

Spiritual Well-Being of Cancer Patients Undergoing Chemotherapy in Yogyakarta

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ABSTRACT

Background: In order to provide holistic care and advance spiritual well-being, it is essential to identify and meet the patient's spiritual well-being.

Purpose: This study aimed to determine the spiritual well-being of cancer patients undergoing chemotherapy in Yogyakarta.

Methods: This study used a cross-sectional approach with a sample of 50 cancer patients undergoing chemotherapy at the One Day Care (ODC) oncology clinic, a private hospital in Yogyakarta, which was taken using a purposive sampling technique. The measurement tool used is the Spiritual Well-Being Scale (SWBS) questionnaire which consists of 20 items. Data analysis in this study used descriptive statistics and cross tabulation to determine the comparison between spiritual well-being of cancer patients undergoing chemotherapy based on their demographic characteristics.

Results: Spiritual well-being has a higher score in patients who are female (92.53 ± 10.49), have higher education (92.67 ± 10.84), are widowers/widows (97.00 ± 4.24), receive treatment of the partner (93.81 ± 10.30), and had stage III disease (92.88 ± 9.54).

Conclusion: An accurate assessment of spirituality in patients can be a clinical guide in establishing nursing diagnoses of spiritual distress or readiness to improve spiritual well-being.

Keywords: cancer, chemotherapy, palliative, spiritual well-being

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BACKGROUND

Cancer is a group of diseases with uncontrolled cell growth and abnormal cell distribution which is the second leading cause of death in developed countries and the third in developing countries (World Health Organization, 2021). According to the International Agency for Research on Cancer (IARC) in 2020, there were 19.2 million cancer cases with a death rate of 9.9 million globally (International Agency for Research on Cancer (IARC), 2020). Cancer is one of the chronic diseases in Indonesia with an increase reaching 1.79 per 1000 population, from 1.4 per 1000 population in 2013 (Kementerian Kesehatan Republik Indonesia, 2018). According to a medical diagnosis, Yogyakarta Special Region has Indonesia's highest cancer prevalence, with 4.86% of the population across all age groups living there (Kementerian Kesehatan Republik Indonesia, 2018).

One of the treatments that can be taken to prevent the spread of cancer cells to other organs is chemotherapy (Kim et al., 2021). Cancer patients undergoing chemotherapy will experience physical and emotional challenges (Suwankhong & Liamputtong, 2018). Physical changes they experienced such as baldness, depression, impaired body image, emotional changes, as well as impaired roles and social functions. The experience of pain that is felt will result in physiological problems, depression, and anxiety, as well as changes in behavior. Most receive inadequate professional support from healthcare providers and must rely on their judgment and cope with the impact of their treatment to improve their health and well-being (Suwankhong & Liamputtong, 2018).

The complexity of the problems encountered by cancer patients requires an approach derived from the bio-psycho-social-spiritual model (Puchalski, 2012). Spiritual care is an interdisciplinary approach that involves the intrinsic dimensions of health care professionals in providing care to patients (for example compassion, caring, listening, comfort, openness, and commitment) along with extrinsic dimensions that enable hope, coping strategies, and support systems for patients (Puchalski, 2012). The provision of spiritual and religious care by nurses is still viewed as being overlooked (Charalambous et al., 2017; Mesquita et al., 2018). However, when spiritual care is provided through services by healthcare professionals, there will be an activated environment that promotes healing (Gardner et al., 2020).

One of the definitions proposed by the National Interfaith Coalition on Aging (NICA) states that spiritual well-being is an affirmation of life concerning God, self, community, and environment that maintains and promotes wholeness. Another definition states that spiritual well-being is a condition that has a subjective feeling of happiness, asserts self-esteem, manages interpersonal relationships with an open and accepting attitude, and possesses "energy" from within. Spiritual well-being plays a central role in health and a healthy lifestyle. In fact, spiritual well-being has a significant positive correlation with the quality of life (Alvarez et al., 2016). Lower spiritual well-being is associated with poor mental health, and patients with lower spiritual well-being are at risk for depression (Martins et al., 2020).

Hence, spiritual well-being appears to be a fundamental phenomenon that must be assessed in health care and nursing practice. Taxonomy II NANDA International, Inc. (NANDA-I), which is an international classification of nursing diagnoses, consisting of the Readiness for Enhanced Spiritual Well-being nursing diagnosis (Diagnosis Code 00068), which was approved in 1994, and reviewed in 2002 and 2013 (Herdman & Kamitsuru, 2021). It is defined as "a pattern of experiencing and integrating meaning and purpose in life through connectedness to oneself, others, art, music, literature, nature, and/or a power greater than oneself, which can be strengthened" (Herdman & Kamitsuru, 2021). Interestingly, both risk diagnosis nor health promotion do not have a "spiritual well-being" focus. But the nursing

diagnoses “risk for spiritual distress” and “spiritual distress”, and research finds that impaired spiritual well-being can reflect spiritual distress (Caldeira et al., 2017).

Assessing spirituality and meeting the spiritual needs of patients is an important intervention to provide holistic care and promote spiritual well-being. When spiritual needs are not met, patients are at risk of experiencing spiritual pressure, which is a state of suffering and coping strategies are needed to overcome it (Martins & Caldeira, 2018). Research on this topic is also rarely carried out in Indonesia, especially in Yogyakarta, the province with the highest prevalence of cancer.

OBJECTIVE

This study aimed to identify the spiritual well-being among cancer patients undergoing chemotherapy.

METHOD

This study used a quantitative method with a cross-sectional approach. This research was conducted at the One Day Care (ODC) oncology clinic in one of private hospital in Yogyakarta. Samples were obtained using the purposive sampling technique with a total number of 50 respondents. The inclusion criteria in this study were 1) cancer patients with all types of cancer undergoing chemotherapy, 2) aged 18 years or more, and 3) signed informed consent. The measuring tool used is the Spiritual Well-Being Scale (SWBS) which has 20 question items with Likert scale answers with a score of 20-120. Data were analyzed using descriptive statistics and cross tabulation to determine the comparison between spiritual well-being in cancer patients undergoing chemotherapy based on their demographic characteristics. This research received ethical feasibility from the Health Research Ethics Commission at PKU Muhammadiyah Hospital Yogyakarta on June 17, 2022, with number 00159/KT.7.4/VI/2022. Each respondent signed informed consent and all respondents were guaranteed confidentiality following the recommendations of the Declaration of Helsinki.

RESULTS

Demographic characteristics of the respondents

The respondents' characteristics are shown in Table 1. There were 50 consenting cancer patients included in the final analysis. It was found that the mean age of cancer patients undergoing chemotherapy was 54.38 ± 11.25 years old with the highest number being female (90%), having high school education (36%), having married status (92%), being treated for by their partner (52%), had cancer in stage III (68%), and had a length of illness ranging from the lowest 2 months to the highest 72 months.

Table 1. Demographic characteristic of cancer patients undergoing chemotherapy (n=50)

Characteristics	f (%)	Mean \pm SD	Median(Min-Max)
Ages (years)		54,38 \pm 11,25	
Gender			
Female	45 (90%)		
Male	5 (10%)		
Education			
Elementary school	13 (26%)		
Junior high school	7 (14%)		
Senior high school	18 (36%)		
College	12 (24%)		
Married status			
Single	2 (4%)		

Married	46 (92%)	
Widow/widowers	2 (4%)	
Family caregivers		
Spouse	26 (52%)	
Child	15 (30%)	
Grandchildren	3 (6%)	
Relatives (brother/sister)	6 (12%)	
Cancer stages		
I	2 (4%)	
II	8 (16%)	
III	34 (68%)	
IV	6 (12%)	
Time since diagnosed (months)		15,00 (2,00-72,00)

f, frequency. SD, standard deviation

Source: Primary data, 2022

Spiritual well-being among cancer patients undergoing chemotherapy

Spiritual well-being among cancer patients undergoing chemotherapy is summarized in Table 2. It shows that the mean scores of the spiritual well-being of cancer patients undergoing chemotherapy was 91.98 ± 10.28 from a possible scores of 20-120. The lowest score of SWB was 75 and the highest was 114. It has a meaning that the higher the value obtained, the higher the level of spiritual well-being of cancer patients. Meanwhile, the results per domain for RWB and EWB were 46.18 ± 5.27 and 45.80 ± 5.57 respectively with the possible scores of 10-60.

Table 2. Spiritual well-being among cancer patients undergoing chemotherapy (n=50)

Item	Possible score	Mean \pm SD
Spiritual well-being (SWB)	20 – 120	91,98 \pm 10,28
Religious Well-Being (RWB)	10 – 60	46,18 \pm 5,27
Existential Well-Being (EWB)	10 – 60	45,80 \pm 5,57

SD, standard deviation

Source: Primary data, 2022

Spiritual well-being of cancer patients undergoing chemotherapy based on their demographic characteristics

Spiritual well-being of cancer patients undergoing chemotherapy based on their demographic characteristics is summarized in Table 3. Spiritual well-being has a higher score in patients who are female (92.53 ± 10.49), have higher education (92.67 ± 10.84), are widowers/widows (97.00 ± 4.24), receive treatment of the partner (93.81 ± 10.30), and had stage III disease (92.88 ± 9.54).

Table 3. Spiritual well-being of cancer patients undergoing chemotherapy based on their demographic characteristics (n=50)

Demographic characteristics	Mean \pm SD
Gender	
Female	92,53 \pm 10,49
Male	87,00 \pm 7,14
Education	

Elementary school	92,42±12,47
Junior high school	90,14±13,64
Senior high school	92,17±7,72
College	92,67±10,84
Married status	
Single	92,50±9,19
Married	91,74±10,57
Widow/widowers	97,00±4,24
Family caregivers	
Spouse	93,81±10,30
Child	90,67±11,11
Grandchildren	87,00±2,65
Relatives (brother/sister)	90,60±11,76
Cancer stages	
I	89,50±19,09
II	91,88±13,79
III	92,88±9,54
IV	87,83±8,23

SD, *standard deviation*.

Source: Primary data, 2022

DISCUSSION

The demographic characteristics of the 50 cancer patients in this study provide valuable insights into the population undergoing chemotherapy. The mean age of 54.38±11.25 years aligns with global cancer data, which indicate that cancer incidence rises with age, as aging is a major risk factor for cancer development (Siegel et al., 2022). The predominance of female patients (90%) suggests a gender-specific pattern that may reflect certain cancers more common in women, such as breast cancer, or could indicate that women are more likely to seek treatment (Sung et al., 2021). Educational attainment in the sample shows that 36% of patients had a high school education, which may influence their understanding of treatment options and healthcare navigation. Lower educational levels have been associated with poorer health literacy, potentially affecting treatment outcomes (Zajacova & Lawrence, 2018). Additionally, the majority (92%) were married, and over half (52%) were cared for by their partners, highlighting the critical role of spousal support during cancer treatment. Spouses often serve as primary caregivers, providing emotional and physical assistance, which can positively impact patient adherence to treatment (Sari et al., 2018). Most patients (68%) were in stage III of cancer, which is consistent with the use of chemotherapy in advanced stages to manage symptoms and slow disease progression. The wide range in illness duration, from 2 to 72 months, reflects variability in patient disease trajectories and treatment responses, emphasizing the need for individualized care plans (Miller et al., 2019).

This study aims to identify the spiritual well-being of cancer patients undergoing chemotherapy at the One Day Care (ODC) oncology clinic in a private hospital in Yogyakarta. The results of this study contribute new perspectives and knowledge that focus on the spiritual well-being of cancer patients undergoing chemotherapy. The results of this study show that the spiritual well-being of cancer patients undergoing chemotherapy is in the moderate category. This research is in agreement with the results of a study in Yogyakarta which noted that the mean score of spiritual well-being of Chronic Kidney Failure patients

undergoing hemodialysis is in the moderate spiritual well-being category (Syafi & Sari, 2022). This finding contrasts with other research that found breast cancer patients who received chemotherapy prior to receiving mindfulness therapy intervention had a low spiritual well-being score (Wahyuningsih et al., 2019). Meanwhile, the results of research on cancer patients in East Java indicated that the spiritual well-being of cancer patients was in the high category (Werdani, 2022).

Spirituality is a crucial element in increasing the expectations of cancer patients in undergoing the treatment process, preparing for disease recurrence, and even being ready to face death (Puchalski et al., 2018). Cancer patients define spiritual well-being as living conditions that are valued, having a sense of belonging to the community, and having feelings of being close to nature (Phenwan et al., 2019). In a study of 96 cancer patients undergoing chemotherapy, it was found that there was a noteworthy relation between salat and an increase in life expectancy because salat can improve self-confidence toward healing and a better future (Hekmati Pour & Hojjati, 2015).

The results of this study indicate that the Religious Well-Being (RWB) value is higher than the Existential Well-Being (EWB) value. From these results, it can be asserted that cancer patients undergoing chemotherapy have a higher level of spiritual well-being compared to the patient's view of goals and life satisfaction. The results of this study are compatible with research on chronic kidney patients in Jordan which stated that out of 218 patients undergoing hemodialysis, the results showed that the RWB value was higher than the EWB value (Musa et al., 2018). In this case, it can be concluded that patients with chronic illnesses who undergo therapy related to the treatment of their physical condition can achieve a better spiritual level by applying life goals, hope to rise, optimistic views, and life satisfaction (Musa et al., 2018).

The study's findings indicate that female patients have greater levels of spiritual well-being. This is in line with a study conducted on 88 cancer patients in East Java (Werdani, 2022) and a study conducted on 150 cancer patient respondents in Portugal (Martins et al., 2020). Women and men adhere to different relationship schemes in describing their relationship with God and religious communities. Women are more focused on personal relationships with God and members of their religious community (Song & Oh, 2016). Women can adapt more easily to changing conditions and can remain independent in meeting their daily needs (Govina et al., 2015). This allows them to accept and have the assurance that faith from within creates the strength that they need in dealing with illness (Hsieh et al., 2020).

The highest mean score of spiritual well-being is in cancer patients who have higher education. This is in line with a study conducted on 367 patients undergoing hemodialysis in Greece (Fradelos, 2021). The level of education influences a person's behavior in seeking care and treatment for their illness, as well as choosing and deciding the right course of action to deal with their health problems. Someone with higher education possesses more knowledge and a good understanding of the disease. Hence, in the period of being diagnosed with the disease, it is easier for them to accept and give meaning to the illness and symptoms they experience. Therefore, their spiritual well-being is higher (Fradelos, 2021).

The mean score of the highest spiritual well-being is in cancer patients who are widowers/widows. Nevertheless, the spiritual well-being of cancer patients with married status is also quite good. Evidenced by higher spiritual well-being in cancer patients who are cared for by their partners. Research conducted on patients nearing the end of their lives with a total of 1761 patients treated in palliative care units in Japan, Korea, and Taiwan stated that spiritual well-being was higher in patients with married status (Hiratsuka et al., 2021). In

someone married, there is higher social support compared to patients who are not married. This social support can help individuals to carry out coping strategies for their illness, and help these individuals to adapt to their treatment so that these individuals can increase satisfaction with their lives (Hiratsuka et al., 2021).

The highest mean score of spiritual well-being is in cancer patients with stage III. The results of this study are in line with research on cancer patients in East Java which states that most cancer patients are at stage III (Werdani, 2022). When dealing with an illness, such as a diagnosis of a chronic, life-threatening, or terminal illness, people tend to be more spiritual in trying to give meaning to their illness and pain. This increases the connection and feeling of being close to God (Fradelos, 2021). An assessment of spiritual well-being is urgently needed to assess spiritual well-being and provide spiritual care according to the stage of the disease because spiritual well-being can worsen towards the end of life (Fradelos, 2021).

Fundamentally, the spiritual well-being of each cancer patient is high. A high level of spiritual well-being can contribute to individual well-being and healing and possibly help cancer survivors cope with illness and stress, and deal with death with better coping (Hsieh et al., 2020). In patients with advanced cancer, although the quality of life may be reduced as a result of their illness, high spiritual well-being is closely related to a perceived positive quality of life (Bai et al., 2015; Whitford & Olver, 2012).

There was a primary limitation to this study. This study was carried out in one of the private hospital in Yogyakarta that may not captured the situation in Yogyakarta. But, this study has an appropriate sample size to gain the goal of this study and use a valid and reliable instrument to measure spiritual well-being. Besides that, the result of this study can be the source data for the next researchs about palliative care in nursing.

CONCLUSION

Accurate assessment of spiritual well-being in patients can be a clinical guide in establishing spiritual distress nursing diagnoses or readiness to improve spiritual well-being. Nurses' attention to the spiritual well-being of cancer patients can be effective in a clinical setting and promote holistic care with the support of valid and reliable measuring instruments.

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CONFLICTS OF INTEREST

The authors declare that there was no relevant financial or non-financial competing interests to report.

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