



SPIRITUAL INTERVENTIONS TOWARDS IMPROVING PALLIATIVE CARE WELL-BEING OF BREAST CANCER PATIENTS: A SYSTEMATIC REVIEW

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Abstract

Breast cancer is a disease that is still a major problem in women's health. This disease causes significant physical, emotional and psychological impacts on sufferers. Palliative care does not only focus on physical treatment, but also includes psychosocial and spiritual aspects that affect the patient's overall well-being. In this context, spiritual interventions have been identified as an approach that can provide significant emotional and psychological support, help patients feel calmer, and better accept their condition. This research aims to synthesize studies on spiritual interventions to improve the well-being of palliative patients with breast cancer. The research method used was a systematic review through data bases, namely PubMed, ProQuest, and Google Scholar, for studies published between 2019 and 2024. Key words used included "palliativ", "spiritual" and "breast cancer". Based on the nine studies listed, the research results show that spiritual interventions, such as Spiritual Emotional Freedom Technique (SEFT), Spiritual Guided Imagery (SGI), prayer practices, and religion-based approaches, have a significant impact in reducing stress, anxiety, and depression, as well as improve the quality of life and spiritual well-being of patients. These findings emphasize the importance of integrating spiritual support in palliative care to help patients better face the challenges of illness.

Keywords: Palliative, Spiritual and Breast Cancer

Introduction

Breast cancer is the most common type of cancer diagnosed in women, accounting for more than one in ten new cancer diagnoses each year, and is the second leading cause of cancer deaths among women worldwide (Jahan et al., 2016). This disease can cause complex physical and psychological complications, where patients often experience stress that can reduce their productivity as well as quality of life. This decrease in quality of life occurs as a result of the physical pain suffered as well as the accompanying psychological impacts, such as anxiety, depression, and feelings of hopelessness.. (Amalia, I. N., & Listia, 2022)

In dealing with breast cancer, especially in the advanced stages, a holistic approach is needed. Palliative care and spiritual support play a very important role in improving the quality of life of patients, especially for those who are already in an advanced phase or when curative treatment is no longer able to provide hope for recovery. Palliative care, according to *National Hospice and Palliative Care Organization*,

is a medical approach designed for patients with serious diseases, including cancer. This treatment aims to manage symptoms and improve the patient's quality of life through a focus on comfort and support for the patient and his or her family, both physically, psychosocially, and spiritually.(Dr. Asep Achmad Hidayat, M.Ag., CEHS., Engkus Kusnadi, S.Kep., M.Kes., Zahara Farhan, S.Kep., Ners., 2023)

Palliative care itself not only aims to relieve pain and physical symptoms, but also to address psychological and emotional problems, which is especially relevant for patients with advanced breast cancer. The main focus of this treatment is to improve the patient's quality of life, by paying attention to pain management, mental care, and emotional and spiritual support. In addition, spiritual support often gives strength and hope to patients, gives meaning to their suffering, and helps them to face the challenges of illness with calmness and wisdom (WHO, n.d.)

Positive religious cooperating, such as seeking strength and guidance through a relationship with God, can play a significant role in improving the well-being of breast cancer patients. (Komariah et al., 2020) Research shows that lower spiritual interest can be associated with higher levels of demoralization, which in turn can lower the quality of life of breast cancer patients. Therefore, increased spiritual interest can serve as a protective factor that reduces the adverse effects of demoralization and improves the patient's overall quality of life.

According to (Retnaningsih, 2021) *National Comprehensive Cancer Network* Unpleasant emotional experiences in people with cancer can affect psychological aspects (such as cognition, emotions, and behaviors), social, and spiritual. Therefore, a holistic approach that combines palliative medical care with spiritual support can create a more comprehensive and effective treatment for breast cancer patients.

Based on this phenomenon, a systematic *review* of spiritual care on improving the welfare of breast cancer is needed to provide a strong conceptual basis for nurses and health workers in providing the best service regarding the role of spiritual care in improving the welfare of breast cancer patients. This aims to provide a strong foundation for health workers, especially nurses, in providing the best service, which focuses not only on physical treatment, but also on the psychological and spiritual aspects of patients.

The purpose of this study is to synthesize a new concept of spiritual care interventions that can improve the well-being of breast cancer patients. Thus, this study is expected to provide more comprehensive guidance in the treatment of breast cancer patients, which includes medical care, psychological support, and holistic spiritual mentoring.

Method

Study Design

This systematic review was conducted to assess the outcomes of spiritual interventions in breast cancer patients. This review follows the PRISMA (*Preferred Reporting Items for Systematic Reviews and Meta-Analyses*) guidelines to ensure a transparent and replicable methodology. The protocol for this review had been listed in a recognized systematic review database prior to the commencement of literature searches.

Search Strategy

A comprehensive literature search was conducted on various electronic databases, including *Google scholar*, *ProQuest* and *PubMed* to identify relevant studies published between January 2019 and June 2024. Search terms used include "*Palliative*," "*Spiritual*," and "*Breast cancer*" used to combine keywords, and the term *Medical Subject Headings* (MeSH) is applied where appropriate. The search was limited to studies

published in English and Indonesian to ensure consistency in language interpretation. In addition to database searches, manual searches of reference lists from relevant journals are performed to identify additional studies.

Inclusion and Exclusion Criteria

Inclusion Criteria:

1. Population: Adults (≥ 18 years old) with a diagnosis of breast cancer.
2. Interventions: Spiritual interventions that aim to improve the patient's quality of life, such as meditation, prayer, mindfulness exercises, spiritual therapy, or other spiritual support.
3. Comparisons: Studies that compared spiritual interventions with controls (e.g., groups receiving standard care or no intervention) or with other relevant interventions (e.g., psychological therapy, physical therapy).
4. Outcomes: Studies that report relevant outcomes related to patients, such as: Anxiety level, Depression level, Quality of life (e.g., through a valid scale such as WHOQOL or FACT-B), Spirituality level (e.g., using a scale such as Spiritual Well-Being Scale or others), Other physical or psychological health outcomes related to quality of life.
5. Study Design: Randomized controlled trials (RCTs), Cohort studies, Observational studies, Qualitative studies. The study was published in a peer-reviewed journal.

Exclusion Criteria:

1. No spiritual interventions were involved: Studies that did not use spiritual interventions as the primary intervention or that used only non-spiritual approaches (e.g., physical or pharmacological interventions without spiritual elements).
2. Publication Type: Review of articles, editorials, conference reports, conference abstracts, or research reports that are not published in peer-reviewed journals.
3. Non-breast cancer patient population: Research involving populations other than breast cancer patients, such as healthy people or patients with other types of cancer.

Data Extraction and Management

Data was extracted independently by two reviewers using a standard data extraction form. The extracted data included information about the characteristics of the study (authors, year, country, study design), population characteristics (sample size, demographic information), details of spiritual interventions, comparison groups, and reported outcomes. Differences between reviewers are resolved through discussion or consultation with a third reviewer.

Quality Assessment

The quality of the included studies is assessed using appropriate tools based on the design used by some of these studies is quite diverse, ranging from *Quasi experiment* to *cross-sectional*, descriptive, to qualitative. A clear design that is in line with the research objectives is a key factor in assessing quality. Bias risk tools used for *Spiritual emotional freedom technique* (SEFT) can be applied to studies *Quasy eksperimental* (Nasution et al., 2020), *Spiritual Guided Imagery* (SGI) can be applied to the study of Hermeneutics approaches (Sulistyarini et al., 2022), Fulfillment of spiritual needs (prayer) can be applied to study *FACIT – Sp* (Sari et al., 2024), Spiritual and spiritual well-being (SWB) can be applied to the study of *Stratified purposive sampling* (Phenwan et al., 2019), the Nurse Spiritual Therapy Scale (NSTS) Spiritual

Therapy Scale (NSTS) and the Nurse Spiritual Therapy Attribute Scale (K-NSTAs) questionnaire can be used in the study design *Cross-sectional*.

Data Synthesis and Analysis

Due to the heterogeneity of the included studies in terms of interventions, populations, and outcomes, narrative synthesis is carried out. The findings of the included studies are summarized and presented in the form of tables, and the main themes are identified and discussed. Where possible, meta-analyses were performed using a random effects model to calculate a combined estimate of the effect size for the outcomes reported in some studies. The results of the meta-analysis are presented as *forest plots* and heterogeneity is assessed using statistics.

Result

The search identified 2,606 records, 25 of which were filtered after deduplication. After the screening process, 15 reports were sought for retrieval, but 10 were not retrieved. After a thorough feasibility assessment, 9 reports were evaluated, and 6 were excluded based on pre-established criteria. The final qualitative synthesis included 9 studies, which provided a spiritual intervention tailored to breast cancer patients.

Table 1 Database Search

Date Search	Database	The year Searched	Studies that Found	Total
16-10-2024	Proquest	2019-2024	1.770	2.606
16-10-2024	Pubmed	2019-2024	43	
16-10-2024	Google Scholar	2019-2024	793	

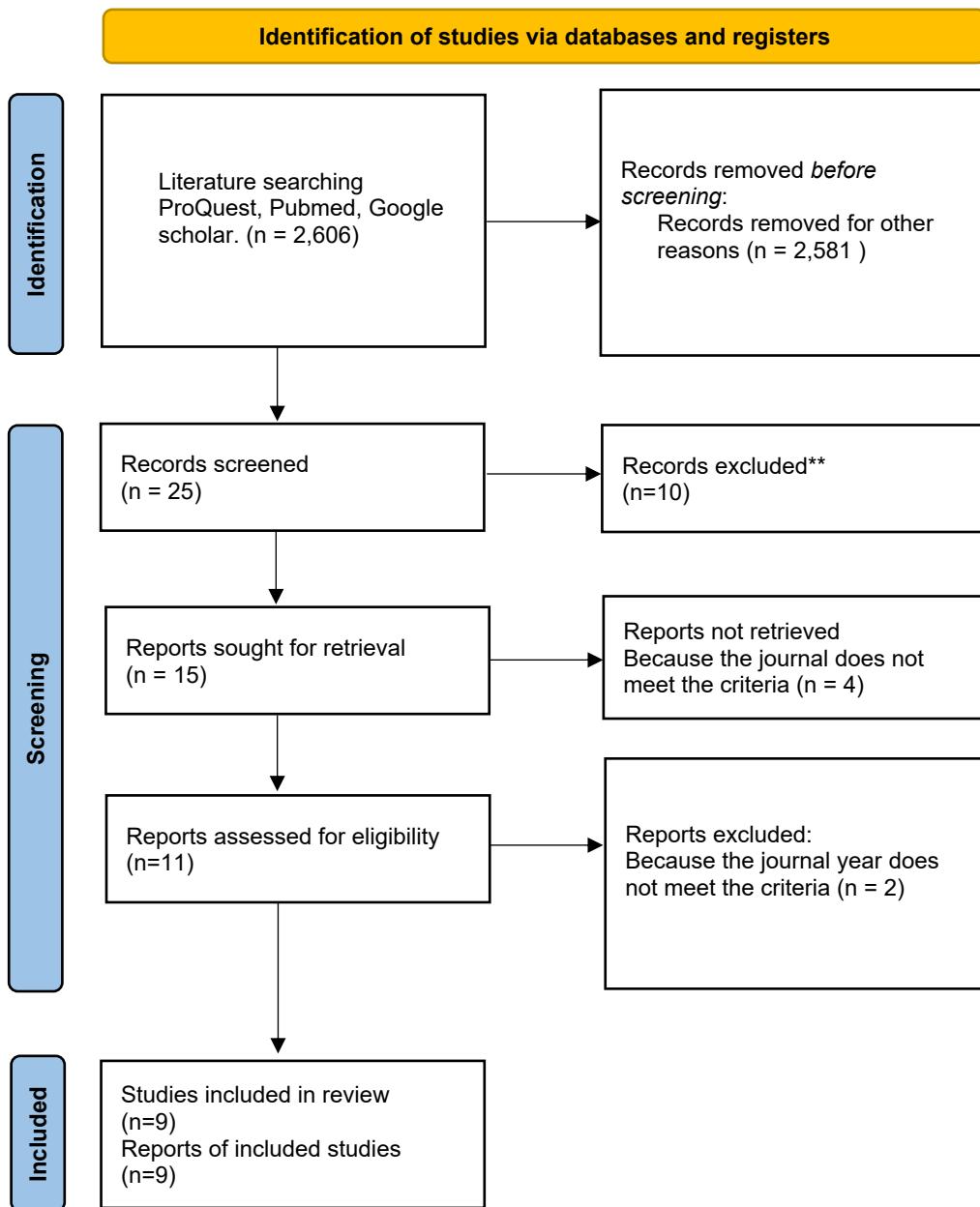


Figure 1. Flow Diagram of the Selection Process Results of the PRISMA Model Study

The comprehensive table now includes additional studies, which provide a stronger picture of research on spiritual interventions in breast cancer patients and outcomes on patients' quality of life. This table summarizes the authors, titles, methods, populations, interventions, comparisons, outcomes, and duration of studies across all included studies.

Table 1. Summary of included studies

NO	WRITER	COUNTRY	HEADING	DESIGN STUDIOS	POPULATION	INTERVE NTION	SIZE	RESULT	TIME
1.	(Nasution et al., 2020)	Indonesia	THE INFLUENCE OF SPIRITUAL EMOTIONAL FREEDOM TECHNIQUE THERAPY ON THE STRESS LEVEL OF BREAST CANCER PATIENTS	<i>Experimental</i> <i>l quasy with</i> <i>non-</i> <i>equivalent</i> <i>control</i> <i>classification</i> <i>n</i>	24 people, consisting of 12 people in the intervention group and 12 people in the control group.	Terapi spiritual intervention technique (SEFT).	Stress levels	Spiritual emotional freedom technique (SEFT) can be used as management to lower stress levels and help to improve quality of life of breast cancer patients. Result analysis shows that the p-value is 0.000 < 0.05 which means that there is an influence of SEFT on stress levels in breast cancer patients.	For 3 days, with 1 treatment per day
2.	(Sulistyarini et al., 2022)	Indonesia	IMPLEMENTATION OF SPIRITUAL GUIDED IMAGERY (SGI) INTERVENTION ON ON ANXIETY IN BREAST CANCER PATIENTS UNDERGOING CHEMOTHERAPY: CASE STUDIES AND LITERATURE STUDIES	Hermeneuti c approach guided by work bibliography and writing framework	2 breast cancer patients	<i>Spiritual Guided Imagery</i> (SGI).	Anxiety levels	The evaluation of the SGI Nursing intervention showed that there was change in the scale of anxiety from moderate to mild.	3 days, with a time of 20-30 minutes
3.	(Sari et al., 2024)	Indonesia	APPLICATION OF FULFILLMENT OF SPIRITUAL NEEDS (SALAT) TO THE SPIRITUAL STATUS OF PALLIATIF CAREDI PATIENTS	<i>FACIT - Sp</i>	2 breast cancer patients	Fulfillment of spiritual needs (prayer).	Spiritual level	The application of fulfilling spiritual needs (prayer) able to improve the spiritual status of patients.	3 Days

4.	(Phenwan et al., 2019)	Indonesia	<i>The Meaning of Spirituality and Spiritual Well-Being among Thai Breast Cancer Patients: A Qualitative Study</i>	Stratified purposive sampling	16 breast cancer patients	Spiritual meaning and spiritual well-being (SWB)	1. Individual level 2. Community level 3. Transcendental level	Of the participants, 12 reported feeling very "satisfied" with their lives, while 4 participants described their current situation as "pretty good."	16	October 2016 to February 2018
5.	(Dewi et al., 2024)	Indonesia	<i>Determinants of Spiritual Well-Being That Impact Breast Cancer Patients' Quality of Life</i>	Cross-sectional	112 breast cancer patients	Development and validation of quality of life questionnaire and emphasis on the significant impact of spiritual well-being on cancer management.	1. Spiritual level 2. The level of meaning and peace	There is a significant relationship between well-being spiritual and quality of life of breast cancer patients, with The most influential spiritual dimension is meaning and peace.	a	April - June 2021
6.	(Wang et al., 2024)	China	<i>Spiritual care needs and their attributes among Chinese inpatients with advanced breast cancer based on the Kano model: a descriptive cross-sectional study</i>	Cross-sectional.	357 breast cancer patients	Data on the questionnaire, Demographic characteristics, Nurse Spiritual Therapy Scale (NSTS), and Nurse Spiritual Therapy Attribute Scale (K-NSTAs)	1. The level of spiritual need 2. Spiritual characteristics, Nurse nursing attribute level	The findings of the study suggest that patients with advanced breast cancer have a moderate need for spiritual care, which needs to be further improved. In addition, items in the dimensions of "creating a good atmosphere" and "sharing self-perception" are mainly must-have and one-dimensional attributes, while items in the dimension "sharing self-perception" and "helping to think"	October 2022 to May 2023.	

							are mainly attractive attributes.
7.	(Chang et al., 2022) Taiwan	<i>Demoralization cross- and Its sectional Association with Quality of Life, Sleep Quality, Spiritual Interests, and Suicide Risk in Breast Cancer, Inpatients: A Cross-Sectional Study.</i>	121 breast cancer patients	High and low demoralization based on score DS-MV limits, and Demoralize the relationship between quality of life and spiritual interest.	1. Quality of life level 2. Sleep DS-MV quality 3. Demoralize Spiritual interest	In this study, highly demoralized breast cancer patients with depression had the worst quality of life and sleep quality. Breast cancer patients with Demoralizers had higher suicidal ideation (2.94–5.88%), although the difference was not significant. In participants with high demoralization and depression, suicidal ideation increased to 6.67–20.00%. In the future, demoralization and its causal or bidirectional relationship with quality of life, quality of sleep, and spiritual interest must be established.	August – December 2019
8.	(Komariah et al., 2020) Thailand	<i>Impact of Islam-Based Caring Intervention on Spiritual Well-Being in Muslim Women with Breast Cancer Undergoing Chemotherapy</i>	120 breast cancer patients	Islamic-based treatment intervention on the spiritual well-being of Muslim women with cancer.	The level of solemnity of the prayer	The results showed a significant impact of the Islamic-based care intervention on the participants' level of spiritual well-being. In addition, the mean score varied between the intervention group and the control group over time. Based on reflection, participants stated that they felt peace of mind, closer to God, enthusiasm for	February and July 2018

9.	(Leão et al., Brazil 2021)	<i>The Importance of Spirituality for Women Facing Breast Cancer Diagnosis: A Qualitative Study</i>	Qualitative research with existential phenomenology	40 breast cancer patients	Individual perceptual experience understanding intervention programs can be carried out by conducting phenomenological interviews. In qualitative data analysis, we sought to identify patterns of common experiences shared by participants using research	1. Makna spiritual 2. Welfare in a program relations with God 3. Welfare in the fellowship. In p of diverse people analysis, we sought to identify patterns of common experiences shared by participants using research	1. Makna spiritual 2. Welfare in a program relations with God 3. Welfare in the fellowship. In p of diverse people analysis, we sought to identify patterns of common experiences shared by participants using research	The various themes expressed in this study show a broad spectrum of meanings that make up spirituality; For certain patients, the spiritual dimension presents itself not only as a new purpose in life but also as a way to find it; for others, it is intrinsically related to the context of religion. In this case, trust in God is revealed as a source of hope, resignation, adoration, and gratitude for life.	August 2018-February 2019
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Key findings

This systematic review synthesized evidence from nine studies examining Spiritual therapy on improving quality of life in breast cancer patients. The included studies included a variety of research designs, including observational studies, qualitative studies, and *experimental Quasy* studies that each provided insight into the effectiveness of spiritual interventions on improving quality of life in breast cancer patients.

Quality Results

The results of spiritual research show results to improve the quality of care in breast cancer patients with several interventions. For example (Nasution et al., 2020) After being given SEFT in the intervention group, the average stress level was at normal stress, which was 8 people (83.3%) with a p-value of 0.000. Respondents revealed that after being given SEFT, they felt more relaxed and relieved so that they felt comfortable, The results of the analysis showed that the p-value was $0.000 < 0.05$ which means that there was an effect of SEFT on stress levels in breast cancer patients.

Similarly (Sulistyarini et al., 2022) The evaluation of the Spiritual Guided Imagery (SGI) Nursing intervention showed that there was a change in the anxiety scale from moderate to mild, proven to reduce

the anxiety of patients undergoing chemotherapy, while the practice of prayer was able to increase the level of spirituality of patients through an approach adapted to their physical limitations.

(Phenwan et al., 2019) found that the spiritual well-being of breast cancer patients was greatly influenced by social relationships and family support. Patients who have strong family support and good social relationships show higher levels of spiritual well-being. This contributes to their ability to cope with the challenges posed by the disease.

Research by (Chang et al., 2022) suggests that higher spiritual interest serves as a protective factor for breast cancer patients. Patients who have low spiritual interest tend to experience higher demoralization, which negatively impacts their quality of life. Increased spiritual interest can help reduce the adverse effects of demoralization and improve overall patient well-being.

According to (Dewi et al., 2024) High spiritual well-being, particularly in the dimension of meaning of life and peace, has a significant impact on the quality of life of breast cancer patients. This study shows that patients who feel a sense of meaning in life and experience inner peace are better able to face the challenges of their illness. This suggests that care that supports this spiritual aspect is important for improving the patient's quality of life.

Research by (Sari et al., 2024) It also shows the importance of flexibility in spiritual care practices. Patients with physical limitations due to cancer treatment need to be given the opportunity to undergo spiritual practice to the best of their ability. Flexibility in carrying out worship, such as in the practice of prayer, allows patients to still feel connected to their beliefs even in limited physical conditions.

Research results by (Leão et al., 2021) shows that nurses' involvement in providing spiritual support has a positive impact on patient well-being. Nurses who are actively involved in providing spiritual support help patients feel more accepted and understood, which can improve their quality of life. It emphasizes the importance of training for healthcare workers to be able to integrate spiritual support in their care.

Patient Outcomes

Spiritual interventions are associated with significant improvements in patient well-being, especially in terms of spirituality, quality of life, and anxiety reduction. (Nasution et al., 2020) found that the spiritual therapy Emotional Freedom Technique (SEFT) significantly lowered the stress levels of breast cancer patients and helped improve their quality of life ($p < 0.05$). Moreover (Sulistyarini et al., 2022) found that the application of spiritual direction images (SGI) lowered patients' anxiety from moderate to mild after the three-day intervention ($P < 0.05$). (Sari et al., 2024) found that despite the physical limitations of patients, the fulfillment of spiritual needs through the practice of prayer increased their spirituality ($P < 0.05$). In this study, flexibility in performing worship as a way to maintain spiritual connections is very important.

(Komariah et al., 2020) found that Islamic methods help Muslim patients with breast cancer in terms of spiritual well-being, helping them find meaning in life and reducing anxiety ($p < 0.05$). These results reflect the importance of integrating religious values in palliative care. (Phenwan et al., 2019) reported that patients' spiritual well-being, which includes the dimensions of meaning of life, peace, and family relationships, contributed to a better quality of life ($p < 0.05$). Patients with good social and spiritual relationships show higher abilities in dealing with the challenges of the disease. (Chang et al., 2022) found that lower spiritual interest was associated with higher levels of demoralization, which negatively impacted the quality of life of breast cancer patients. Increased spiritual interest can be a significant protective factor ($p < 0.05$), helping patients cope with the psychological impact of the disease.

The qualitative study explored the spiritual experiences of women facing breast cancer, focusing on how spirituality can provide meaning and emotional support during the diagnosis and treatment process.

highlighting that spirituality not only gives new meaning to the patient's life but also serves as a source of hope, calmness, and gratitude. This shows the holistic benefit of spiritual interventions in supporting breast cancer patients during palliative care. (Leão et al., 2021) These findings underscore the importance of integrating spiritual support in the care of breast cancer patients to improve overall quality of life and well-being.

Bias Risk Assessment

The risk of bias in studies included in this systematic review usually ranges from low to moderate. Quasi-experimental studies, such as SEFT therapy by(Nasution et al., 2020) successfully, even if they do not perform full randomization, which allows for selection bias. Qualitative studies, such as those conducted by (Leão et al., 2021) using a rigorous methodology to ensure the validity of the data, so that the risk of bias is low.

A systematic hermeneutics approach is also used for SGI interventions by (Sulistyarini et al., 2022) Although the results may be affected by the small number of samples, which can increase the sample bias. As shown by (Chang et al., 2022) Cross-sectional research provides acceptable results on the relationship between demoralization and patient quality of life although the ability to determine causal relationships is still limited.

Overall, most studies effectively minimize bias by using rigorous methodologies, such as the use of validated measurement tools. However, constraints such as incomplete randomization and smaller sample sizes remain issues that must be considered when generalizing research results.

Discussion

Interpretation of findings

The results of this systematic review highlight the significant potential of spiritual interventions to improve nursing services and patient well-being in the context of breast cancer palliative care. In the included studies, spiritual interventions have consistently shown effectiveness in improving clinical outcomes, such as reducing stress and anxiety, improving quality of life, and supporting patients' mental health.

This increase may be due to the ability of psychic interventions to continuously monitor the psychological and spiritual status of patients, facilitate timely interventions, and improve communication between patients and healthcare providers. The evaluation also showed a positive impact on patient satisfaction and quality of life. Patients who receive spiritual support, such as SEFT therapy or prayer practices, report higher levels of treatment satisfaction due to the ease of implementing spiritual practices tailored to their needs. This often reduces anxiety, increases feelings of calm, and provides a stronger sense of security. These findings are crucial in the management of chronic diseases such as breast cancer, where patient involvement and emotional support are critical to achieving long-term outcomes.

From a nursing perspective, spiritual interventions are proven to reduce emotional workload by providing a systematic approach to support patient well-being. For example, the SGI approach and spiritual needs fulfillment allow nurses to focus more on the complex care needs of patients, including psychosocial and spiritual aspects, while improving overall care coordination. In addition, positive feedback from nurses regarding the effectiveness of spiritual interventions suggests that this approach increases job satisfaction, as it helps nurses provide more meaningful, efficient, and holistic care.

Challenges and Obstacles

Although the results are promising, some challenges and barriers to improving well-being of palliative care in breast cancer patients have been widely identified. Problems of population heterogeneity and research methodology such as difficulty in comparing results and drawing conclusions, complexity of implementing spiritual interventions such as meditation or religious practices require special adaptation to patients with physical limitations such as those undergoing chemotherapy, lack of communication about spiritual aspects so that the support provided is not optimal

This challenge also poses significant hurdles. The limitation of the research sample most studies only involved a small number of participants, limiting the ability to generalize the results of the study in a larger population. In addition, differences in cultural and spiritual contexts and differences in patient beliefs make it difficult to implement integrated interventions.

Implications For Practice and Policy

The findings of this review have important implications for clinical practice and health policy. The integration of spiritual nursing in health services considering the importance of emotional support as part of a comprehensive approach includes psychological, emotional, spiritual approaches to improve the quality of life of patients.

From a policy perspective, training and education of health workers are needed to address the spiritual needs of patients and collaboration with religious communities to provide spiritual support in accordance with patients' beliefs.

Recommendations for Further Research

This research provides a solid basis for further studies that combine a spiritual approach in the care of cancer patients, with the potential to improve patients' quality of life. And more studies with larger samples and more robust designs (e.g., longitudinal studies) are needed to confirm these findings and assess the long-term effects of spiritual interventions.

Limitations of Reviews

Although the findings of this review show significant benefits of spiritual intervention, there are some limitations that need to be noted. One of them is the diversity of research designs used, ranging from observational, qualitative, to quasi-experimental studies, which makes comparing results between studies difficult. These differences can affect the ability to draw more general conclusions. In addition, many studies used small samples, which limited the possibility of generalizing results in a wider population. This has the potential to increase bias in research results, especially in qualitative and quasi-experimental studies. Some studies also did not apply full randomization, which could lead to selection bias. Therefore, more studies with more rigorous designs, such as longitudinal studies, are needed to evaluate the long-term effects of these spiritual interventions. Interventions such as meditation or prayer practices also require special adjustments for patients with physical limitations, such as those undergoing chemotherapy. Difficulties in the implementation of these interventions can affect their effectiveness and patient acceptance rates. Finally, differences in the culture and beliefs of patients are also a challenge in the implementation of spiritual interventions. In order for the intervention to be well tolerated, it is essential to tailor its approach to the cultural background and spiritual beliefs of each patient. These limitations suggest that while there is evidence to support the benefits of spiritual interventions, more research with stronger designs and larger samples is needed to strengthen these findings.

Conclusion

The results of the nine studies reviewed showed that spiritual interventions had a great influence in improving the well-being of breast cancer patients. This approach can be applied in palliative care to support the patient's overall psychological and spiritual aspects. Interventions such as the Spiritual Emotional Freedom Technique (SEFT), Spiritual Guided Imagery (SGI), fulfillment of spiritual needs (prayer), and faith-based approaches showed positive results on the psychological and emotional state of patients. This study emphasizes the importance of integrating spiritual support in palliative care as a holistic approach. The results of the study showed the positive impact of spiritual interventions on aspects such as stress, anxiety, quality of life, and spiritual well-being of breast cancer patients. It provides empirical evidence of the importance of spiritual support in the care of cancer patients.

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