). Screening practices, treatment modalities, and patient counseling and education can all be improved by understanding the etiology of breast cancer (9)

Retirees in this study were only 1% of patients who were retirees, suggesting that this group may not be as active in seeking health care. Retirees often have more time to focus on their health, but they may also face age-related health issues. However, the very small number of this group suggests that breast cancer is more common in women who are still active in household roles. Female gender is the strongest risk factor for breast cancer. Approximately 99% of breast cancers occur in women and 0.5–1% of breast cancers occur in men (9).

Based on the education of breast cancer patients, it was found that half (50.5%) had elementary school education and only 4.1% had higher education. Low education levels are often associated with poor understanding of health and disease. Patients with elementary school education may not have sufficient knowledge about breast cancer, including risk factors, symptoms, and the importance of early detection. This can lead to delays in diagnosis and treatment, potentially affecting patient prognosis (10).

Patients with lower education may have limited access to accurate health information. Lower education may affect patient adherence to treatment plans. Research shows that patients with higher levels of education are more likely to understand the importance of following the medications and treatments recommended by their doctors. In contrast, patients with lower education may not be fully aware of the consequences of not following treatment (11). Patients with lower education often face greater economic challenges, which may affect their access to health care. Financial constraints may prevent them from receiving necessary care, including routine check-ups and cancer treatment (12) (11).

The importance of health education for breast cancer patients cannot be ignored. Educational programs aimed at increasing knowledge about breast cancer and the importance of early detection should be strengthened, especially among women with low levels of education. So that education can help raise awareness and encourage proactive actions in maintaining the health of breast cancer patients (13).

Respondent characteristics based on cancer stage were mostly (36.1%) with stage 2 and only 1% with stage 4. Breast cancer is divided into several stages based on tumor size and spread. Stage 2 indicates that the cancer has grown but has not spread far to other parts of the body. At this stage, the tumor is usually between 2 and 5 cm in size and may have spread to several nearby lymph nodes (14) (15). The high proportion of patients with stage 2 indicates that many cases of breast cancer are detected at an earlier stage. Early detection is very important because it can increase the chances of recovery and reduce the risk of cancer progression to a more advanced stage. At stage 2, patients have a better prognosis compared to higher stages (16) & (15).

Stage 4 is the most advanced stage of breast cancer, where the cancer has spread to other organs such as the bones, liver, or lungs (16). The results of this study showed that 1% of respondents were diagnosed at stage 4, indicating that most patients receive treatment before the cancer reaches a more advanced stage. Stage 4 often has a worse prognosis and requires a more aggressive treatment approach (15). Although not all risk factors can be avoided, understanding factors that can increase the risk of breast cancer, such as family history, age, and lifestyle, can help in prevention and early detection efforts (17). Better health education among society can also contribute to the discovery of cancer at an earlier stage (11).

Based on marital status, it was found that married status was more (89.7%) than widows at 10.3%, and none (0%) were unmarried. Married status is often associated with better social support. Married breast cancer patients may have better access to emotional and practical support from their partners. This support can contribute to improving the quality of life and the patient's ability to cope with the challenges associated with a cancer diagnosis (18) & (19). Spouses or other family members are often involved in the care process for cancer patients. Several studies have shown that marital status can affect the health outcomes of cancer patients. Married women tend to have better outcomes compared to those who are unmarried or widowed (20). This may be due to better social support, better access to health care, and motivation to maintain health for the family. Marital status may also be associated with reproductive factors that influence breast cancer risk. Married women may have different reproductive patterns, such as age at marriage and number of children, which may affect breast cancer risk (21). However, this relationship is complex and influenced by many other factors.

Characteristics based on the patient's attendants found that more than half (52.6%) were waited on by their husbands, and 2.1% were waited on by their biological mothers. Husband as a caregiver for breast cancer patients plays a very important role in providing emotional and physical support. The presence of a husband can help reduce anxiety and stress experienced by patients during the chemotherapy process. Support from a partner often contributes to improving the quality of life of patients and can positively affect treatment outcomes (19) & (22). Although only 2.1% of patients are cared for by their biological mothers, the role of mothers remains important in providing support. Mothers are often a source of affection and attention, and their presence can provide comfort to patients. However, this small number may reflect different family dynamics, where husbands are more often involved in patient care. The involvement of husbands and mothers in accompanying breast cancer patients may reflect existing family structures and social norms (23). In many cultures, husbands have the primary responsibility to support their wives during their illness, while mothers may play more of an emotional supporter role who is not always physically present. Support from family, both husbands and mothers, is very important in the healing process of cancer patients. Research shows that breast cancer patients who have strong family support tend to have better health outcomes and are better able to cope with the challenges faced during treatment (24). The high percentage of husbands as caregivers for breast cancer patients shows the importance of partner support in dealing with the chemotherapy process. Meanwhile, the role of mothers also remains significant even in smaller proportion. Emotional and physical support from the family can contribute to the patient's quality of life and treatment success (25).



From table 3 above it can be concluded that the spiritual condition of the patient is in a fairly good and good condition, most respondents have good spiritual practices, namely 76 (78.4%), and no respondents have poor or fairly good self-awareness. The spiritual condition of the patient is an important aspect in health care that can affect the quality of life and the healing process. In the study showing that 78.4% of respondents have good spiritual practices, this reflects that the majority of patients feel connected to their spiritual dimension, which can contribute to their psychological and emotional well-being.

Patients who have good spiritual practices tend to feel more connected to themselves, others, and the world around them (26). This connectedness can provide a sense of purpose and meaning in life, which is especially important for patients facing health challenges. Spiritual practices often involve support from a community or religious group, which can provide significant emotional support (27). This helps patients feel less alone in their journey, which can reduce feelings of anxiety and depression. Spiritual activities such as meditation, prayer, or reflection can help patients manage stress (28). By reducing stress levels, patients can improve their ability to cope with their illness and the treatments they undergo.

## **Conclusion**

Spiritual well-being plays an important role in improving the quality of life of breast cancer patients. Research shows that patients who have good spiritual well-being are expected to describe the patient's calm condition in facing various challenges faced during the treatment process. Aspects such as the meaning of life, relationships with the community, and emotional support from family and friends greatly contribute to the patient's spiritual well-being. Thus, attention to spiritual well-being needs to be considered as an integral part of breast cancer care in hospitals.

Hospitals and healthcare providers should integrate spiritual support into the care of breast cancer patients. This may involve spiritual counseling, support from religious leaders, or emotional support groups. Nurses need to be trained in the importance of spiritual well-being. Nurses need to be equipped with the knowledge to recognize and address patients' spiritual needs.

Further research is needed to explore the dimensions of spiritual well-being and how cultural factors influence patients' perceptions of spirituality. This will help in developing more effective interventions. Education regarding the importance of spiritual support for breast cancer patients should be provided to patients and their families, to help them understand and utilize available spiritual resources.

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## **Declaration Of Interest**

The author declares there is no conflict of interest.

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