



The Relationship of Spiritual Health and Quality of Life of Cancer Patients

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Abstract

The number of cancer patients is increasing over time, emphasizing numerous factors contributing to the low cure rate. Cancer diagnosis often leads to initial health decline, therefore fulfilling the spiritual health of cancer patients is important to reduce negative impacts on their quality of life. Dealing with cancer treatment such as: chemotherapy, surgery, and radiotherapy requires a good quality of life to improve the healing process. This study explain relationship between fulfillment of basic spiritual health and cancer patient's quality of life. This research is an observational analytic using crosssectional design to determine relationship between fulfilling spiritual health and quality of life of cancer patients. The study population was cancer patients at the Indonesian Cancer Foundation, Cancer Patient Shelter and Patients at Dr. Moewardi Surakarta Hospital. The sample was 100 respondents, taken using non-probability sampling technique type purposive sampling. The instrument used was a questionnaire and data analysis using Pearson Chi Square test. Results showed that majority of respondents' gender was female (65%), last education was elementary school or equivalent (49%), the spiritual health was in the moderate category (68%) and their quality of life was in the good category (69%). The results of Pearson Chi Square test analysis showed that there was a statistically significant relationship between the fulfillment of spiritual health and the quality of life of cancer patients ($p=0.018$). The entire health care team for patients with cancer should be able to fulfill the patient's spiritual needs fully by involving family support.

INTRODUCTION

Cancer is a disease that is currently a cause for concern. Worldwide, there are 10 million cancer deaths. In 2020, the number of new cancer cases reached 19 million and 9 million of them were declared dead. The number of new cases and deaths continues to increase every year, as shown by the data that the number of deaths in 2020 and 2022 will increase by 1 million. Similar research results also show that in 2020 according to the *International Agency for Research on Cancer* (IARC) recorded cancer incidence rates from 185 countries in the world with high mortality of around 9.5 million deaths (Anestiyah et al., 2022). In 2020, there were 396,000 new cancer cases in Indonesia and 234,000 deaths according to *Global Cancer Observatory* data. According to the Indonesian Ministry of Health, (2022) estimates that by 2030 there will be 26 million new cases of cancer and 17 million of them will die from cancer. Based on Basic Health Research (Riskesdes) data in 2018, the prevalence of cancer in Central Java is 2.11 per 1000 population, or around 132,565 people and the number of cancer patients in East Java is 86,000, or 2.2 per 1,000 people. This is because cancer can attack anyone in society, from children to adults (Nurlina et al., 2021).

Humans are creatures that have a holistic nature, where humans have two interrelated aspects, namely humans as physical and psychological beings. So that what happens to human physical conditions will also affect their psychological conditions, in other words, every physical illness experienced will have an impact on the emergence of psychological problems

(Pratiwi & Nawangsari, 2022). This can be interpreted that a cancer diagnosis will have an impact on the physical and psychological aspects of the patient. Anxiety is very common and does not require special attention for treatment, but if the disease is chronic, characterized by inattention, mood swings, loss of joy constantly, it can worsen the condition of cancer patients. In this situation, the physical condition affects the psychological condition so it is necessary to fulfill the psychological needs of spiritual health to reduce the negative impact on the patient's quality of life.

Spirituality is part of the whole person. The spiritual level in health care is needed to support the patient's recovery. WHO states that the spiritual dimension is a limitation of the world organization which states the spiritual aspect as one of the elements of the notion of complete health. The healthy boundaries include aspects of physical health, mental health, social health, and spiritual health, hence better known as bio-psycho-social-spiritual. These components must be balanced with one another, and move side by side in everyday life. There is often an imbalance in the spiritual dimension to treat patients with terminal illnesses such as cancer, this is due to the erroneous assumption of medical personnel that the application of the spiritual dimension is not their responsibility but the responsibility of a team of clergy or religious leaders. A good level of spirituality will make a person calmer, increase self-concentration, always think positively and always create a feeling of well-being, which can increase motivation to recover and can improve the quality of life of patients with terminal illnesses such as cancer (Yusniarita et al., 2016).

Spirituality is not only related to religion but also closeness to others and the surrounding environment. Spirituality is multifaceted and can be used as a defense against life's problems (Khosyi, 2023). The benefits of spiritual well-being in life are life satisfaction, maintaining life balance, building positive relationships, having a purpose in life and accepting life challenges. This helps them to be more open in various feelings and increase efforts in the healing process. Such as research by Yusniarita et al., (2016) that there is a significant difference between quality of life with spirituality support for breast cancer patients after chemotherapy in Rejang Lebong Regency in 2014 ($p=0.008$), and the results of research by Lutfi et al., (2022) with the result that the application of spirituality aspects is very effective in improving the quality of life of breast cancer patients ($p=0.000$). So in this study will explain the relationship between the fulfillment of basic human needs for spiritual health with the quality of life of cancer patients.

RESEARCH METHODS

This type of research is correlational analytic with a *cross-sectional* design. The independent variable is the spiritual health and the dependent variable is the quality of life of cancer patients. The study population was cancer patients at the Indonesian Cancer Foundation located at Jl. Mulyorejo Indah I No. 8 and the Cancer Patient Shelter at Jl. Jolotundo Baru No. 8, RT 7 RW 6 Pacar Keling and patients at Dr. Moewardi Surakarta Hospital. The research sample was taken in October 2024 using the Non Probability Sampling method of Purposive Sampling type and obtained a total of 100 respondents who fit the inclusion criteria, namely male and female cancer patients, aged 25-55 years, all types of cancer stages 1-4, patients

received chemotherapy / pre-chemotherapy. While the exclusion criteria of this study are cancer patients who experience complications of other diseases and experience decreased consciousness. The research was conducted after obtaining ethical approval from the Health Research Ethics Committee of RSUD Dr. Moewardi, as documented in approval number 2.256/IX/HREC/2024 and from the Health Research Ethics Committee of STIKES Adi Husada, as documented in approval number 850.1/ERB/STIKES-AH/IX/2024. The research utilized a structured interview method with questionnaire instruments, including a modified version of the Daily Spiritual Experience Scale (DSES) and the Spiritual Well-Being Scale (SWB) measured by EQ-5D (*European Quality of Life*). The data were analyzed using the *Pearson Chi Square* test.

RESULT

Characteristic of Respondents

The results of the study on the characteristics of respondents, namely the gender of the majority of respondents were female, namely 65%, the last education of the majority of respondents was elementary / equivalent, namely 49%, the age of the majority of respondents was 51-60 years as much as 34%, the length of illness of the majority of respondents was 1-3 years as much as 64% and the person who often took the respondent's treatment was the child, namely 50%, and we can convey it in the table as follows:

Table 1
Characteristics of Respondents

| No | Characteristics | n | % |
|----|--------------------------|----|----|
| 1. | Gender | | |
| | Male | 35 | 35 |
| | Female | 65 | 65 |
| 2. | Education | | |
| | Elementary school | 49 | 49 |
| | Junior high school | 12 | 12 |
| | Senior high school | 35 | 35 |
| | University/Academy | 4 | 4 |
| 3. | Age (years) | | |
| | 21-30 | 8 | 8 |
| | 31-40 | 6 | 6 |
| | 41-59 | 25 | 25 |
| | 51-60 | 34 | 34 |
| | 61-70 | 23 | 23 |
| | 71-80 | 4 | 4 |
| 4. | Length of Illness | | |
| | < 1 year | 27 | 27 |
| | 1-3 year | 64 | 64 |
| | 4-6 year | 8 | 8 |
| | 7-9 year | 1 | 1 |
| 5. | Family Companion | | |
| | Children | 50 | 50 |
| | Husband/wife | 32 | 32 |
| | Others | 18 | 18 |

*Primary data, 2024

Table 2
Univariate Analysis Results

| Variable | Categorize | n | % |
|-------------------------|------------|-----|-----|
| Spiritual Health | High | 32 | 32 |
| | Moderate | 68 | 68 |
| | Low | 0 | 0 |
| | Total | 100 | 100 |
| Quality of Life | Good | 69 | 69 |
| | Medium | 21 | 21 |
| | Less | 10 | 10 |
| | Total | 100 | 100 |

Based on univariate analysis, we can say that the majority of respondents' spiritual health is moderate, namely 68% and no one is in the low category, while the majority of respondents' quality of life is good, namely 69% and the least category is less as much as 10%.

Table 3.
Crosstabulation Spiritual Health and Quality of Life Cancer Patients

| Spiritual Health | Quality of Life | | | Total | p-value |
|------------------|-----------------|--------|------|-------|---------|
| | Less | Medium | Good | | |
| Moderate | 3 | 16 | 50 | 69 | 0.018 |
| High | 7 | 5 | 19 | 31 | |

The results of bivariate analysis show that there is a statistically significant relationship between the fulfillment of basic spiritual needs and the quality of life of cancer patients ($p=0.018$), therefore the cross-tabulation results indicate that the majority of respondents with moderate spiritual health had good quality of life (50 out of 69 respondents), while the majority of those with high spiritual health also had good quality of life (19 out of 31 respondents). It can be concluded that there is a statistically significant relationship between spiritual health and quality of life ($p = 0.018$).

DISCUSSION

The results showed that the majority of gender was female, namely 65%. According to the results of the Basic Health Research in 2018, the most common type of cancer is cervical cancer. Anatomically, only women have organs that are included in this female reproductive organ. The last education of the majority of respondents is elementary / equivalent, namely 49%. In line with the exposure of Katmini (2022) that generally the level of education will determine whether or not a person is easy to absorb and understand the knowledge they get. Someone who has a higher level of education will find it easier to process information about a disease than someone with a low level of education, it will be more difficult to process information related to their disease, and at a good level of education, the motivation to follow treatment will also be higher because information and understanding related to the development of the disease can be conveyed well. The age characteristics of the majority of respondents 51-60 years as much as 34%. The results showed that the majority of respondents were women, so at that age women experience menopause and experience hormonal changes (Febrianti, 2019). Similar results according to research by Misgiyanto & Susilawati (2019) that in cervical cancer patients, 53.3% were over 40 years old, which at that age is an age that is prone to health problems due to degenerative processes. The results showed that the majority of respondents' length of illness was 1-3 years as many as 64%. The length of time the patient suffers is influenced by when the patient first finds out about the disease. Often patients realize too late

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that they have cancer so it is also late in starting treatment for the disease, this is possible due to a lack of knowledge about early detection of cancer where the average patient with a period of 6 months to 1 year has an advanced stage of cancer. This is in line with Nomiko's research (2020) on factors associated with cancer incidence at the Raden Mattaher Jambi Hospital that respondents who had cancer <1 year were 51.8%. people who often take respondents for treatment are children, namely as many as 50%. Children are the closest family owned by respondents. Children have a strong emotional bond with their parents. The condition of respondents who need support when they are facing problems to motivate them to undergo treatment, makes children feel that they must participate in providing support which includes informative aspects, fundamental instruments, economics, and affection. Assistance from an economic perspective in the form of affection, trust, being listened to and listening (Dyanna, 2015).

In this study, respondents with moderate spiritual health were 69 respondents where the majority of these respondents assessed their quality of life in the high category (50 of 69 respondents), and respondents with good spiritual health were 31 respondents where the majority of these respondents assessed their quality of life also in the high category (19 of 31 respondents). This proves that respondents with a good level of spirituality will have an impact on a good quality of life as well. This is in accordance with research conducted by Putra et al., (2021) on spirituality that affects quality of life in patients with terminal disease conditions such as cervical cancer. Some factors that can affect quality of life are family support, peer support, living environment, physical health, psychological health, health services, marital status, economic level, education, and spirituality that can prevent stress.

The results of bivariate analysis show that there is a statistically significant relationship between the fulfillment of basic spiritual needs and the quality of life of cancer patients ($p=0.018$). Spiritual health plays a role in determining health in terms of physical, mental/psychological, social aspects related to a person's well-being and health. Someone whose spiritual condition is good, their coping mechanism will be better so that they can solve all their life problems. This condition will support the individual to achieve well-being. If someone is able to achieve good well-being, it will have an effect on improving their quality of life. Supported by the opinion of Firmawati & Domili (2021), that spirituality can affect cognitive and human behavior in dealing with changes that occur in life that can affect quality of life. An attitude of spirituality must be possessed by someone because it is able to face and solve life problems to make it more meaningful. Good spirituality has the potential to improve quality of life (Alnaseh et al., 2021). The importance of spirituality in patients with cervical cancer with declining physical conditions and advanced cancer stages and this will affect the patient's quality of life so that it can support the development of positive thoughts and feelings so as to provide satisfaction with the quality of life in cancer patients. According to Anitasari & Fitriani (2021) a good functional condition will also show a good quality of life. If spirituality needs are met, then the quality of life will be better so that they can enjoy the rest of their lives meaningfully, happily and usefully. Spirituality is one of the parameters of quality of life. A good relationship between the patient, family and medical team who provide care during chemotherapy also affects the quality of life of the elderly themselves. This is also in line with

research conducted by Rochmawati et al., (2018) that there is a relationship between spirituality and quality of life in cancer patients. The same thing was also conveyed by Carolina et al., (2021) regarding the relationship between fulfilling spirituality needs and quality of life in cancer patients with the results of the study showing a significant relationship between spirituality and quality of life in cancer patients (p value 0.000).

CONCLUSION

The majority of respondents' spiritual health was moderate and none were in the low category, while the majority of respondents' quality of life was good and the least category was lacking. There was significant relationship between the fulfillment of basic spiritual needs and the quality of life of cancer patients.

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