

Research Article

Spiritual and Religious Characteristics in Cancer Patients

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Abstract. Bio-psycho-socio-spiritual problems often appear in cancer patients; however, the spiritual and religious characteristics that appear in cancer patients have not been widely studied. The objective of this research was to analyze the spiritual and religious characteristics of cancer patients. This research consisted of a scoping review of national and international articles published in 2013-2018. The researchers searched for articles through Google Scholar, PubMed, and ProQuest with the keywords 'cancer', 'spiritual' and 'religious'. There were 2,727 articles identified, and the 38 articles that met the inclusion criteria were reviewed. According to the results, spiritual and religious characteristics in cancer patients included the use of spirituality and religion as a coping mechanism, belief in God as a source of strength, the need for family support and spiritual or religious communities, cancer as a process of spiritual or religious maturity, and changes in spiritual or religious rituals. The results of this review can be used to complement guidelines on spiritual and religious nursing care for cancer patients.

Keywords: cancer, palliative, spiritual, religious, terminal care

1. Introduction

Riskesdas 2018 data shows the prevalence of cancer-based on doctor's diagnosis in Indonesia is 1.8 per mil with the highest prevalence in the Special Region of Yogyakarta as much as 4.9 per mil [1]. Global data on the growth of new cases of cancer patients in the world increased by around 18.1 million new cases, with 9.6 million cases of death [2].

Spirituality and religiosity play an important role in improving the quality of life, well-being, and reducing distress in cancer patients [3]. The need for patients and their families for spiritual and religious care increases in cancer patients, especially in the terminal stage [4]. There are five important themes of the role of spirituality/religiosity in cancer patients, including coping, practice, belief, transformation, and spirituality/religious community [5].

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In the National Standard for Hospital Accreditation, one of the assessments of terminal stage patients is to examine spiritual orientation, involvement in certain religious groups, and the patient's spiritual concerns [6]. Studies on spiritual/religious characteristics in terminal stage patients, especially cancer in Indonesia, have not been widely carried out, based on this, this review is carried out. The purpose of this review is to analyze the spiritual/religious characteristics of cancer patients.

2. Method

The method used is scoping review. The scoping review method is used to summarize and disseminate research findings, identify research gaps, and make recommendations for further research [7].

The data used came from an online journal published nationally and internationally. Search research articles through Google Scholar, Pub Med, and Proquest, keywords used: spiritual cancer, spiritual *kanker*, cancer spirituality, cancer religion, cancer religiosity. The criteria for journals to be reviewed with inclusion criteria are described in Table 1.

Articles that match keywords are screened, then read abstracts and full-text articles. Articles that did not meet the inclusion criteria were excluded.

The analysis method uses journal content analysis. The results of the research that were reviewed were then grouped by theme, coding was carried out according to the category of spiritual/religious themes.

3. Results

The search results for articles with keywords spiritual cancer, spiritual *kanker*, spirituality cancer, religious cancer, religiosity cancer, found 2,727 article titles that match the keywords. Follow-up searches with keywords in the title according to spiritual/religious themes and found 460 matching articles. Articles that are not under the spiritual/religious theme as many as 2,267 were excluded.

460 suitable articles were screened to see if the article had a complete manuscript or not. There were 268 complete manuscript articles, and 192 articles were excluded because there were no complete manuscripts available. The assessment was carried out on 268 full-text articles. Research articles that were not selected were excluded as many as 230 articles because there were similarities in themes and did not meet the

TABLE 1: Inclusion Criteria

Criteria	Inclusion
Period	Journal publishing within 5 years (2013-2018)
Language	Indonesian and English
Subject	Cancer patient, family, or caregiver.
Type of journal	The original research article, full text available
Spiritual/religious theme	Coping through spirituality/religion, spirituality/religious practice, spirituality/religious belief, spirituality/religious transformation, and spirituality/religious community [5].

inclusion criteria. Obtained 38 full-text articles and then reviewed them. The flow of the selection of reviewed journals can be seen in Picture 1.

The most common spiritual/religious theme found in the journals reviewed was coping through spiritual/religious, while spiritual/religious practice was the least encountered spiritual/religious theme (Figure 2). Research articles are grouped according to spiritual/religious themes, then the content analysis is carried out, spiritual/religious characteristics and spiritual/religious manifestations are analyzed based on the results of research on the research articles reviewed. Characteristics of cancer patients from each aspect of spirituality/religiosity can be briefly seen in table 2.

Most cancer patients use spirituality/religion as a coping mechanism in dealing with cancer [8]. Cancer patients use spiritual/religious coping to make positive judgments and be optimistic, thereby increasing self-esteem [9].

Coping using spiritual/religious has a positive impact on cancer patients, including improving the quality of life [10][11], increasing well-being [12], emotional relaxation [13], reduce fatigue [14], improve communication and family roles [15], reduce the desire to die quickly [16], improve functional well-being [17], improves emotional well-being [18], reduces stress [19], and reduces the risk of suicide [20].

Spiritual/religious beliefs motivate patients to undergo treatment to recover [21]. Performing religious rituals and belief in God are used by patients to survive cancer [22]. Spiritual/religious community support and family support play a role in the care of cancer patients. Spiritual group therapy improves the quality of life and spiritual wellbeing in cancer patients [23]. Terminal cancer patients who are supported by the religious community are less likely to receive aggressive medical interventions near-death [24]. Family and community support play a role in spiritual well-being [25].

Spiritual/religious development can be experienced by cancer patients with the emergence of self-awareness, a new view of death, closeness to God, and patients tend to use spirituality to deal with their illness [26]. The process of spiritual/religious

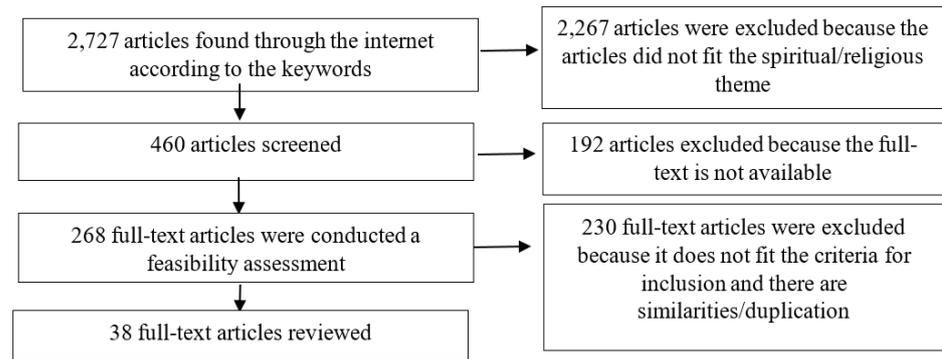


Figure 1: Article Review Flow.



Figure 2: Article Review Flow.

maturity in patients is different, spiritual well-being is still stable one to three months after being diagnosed with cancer [27].

Cancer patients pray more and have more positive religious attitudes than individuals without cancer [28]. The spiritual needs most needed by patients are religious, and praying and being prayed for by others is the most spiritual needs patients need [29]. Attendance at religious service places, praying together, and reading scriptures are forms of spiritual/religious rituals carried out by cancer patients [22]. Colorectal cancer patients who are Muslim who underwent a colostomy can experience changes in worship behavior and spiritual distress [30][31].

4. Discussion

According to [32] cancer patients have spiritual/religious coping by believing cancer pain as a sin reducer and a means of getting closer to God and considers illness as a rebuke and test from God. Spiritual/religious coping can be done by finding the meaning

TABLE 2: Spiritual/Religious Characteristics

No	Characteristics	Spiritual/Religious Manifestation
1	Spiritual/religious use as coping	Coping phase: symptom phase, diagnosis phase, treatment phase, life meaning phase Reduce depression Improve the quality of life Improve the well-being Increase energy level Improve the emotional relaxation Reduce fatigue Improve the emotional well-being Reduce desire to hasten death Positively related to family communication. Increased self-esteem and optimism Negative religious coping is associated with an increased risk of suicide
2	Belief in God as a source of strength	Increasing the strength of spiritual beliefs Spirituality is important for survivors in dealing with cancer Deeply connected to religion Cancer is accepted as God's will and test Transcendence Religion as a resource in dealing with cancer-related complaints Provides strength and motivation in undergoing treatment
3	The need for support from family and religious-spiritual community	Patients in the terminal phase with community support have better well-being. Caregiver spiritual experiences are related to patient support. Use of spiritual/religious resources and family and community support. The closest people play a role in providing spiritual motivation. Spiritual support and social support are significantly related to the quality of life. Spiritual group therapy improves the quality of life and spiritual well-being.
4	Process of spiritual/religious maturity	There was an increase in spiritual growth in patients with negative levels of religious coping. Cancer patients have a more positive religious attitude than non-cancer patients. Find the meaning of pain, suffering, and turn into a loving person. Spiritual well-being and quality of life remained stable between one to three months after diagnosis. Spiritual growth includes becoming oneself, a new outlook on death, closeness to God, and a return to spirituality. Experiences of transcendence include a change in self-awareness, less pain, less anxiety, a higher acceptance of pain and death, a new identity/spiritual awareness.
5	Changes in spiritual/religious rituals	Individual and group religious rituals. Changes in the implementation of worship rituals. Spiritual distress can arise. Requires education on how to worship after surgery, for example, post-colostomy patients. Increased prayer and need to be prayed for by others. Religious needs are the most felt needs by patients. Cancer patients pray more and have a more positive religious attitude than non-cancer patients.

of goodness from God's provisions, realizing that God has control beyond human power, always remembering God, and fostering good relationships with fellow humans [33].

According to [3] stated that spiritual/religion plays an important role in palliative treatment in cancer patients. The patient's belief in God creates sincerity and patience as a transcendental strength so that the patient does not easily grieve and despair in the face of cancer [32].

[34] states that spiritual support affects the quality of life of breast cancer patients after chemotherapy. Spiritual/religious communities have a positive impact on the development of spirituality, finding meaning in life, and a better social life [35].

Spiritual transformation can occur in patients who experience severe illness, accidents, trauma, causing changes in spirituality after suffering from an illness [36]. Research on Post Traumatic Growth in breast cancer survivors shows a transformation of a healthy way of life, social transformation of caring for others, and spiritual/religious transformation to become more grateful and increase in worship [37].

According to [38] asked to pray for the protection of the disease he suffered, protection to God, as a practice of worship, due to fear, complaints, and doubts. Spiritual/religious rituals strengthen belief and submission to God, making patients calmer so that it is easy to overcome their pain [39].

5. Conclusions and Suggestions

5.1. Conclusion

Spiritual/religious characteristics in cancer patients include the use of spiritual/religious as a coping mechanism, belief in God as a source of strength, the need for family support and spiritual/religious communities, cancer as a process of spiritual/religious maturity, and changes in spiritual/religious rituals. These spiritual/religious characteristics can be described in spiritual/religious manifestations that appear in patients with responses that may differ from one patient to another.

Suggestion

The contribution of the results of this review can be used by nurses as a reference when carrying out nursing care for cancer patients, especially in completing concepts and completing guidelines on spiritual/religious care for cancer patients.

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