

Original Article

Spiritual well-being in breast cancer patients

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ABSTRACT

Introduction: Breast cancer patients frequently experience spiritual discomfort due to the disease, its diagnosis, and its repercussions. When end-of-life patients' spiritual needs are not adequately served, they are forced to deal with an overall burden of daily distress and anxiety that affects their emotional and spiritual health. Several studies indicate that, when coping with cancer, people frequently turn to spirituality. Spirituality and religiosity have been associated with less depressive symptoms, enhancing well-being throughout cancer treatment and in cancer survivors. This study sought to characterize the spiritual health of breast cancer patients (religious well-being and existential well-being).

Methods: A descriptive observational study design was used, and the population of this research was breast cancer patients at the public hospital. The sample total of this research was 104 respondents. The samples were chosen using non-probability sampling with a purposive sampling technique. Spiritual well-being as a variable was measured using the spiritual well-being scale. Data were then analyzed for categorization into less, enough, and good, expressed in frequencies and percentages.

Results: The result of this research shows that good religious well-being with a total of 63 (60,6%) and existential well-being enough with a total of 56 (53,8%).

Conclusions: This study demonstrates the responder's good existential and religious well-being categories. Palliative care can be added to medical therapies and programs to promote spiritual well-being, such as spiritual counseling, meditation, and dhikr therapy, which can be helpful for patients with breast cancer.

Keywords: breast cancer; existential well-being; religious well-being; spiritual well-being

INTRODUCTION

Breast cancer is when malignant (cancer) cells develop in the breast tissues (National Cancer Institute, 2022). Globally, 685.000 people died from breast cancer in 2020, with 2.3 million women receiving a diagnosis. Breast cancer will be the world's most common cancer by 2020, with 7.8 million women alive who have been diagnosed in the previous five years (WHO, 2022). Although breast cancer deaths have decreased over time, it is still women's second most significant cause of cancer death (Centers for Disease Control and Prevention, 2022). Patients with breast cancer frequently experience spiritual distress, such as losing touch with their faith, "forgetting" God, having trouble making time for spiritual study, dwelling on past transgressions rather than making changes to do better in the future, and feeling generally unhappy or depressed as a result of the illness, diagnosis, treatments, and their side effects. A person is said to be in spiritual distress when they are in excruciating bodily and mental pain because it causes them to doubt their beliefs.

Studies have discussed spirituality's importance, particularly as a source of solace and resiliency for patients (Komariah et al., 2020). End-of-life patients are forced to deal with daily stress and worry that negatively impacts their mental and spiritual well-being when their spiritual requirements are not sufficiently satisfied (Rabitti et al., 2020).

The World Health Organization (WHO) has stated that a crucial component of health is religious well-being (RWB). Spirituality can be viewed as a universal quality by which people search for hope and purpose in their lives, and it can be one factor in determining an individual's health (Cheng et al., 2019). Spiritual values, including doubting God's justice, thinking that God punishes people in specific ways, thinking that life is pointless, and doubting one's purpose in life are lacking in breast cancer patients (Ghaempanah et al., 2020; Marita et al., 2018). Many studies have shown that people often seek spirituality to deal with the disease. Lower levels of depressive symptoms have been associated with spirituality and religion, which enhances well-being throughout cancer treatment and afterward. Research indicates that religious and spiritual beliefs are frequently accessed during the healing process and assist survivors in adopting a positive mindset during rehabilitation and survivorship (Gany, 2021). According to reports, cancer patients with higher RWB levels report making decisions that they are more satisfied with and experience less decisional conflict (Kelly et al., 2021).

Moreover, RWB is a significant component that could affect various patients' health-related quality of life (QOL) characteristics (Zare et al., 2019). Relationships between spiritual well-being and good health, mental health, and

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social well-being (Nowak, 2020). Reduced disease symptoms and speedier recovery from physical and mental sickness are both influenced by spiritual well-being. Regarding biology, spirituality is connected to the healthiest possible cardiovascular, neuroendocrine, and immunological systems. One source of personal strength for coping with challenging circumstances, uncertainty, and grave occurrences is spiritual well-being (Nasution *et al.*, 2020).

Religious well-being (RWB) and existential well-being (EWB), the two elements in Ellison's model of spiritual well-being, were first introduced (Ellison, 1983). Existential well-being is an effort to comprehend the meaning and purpose of life, whereas religious well-being is the satisfaction of having a relationship with a higher force (Mahdavi *et al.*, 2019). These findings highlight the significance of evaluating cancer patients' spiritual well-being. This study sought to describe breast cancer patients' spiritual health (religious well-being and existential well-being).

METHODS

Design

This descriptive observational study aimed to describe breast cancer patients' spiritual well-being.

Sample and Setting

The population in this study was breast cancer patients at the public hospital. The sample is according to inclusion criteria and exclusion criteria, with a total of 104 respondents. The inclusion criteria for this study are breast cancer patients aged 26–65 years who stay at home with family members such as husbands, children, and parents, with stages I, II, and III with an excellent general condition, who have undergone chemotherapy at least once, Breast cancer patients who are Muslim. The exclusion criteria for this study are Patients who experience decreased consciousness and Patients who are unwilling to be respondents. The samples were chosen using non-probability sampling with a purposive sampling technique.

Instruments

The data were collected by filling out a questionnaire with two parts accompanied by the researcher. Patient characteristics were assessed using a demographic questionnaire of age, education, profession, family income, marital status, cancer stages, ethnicity, and time since diagnosis. Spiritual well-being

was assessed by a spiritual well-being scale that consisted of 20 questions. Based on its content, this questionnaire consists of two categories religious well-being (ten questions) and existential well-being (ten questions) (Ellison, 1983). The score of religious well-being and existential well-being is divided into three categories: less (10 - 23), enough (24 - 37), and good (38 - 50). The researchers conducted a validity and reliability test; all questions were declared valid and reliable because they have an r-count higher than the r-table and an r-value of Cronbach's Alpha higher than the r-table.

Procedure

This study's data was collected using a questionnaire about the demographic and spiritual well-being scale (SWBS). Previously, an explanation of the purpose and duration of the study was carried out. Then the respondent signed an informed consent which contained the patient's consent to become a research respondent. Data was taken in the chemotherapy room and poly surgery. The researcher allowed the respondents to complete the questionnaire sheet for about 10 minutes. If the respondent has difficulty, the researcher helps to read the questionnaire and fill in the answers according to the answers determined by the respondent.

Data Analysis

The collected data is analyzed using descriptive analysis to determine the percentage and frequency distribution of spiritual well-being.

Ethical Considerations

This study received the ethical eligibility letter from the Health Research Ethics Committee, regional public hospital Bangil, Number 445.1/ 017 /424.072.01/2022.

RESULTS

According to the results of this study, most of the respondents have good religious well-being, a total of 63 (60,6%), and existential well-being enough, with a total of 56 (53,8%) (Table 2). The characteristics of respondents in this study are presented in Table 1. Most respondents were in the age group of 56 - 65 years old 38 (36,5%). Regarding the level of education, 40 (38,5%) of the patients had elementary education certification. Most of the respondents are not working 77 (74%). The results of the income characteristics are mostly \leq 4.3 million, as many as 66 (63.5%). The majority marital status indicated that 84 (80.9%) were married. In the

Table 2. Distribution and Frequency of religious well-being and existential well-being

Indicator	n	%
Religious well-being		
Less	11	10.6
Enough	30	28.8
Good	63	60.6
Total	104	100.0
Existential well-being		
Less	0	0
Enough	56	53.8
Good	48	46.2
Total	104	100.0

Table 1. Characteristics respondents

Indicator	n	%
Ages		
26-35 years	7	6.7
36-45 years	29	27.9
45-55 years	30	28.8
56-65 years	38	36.5
Educations		
Not school	14	13.5
Elementary school	40	38.5
Junior high school	16	15.4
Senior high school	18	17.3
University	16	15.4
Occupation		
Not working	77	74.0
Entrepreneur	10	9.6
Private employees	5	4.8
Government employees	4	3.8
Pensionary	8	7.7
Family incomes		
>4.300.000	38	36.5
<=4.300.000	66	63.5
Marital status		
Married	84	80.8
Widowed	20	19.2
Cancer stage		
One	11	10.6
Two	55	52.9
Three	38	36.5
Ethnic		
Java	73	70.2
Madura	31	29.8
Time since diagnosis		
<=1 year	78	75.0
2-3 years	12	11.5
>3 years	14	13.5
Total	104	100

cancer stage, most respondents showed stage 2 as many as 55 (52.9%). Ethnic characteristics show that 73 (70.2%) are mostly Javanese. For the duration of suffering from cancer, the majority of respondents were <= one year, as many as 78 (75%) (Table 1).

DISCUSSION

Religious well-being

The results about the distribution of respondents' religious well-being are primarily good. Religious well-being refers to the vertical dimension of spirituality or involves a sense of personal connection with God or something considered

absolute which emphasizes the relation between the person and the higher being (Ellison, 1983). A relationship with God sustained the belief that everything can be changed for the better. For the participants to discover new meaning in the face of their illness, concentrate on the transcendental element, strive to see their best, and increase their level of spiritual well-being, the reformulation of a new positive perspective proved to be of utmost importance (Bovero et al., 2019). Cancer patients' faith may impact their health and quality of life. The sources of my bodily, functional, spiritual, and emotional well-being seemed to be faith and confidence in God. Many investigations have supported this crucial association (Leão et al., 2021).

Those with breast cancer found comfort and courage in their relationship and communication with God. Past studies

have underlined the significance of having a close relationship with God as a spiritual component that may provide people hope, optimism, and inner strength when dealing with challenging circumstances (Devi *et al.*, 2019). Participants in the current study claimed that God was using their illness as a test to put His servant to the test. As a result, they were satisfied with it and embraced it as their heavenly destiny. They also attributed illness and health to God and believed God's will was the most potent force. Based on their Islamic culture and religious beliefs, the respondents' attitudes about this sickness are reflected in these beliefs. The acceptance of the ailment and adaption to its severe effects were made more accessible and better by the belief in divine destinies. In addition, the patients decided to prevail in their struggle against the illness by suffering with it for the sake of their loved ones, particularly their children. They could better cope with the difficulties and pain caused by the illness in this way and carry on with their regular lives, just like everyone else.

Most breast cancer patients in this study were elderly, old age, and coupled with chronic illness made the respondents aware of imminent death, making the respondents closer to God. Besides that, the more mature the age, the more Life experience will affect one's perception and response to existing stressors so that in dealing with problems/stress, one's illness will be interpreted as part of the reward for good deeds. Most breast cancer patients are no longer active at work due to the long treatment process and the side effects of chemotherapy, so the respondents have a lot of time to do religious activities. Education is also beneficial in determining the coping strategies that a person uses. The patient's understanding of religion is instrumental in health or illness. Each individual's knowledge level and understanding of the contents of the Qur'an will affect the patient's worship. In addition, the presence of a spouse allows respondents to lighten each other's burdens, work together to find solutions to their partner's problems, assist patients in making a more positive assessment of life events and pray together for the patient's recovery.

Existential well-being

The results about the distribution of respondent existential well-being are mostly enough. Existential well-being means a horizontal component of spirituality that refers to one's perception of life's purpose and satisfaction (Ellison, 1983). A weakening of existential well-being resulted from deteriorating health and impending mortality, which reduced the sense of life's fulfillment and self-identity (Yang *et al.*, 2021). Existential well-being focuses on how people adapt to their circumstances, society, and environment and provides insight into the psychological concerns of the person (Khalili *et al.*, 2020). According to earlier studies, intense existential well-being may point to a feeling of meaning and purpose in life (Kyung *et al.*, 2017). Strong beliefs significantly impact a person's ability to accept problems in life that may interfere with their ability to function normally, such as physical and emotional changes. Every area of a person's life, including their spiritual, emotional, physical, psychological, and social components, is affected by the distress brought on by a disease like breast cancer and its treatment process, which impacts that person's health and quality of life. Breast cancer patients will constantly experience worry and anxiety since they understand they are mortal beings who can pass away anytime. The fear of dying motivates cancer survivors, including breast cancer patients, to battle and hold out hope.

As a result, they look both within and outside of themselves for ways to interpret their experience. We can find hope inside ourselves and in those around us, and it gives their struggle and their life purpose as well (Soriano & Calong Calong, 2021).

The majority of breast cancer patients in this study were elderly, with the age of being classified as elderly having a lot of life experience so that they are better able to make sense of life, and the education that the respondent has received helps change the respondent's perspective on a condition. The life of the elderly together with their partner will be beneficial because they can help each other to meet their physical, psychological, and spiritual needs better and achieve better aspects of patient care both physically, psychologically, and spiritually so that in living the life of the elderly with breast cancer can enjoy life more and feel well-being within themselves, one of which in this case is spiritual well-being.

CONCLUSION

This study shows respondent has good categories of religious well-being and enough categories of existential well-being. Religious well-being involves a sense of personal connection with God. A relationship with God will show a positive perspective, and it can improve physical, functional, spiritual, and emotional well-being. Existential well-being refers to one's perception of life's purpose and satisfaction. Strong beliefs significantly impact a person's ability to accept problems in life that may interfere with their ability to operate normally, such as physical and emotional changes. Palliative care can be added to medical therapies and programs to promote spiritual well-being, such as spiritual counseling, meditation, and dhikr therapy, which can be helpful for patients with breast cancer.

Declaration of Interest

The authors declare that there is no conflict of interest.

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Data Availability

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

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