The Correlation Between Spiritual Level and Life Quality of Breast Cancer Patients

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ABSTRACT

A good quality of life will provide good physical and spiritual health, and will be able to run a life in the community according to their respective roles. The research objective is to determine the correlation between spirituality level with the life quality of breast cancer sufferer. The research type used quantitative research method with cross sectional approach. The measurements used the EORTC QLQ-30 + EORTC BR-23 questionnaire. The research results showed that the spirituality level of sufferer in dealing with breast cancer on average had a high spirituality level of 38 people (84%). There is no correlation between spirituality level with the life quality of breast cancer sufferer this was demonstrated by the results of analysis of Spearman's Test average p value of > 0.05.

INTRODUCTION

Cancer was a chronic disease and continues to increase every year, and is one of the main health problems in various countries (Siegel et al, 2012). After cardiovascular disease, cancer is the second leading cause of death in the world and it is estimated that the incidence of cancer from 17 million can reach 26 million people and of them will die from cancer in 2030 (Kemenkes RI, 2015). In 2018, the World Health Organization (WHO) recorded that 18.1 million new cancer cases and 9.6 million deaths occurred this year. In America, there are 21% of cancer cases with 14.4% of cancer deaths, although it only covers 13.3% of the world’s population. Meanwhile, in Europe accounted for 23.4% of cancer cases with 20.3% of deaths.

In developed countries, lifestyle and socioeconomic situations have been linked to an increased risk of breast cancer. Breast cancer is more likely to develop as people get older. Cancer patients used to be on average over 50 years
old, but now many people have cancer around the age of 35. (Savitri, 2015).

**METHOD**

This type of research is quantitative research, namely research that is used to examine a particular population or sample, the sampling technique is done by random sampling to get 45 respondents, data collection uses the EORTC QLQ-30+ BR-23 and DSES research instrument, data analysis was descriptive quantitative statistics with the aim of testing the established hypothesis (Notoatmodjo, 2010). This study was conducted to determine whether there was a correlation between the spiritual level and life quality of breast cancer patients at Dr. H. Abdul Moeloek Regional Hospital of Bandar Lampung.

**RESULTS AND DISCUSSION**

**Normality Test**

The Shapiro-Wilk normality test was used to determine normality. If there are more than 50 responders, the Shapiro-Wilk test is applied. The Shapiro-Wilk normality test was performed in this study because the total number of respondents was 45. Spiritual scores, functional quality of life, symptomatic quality of life, global quality of life, functional quality of life, and quality of life of symptomatic breasts all had p 0.05 on the Shapiro-Wilk normality test, indicating that these variables did not have a normal distribution. The Spearman correlation test was utilized in this study.

**Table 1**

<table>
<thead>
<tr>
<th>No</th>
<th>Stadium</th>
<th>Total (People)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Moderate</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>2</td>
<td>High</td>
<td>38</td>
<td>84</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>45</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Based on table 1, it is known that the majority of respondents with breast cancer have a high spiritual level of 38 people (84%), and a moderate spiritual level of 7 people (16%).

**Table 2**

<table>
<thead>
<tr>
<th>No</th>
<th>Life Quality</th>
<th>Median</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Functional quality of life</td>
<td>66.60</td>
<td>20,385</td>
</tr>
<tr>
<td>2</td>
<td>Symptomatic quality of life</td>
<td>38.40</td>
<td>19,244</td>
</tr>
<tr>
<td>3</td>
<td>Global quality of life</td>
<td>50.30</td>
<td>12,527</td>
</tr>
<tr>
<td>4</td>
<td>Ca mamae functional</td>
<td>62.50</td>
<td>18,828</td>
</tr>
<tr>
<td>5</td>
<td>Ca mamae symptoms</td>
<td>35.50</td>
<td>19,831</td>
</tr>
</tbody>
</table>

Based on table 2, it is known that respondents with breast cancer have an average functional quality of life of 66.60, symptomatic quality of life of 38.40, global quality of life of 50.30, ca mamae functional of 62.50, ca mamae symptoms of 35.50.

**Table 3**

<table>
<thead>
<tr>
<th>Variable</th>
<th>R</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritual level with functional quality of life</td>
<td>0.199</td>
<td>0.191</td>
</tr>
</tbody>
</table>

Correlation test of spearman (p value = > 0.05)

Based on table 3 above, it can be seen that the r = 0.199 and p-value = 0.191 is greater than (p > 0.05) meaning that there is no significant correlation between the spiritual level of breast cancer patients with functional quality of life.

**Table 4**

<table>
<thead>
<tr>
<th>Variable</th>
<th>R</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritual level with symptomatic quality of life</td>
<td>-0.045</td>
<td>0.769</td>
</tr>
</tbody>
</table>

Correlation test of spearman (p value = > 0.05)
Based on table 4 above, it can be seen that the $r = -0.045$ and $p$-value $= 0.769$ is greater than $(p > 0.05)$, meaning that there is no significant correlation between the spiritual level of breast cancer patients and the symptomatic quality of life.

### Table 5
**The correlation between the spiritual level of breast cancer patients with Global Quality of Life**

<table>
<thead>
<tr>
<th>Variable</th>
<th>R</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritual level with global quality of life</td>
<td>0.017</td>
<td>0.912</td>
</tr>
</tbody>
</table>

*Correlation test of Spearman $(p$ value $> 0.05)$

Based on table 5 above, it can be seen that the $r = 0.017$ and $p$-value $= 0.912$ is greater than $(p > 0.05)$ meaning that there is no significant correlation between the spiritual level of breast cancer patients with global quality of life.

### Table 6
**The correlation between the spiritual level of breast cancer patients with Ca Mamae Functional**

<table>
<thead>
<tr>
<th>Variable</th>
<th>R</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritual level with Ca Mamae functional quality of life</td>
<td>0.280</td>
<td>0.063</td>
</tr>
</tbody>
</table>

*Correlation test of Spearman $(p$ value $> 0.05)$

Based on table 6 above, it can be seen that the $r = 0.280$ and $p$-value $= 0.063$ is greater than $(p > 0.05)$ meaning that there is no significant correlation between the spiritual level of breast cancer patients with Ca Mamae functional.

### Table 7
**The correlation between the spiritual level of breast cancer patients with Ca Mamae Symptoms**

<table>
<thead>
<tr>
<th>Variable</th>
<th>R</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritual level of breast cancer patients with Ca Mamae symptoms</td>
<td>0.017</td>
<td>0.912</td>
</tr>
</tbody>
</table>

*Correlation test of Spearman $(p$ value $> 0.05)$

Based on table 7 above, it can be seen that the $r = 0.166$ and $p$-value $= 0.277$ is greater than $(p > 0.05)$ meaning that there is no significant correlation between the spiritual level of breast cancer patients with Ca Mamae symptoms.

**DISCUSSION**

At this stage, the author discusses the results of research that has been carried out by comparing theories or opinions from previous research. This discussion was conducted to explain the correlation between Spiritual Level and Life Quality of Breast Cancer Patients at dr. H. Abdoel Moeloek Regional Hospital of Lampung in 2020.

**Spiritual**

From the analysis, it is known that most respondents with breast cancer have a high spiritual level of 38 people (84%), and a moderate spiritual level of 7 people (16%).

The average spiritual level of cancer patients in this study was high, and the majority of breast cancer patients were Muslims. The high spirituality in this study was also attributable to the fact that the majority of patients were able to accept and live their sickness with appreciation and surrender to God, as evidenced by the patient’s statement that life and death are in God’s hands.

The findings of this study agree with those of Rahman et al., (2015) in Iran found that strong religious beliefs, as well as beliefs assuming disease and healing, have become God’s will as a source of hope in dealing with illness.

Individuals with breast cancer will face a variety of issues that will necessitate a need for God. Spirituality supports health promotion that focuses on psychological well-being in breast cancer patients, according to research by Ningsih & Handayani (2013). If a person believes cancer is a severe threat, it will become a problem if the person has a high spiritual level. The power of spirituality allows people to discover themselves and grasp spirituality that they have never known before, allowing their lives to become more important and perhaps even finding insight behind their illnesses.

Spirituality is a way for people to give their life meaning and purpose by enhancing their relationships with God, the environment, and others. Even for those who do not believe in God, the spiritual dimension was a quality that provides inspiration, honor, meaning, and purpose (Murray & Zentner, 1993 in Craven & Hirnle, 2003 in Susanti, 2009).

Spirituality, according to Florence Nightingale, is an intentional process of embedding kindness in nature that seeks for the ideal conditions for greater levels of development. Spirituality is a motivating perspective that unifies numerous individual qualities and symbolizes the sum of one’s being.

This study found that on average, breast cancer patients have a high spiritual level, and worship has an impact on spiritual improvement in cancer patients, as seen by persons who always perform their worship according to their faith and beliefs.

**Life Quality**

According to the findings, respondents with breast cancer have an average functional quality of life of 66.60 (95.50 %), symptomatic quality of life of 38.40 (84.00 %), global quality of life of 50.30 (83.36 %), Ca Mamae functional of 62.50...
The overall quality of life in this study was good, particularly in terms of functional quality of life and functional breast cancer.

In line with Prastiwi's research (2012), the health and condition of a person can reveal their quality of life. Good physical and mental health will lead to more self-acceptance, which will boost body image, pleasant feelings, life appreciation, and interpersonal connections.

According to (Husni, 2015), breast cancer patients can have a good quality of life if they receive therapy on a regular basis, which increases the likelihood of recovery. As a result, breast cancer patients can recover and engage in activities that suit their requirements without relying on others. The patient will easily obtain a good quality of life if they can be emotionally, socially, and physically independent.

Education, income, time and distance required to travel to the hospital, stage of cancer, length of therapy, type of treatment, and type of cancer endured are all factors that affect cancer patients' quality of life (Bayram et al., 2014; Bifulco et al., 2012; So et al., 2014 in Putri (2017)).

According to Karangora (2012), life quality was defined as a person's perception in the context of culture and norms that are relevant to a person's goals, aspirations, standards, and worries throughout his life. The quality of life will change from one person to the next, depending on how each person defines or interprets what constitutes a decent quality of life. If components of the quality of life are still unfulfilled, the quality of life will be quite low.

The conclusion of this study is that when cancer patients have a high quality of life, they will exhibit positive attitudes. They will accept and adapt to their circumstances in order to survive and continue their quest for a better life. Cancer patients do not give up on their restrictions because of their disease's condition; rather, a good understanding of the quality of life will encourage them to still be able to actualize themselves.

**Correlation between Spiritual Level of Breast Cancer Patients with Functional Quality of Life**

The results of the spearman's rho test show that \( r = 0.199 \) and p-value = 0.191 is greater than \( p > 0.05 \). This states that there is no significant correlation between the spiritual level of breast cancer patients with functional quality of life.

The quality of life in this study was on average good, especially in cognitive function; similarly, Suwendar et al., (2015) found that the quality of life in cervical cancer patients had the highest average score on cognitive function, while the highest average score was on symptoms of loss of appetite and fatigue in the inpatient room during chemotherapy at the Dr. Hasan Sadikin General Hospital of Bandung.

This research differs from that of Wiksuarini (2018), who discovered a significant correlation between global quality of life and general health status, as well as functional scales on physical, role, emotional, and social functions on spirituality, with a positive correlation direction but not on a positive correlation scale. With a p value of 0.05 and a positive correlation direction, the greater the level of spirituality, the better the quality of life on a global scale, general health status, and functional scale, while there is a significant correlation on the symptom scale.

The perception of an individual's functioning in life is referred to as life quality (Kreitler & Ben, 2004). According to the Minister of Health of the Republic of Indonesia's Decree No. 812 of 2007, life quality refers to a patient's condition as perceived by the patient in light of his cultural background and value system, as well as his life objectives, dreams, and intents.

This study found that a high spiritual level in breast cancer patients does not always imply a high functional quality of life, and vice versa, a high spiritual level in breast cancer patients affects their spiritual level.

**Correlation between Spiritual Level of Breast Cancer Patients with Symptomatic Quality of Life**

The spearman’s rho test results showed that the number of \( r = -0.045 \) and p value = 0.769 was greater than \( p > 0.05 \), indicating that there was no significant correlation between breast cancer patients' spiritual level with symptomatic quality of life.

In general, breast cancer patients possess psychological disorders such as stress, anxiety, and others; according to research conducted by Oetami, Thaha, and Wahiduddin (2014), the psychological impact most felt by breast cancer patients includes feelings of helplessness manifested as emotional disturbances. Crying and anxiety about the consequences of treatment are examples of such behaviors. Breast cancer diagnosis might result in significant psychological issues for the patient.

This study contradicts the findings of Gall and Bilodeau (2017), who state that cancer patients often experience spiritual issues such as resentment toward God, feeling abandoned by God, and believing that prayers are never answered.

According to Taylor in Hartati (2008), the common reactions of those diagnosed with breast cancer include surprise, denial, anxiety, dread, and melancholy since everything changes quickly and the future becomes uncertain. The sense of being crushed has more worth for a woman suffering from breast cancer than that; if someone has breast cancer, she faces the chance of losing her breast; for a woman, the breast has its own value; the breast is a feminine organ, making them more special than men. Many patients are gripped by apprehension about anything that could affect their quality of life.

When people face life-threatening conditions, spirituality becomes highly important, and believing in God can help them overcome the issues brought by cancer (Bhatnagar et al, 2017).

It can be inferred that spirituality can be used to explain self-acceptance because spiritual intelligence correlates with self-acceptance. Self-acceptance is defined as any favorable attitude toward oneself, such as being able to accept oneself calmly with all of one's flaws, being fully conscious and accepting of one's state, and being able to respect oneself and others.

**Correlation between Spiritual Level of Breast Cancer Patients with Global Quality of Life**

The study revealed that the number \( r = 0.017 \) and p-value = 0.912 was greater than \( p > 0.05 \), indicating that there was no significant correlation between the spiritual level of breast cancer patients and global quality of life.

This study supported by the findings of Tate and Forchheimer (2002), who discovered that spiritual well-being was not related to quality of life or life satisfaction in breast cancer patients. Life satisfaction in cancer patients was being influenced by functional well-being, which is an assessment of an individual's quality of life in relation to important life activities and education levels, whereas
spiritual well-being is influenced by age, with subjects who are older showing greater spirituality. The cancer patients in the study were, on average, older than the rehabilitation patients.

This study contradicts with Wikusuriani’s (2018) research. Spirituality was one of the variables that can affect the quality of life in cancer patients. In this study, cancer patients had the highest mean ratings on global quality of life and general health status, cognitive function, exhaustion, pain, loss of appetite, sleeplessness, and financial issues. The high cognitive function scale was caused by most people having a positive outlook while accepting their condition, whereas the symptoms of weariness, pain, and insomnia in cancer patients are caused by advanced cancer and side effects of cancer treatment such as chemotherapy.

According to Sudarmiati (2013), a person learns the importance of religious activities, including moral principles, from his family and community interactions and has a soft personality, accepts and surrenders, always assists, has strong family ties, and actively participates in activities. Religious people experience inner serenity, feel safe, and develop compassion.

According to Zohar and Marshall (2000) and Prastiwi (2012), four factors decide whether a person’s life is of high quality or not: psychological aspects, social aspects, physical aspects, and environmental elements. Psychological components, such as spirituality, social support, and welfare, influence the construction of cancer patients’ quality of life. Psychological factors have a crucial influence in deciding the quality of life; individuals gain strength and feel healthier even without medicines, owing to the individual’s desire to always stay healthy even without drugs, concerning each individual’s spiritual intelligence.

It is possible to conclude that the human relationship with the Creator is the most important component of life. Spirituality is regarded as one of the aspects in confronting and resolving the dilemma of life’s meaning and the ideals that would lead to a meaningful life. However, in this study, a high spiritual level does not always affect the quality of life in breast cancer patients.

**Correlation between the Spiritual Level of Breast Cancer Patients With Ca Mamae Functional**

The analysis found that the number r = 0.280 and the p value = 0.063 is greater than (p > 0.05), indicating that there is no significant correlation between the spiritual level of breast cancer patients with Ca Mamae functional.

In line with the research of Sorensen et al. (2012), showed that there was no significant correlation between “seeking God’s help with life satisfaction or quality of life for specific diseases in patients with long-term breast cancer, prostate cancer, and long-term colorectal cancer. Cancer patients who are satisfied with life may have access to other resources relevant to life satisfaction such as family, a network of friends, social support, and others. However, those who are dissatisfied with life may not have access to these resources to the same degree and may turn to seek God’s help and in the end most of them are satisfied with their lives.

The findings of this study contradict those of Chaar et al., (2018), who discovered that spirituality is related to quality of life in all cancer patients. This is because spirituality can affect how patients cope with the cancer experience, find meaning, and find peace, and interpreting health during cancer treatment and survival when patients are fatigued or in pain in order to help them feel better.

Breasts, according to Sinuraya (2016), were one of the secondary sex characteristics that have important meaning for women, not only as a woman’s identity but also in terms of biology, psychology, psychosexual, and psychosocial value. Taylor, S. (2006) confirmed that losing breasts changes the patient’s physical appearance and can affect his perspective on body image. Women feel inferior, neglected, and that they are no longer perfect as women. As a result, a holistic approach to breast cancer is demonstrated not only directly to the psychiatric aspects of breast cancer, but also to the value of breasts for women. If this is understood, then prevention efforts, early diagnosis, and surgical interventions will be more effective.

It can be concluded that there is no significant correlation between breast cancer patients’ spiritual levels and Ca Mamae functional. A high spiritual level does not always improve the quality of life of breast cancer patients, but there are several other factors that can.

**Correlation between the Spiritual Level of Breast Cancer Patients with Ca Mamae Symptoms**

The results of the analysis show that the number r = 0.166 and p-value = 0.277 is greater than (p > 0.05) meaning that there is no significant correlation between the spiritual level of breast cancer patients with Ca Mamae symptoms.

This study supported by previous research (Harlianti, 2016) that found no significant correlation between spiritual well-being and life satisfaction in cancer patients, indicating that spirituality does not always mediate the gap between what an individual has achieved and the ideal that an individual wishes to achieve. This could be because breast cancer patients believe they still have goals to achieve.

This study contradicted with research (Ladjar, 2016), which found that spirituality significantly aids clients and service providers in adapting to changes brought on by chronic illness. Spirituality provides people with the energy they need to rediscover themselves, adapt to difficult situations, and stay healthy. Patients who understand spiritual well-being can find meaning in their lives and use spirituality as a tool to connect with the forces in their lives (Potter & Perry, 2010).

Healing efforts in cancer patients, particularly advanced cancers, become extremely difficult; very few patients recover from their disease (Nuraeni et al, 2015). Spiritual support was extremely valuable to patients with terminal illnesses like this (Nuraeni et al, 2015).

Most people with chronic illnesses suffer greatly in addition to the disease’s symptoms. Negative thoughts in the patient can exacerbate his or her physical condition. To reduce anxiety symptoms, the patient must believe that his illness will improve if he is patient in dealing with his illness (Prayitno, 2015). In order to overcome psychological problems, such as remembering family members, spiritual activities, one of which is increasing istigfar, and engaging in various activities as distractions (Wahyuni, 2015).

According to the findings of this study, there is no correlation between breast cancer patients’ spiritual levels and Ca Mamae symptoms. A high spiritual level does not always affect the quality of life of breast cancer patients, but there are several other factors that can affect a person’s quality of life, such as physical, psychological, social, and environmental aspects.
CONCLUSIONS AND SUGGESTIONS

Based on the findings of the research and discussion, the following conclusions can be drawn:

1. That the spiritual level of patients in dealing with breast cancer on average has a high spiritual level of 38 people (84%).

Spirituality is regarded as one of the factors in confronting and resolving the problem of life's meaning and the values that will lead to a meaningful life. The results of the Spearman's test analysis, which is on average > 0.05, show that there is no correlation between the spiritual level and life quality of breast cancer patients in this study. A high spiritual level does not always affect the quality of life of breast cancer patients, but there are several other factors that can affect a person's quality of life, such as physical, psychological, social, and environmental aspects.

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The Correlation Between Spiritual Level and Life Quality of Breast Cancer Patients


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