

# The Power of Spiritual Well-Being in Relation to Illness Acceptance among Women with Cancer in Aceh Province

Sri Maulida<sup>1</sup>, Hilman Syarif<sup>2</sup>, Cut Husna<sup>3</sup>

<sup>1</sup>Master Program Nursing Science Student, Faculty of Nursing, Universitas Syiah Kuala, Banda Aceh, Indonesia, <sup>2,3</sup>Surgical Medical Nursing Department, Faculty of Nursing, Universitas Syiah Kuala, Banda Aceh, Indonesia.

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## Abstract

**Objective:** Cancer in women is one of the most significant global health issues, with incidence and mortality rates continuing to rise each year according to World Health Organization. Modern healthcare generally follows a biomedical model that focuses more on physical care and psychological interventions, often neglecting the spiritual dimension. This pose a question of does spiritual well-being influences how patients interpret their life experiences while facing cancer, as well as in finding peace and hope during treatment? Although there is evidence that spirituality plays an important role in improving well-being and helping to cope with chronic conditions, the gap in acceptance of illness remains. Thus, the aim of this study is to identify the relationship between spiritual well-being and disease acceptance in women with cancer.

**Material and Method:** The design of this study is a cross-sectional study with a sampling technique using total sampling. Data were collected via selfreport questionnaires self-report technique through data collection tools consisting of demographic data and questionnaires, (SWBS) *Spiritual Well Being scale*, (AIS) *Acceptance of Illness*, involving 131 female cancer survivors with the following inclusion criteria: patients aged  $\geq 18$  years, patients with compos mentis consciousness and in stable condition, female cancer survivors (ovarian, breast, cervical), patients diagnosed with cancer  $\leq 6$  months ago who underwent chemotherapy cycles 1-II. Exclusion criteria were: patients with mental disorders, patients with impaired consciousness, and patients with physical and psychological impairments that prevented them from participating in this study.

**Results:** The results showed a significant relationship between spiritual well-being and acceptance of illness in female cancer patients undergoing treatment (p-value 0.000). Respondents in cycles 1-II who had high spiritual well-being with an OR of 9.524 were 9 times more likely to accept their illness.

**Conclusion:** This study confirms that spiritual well-being plays an important role in improving patients' illness acceptance of cancer. Thus, it is recommended that collaborative programs be developed between hospitals and clergy, and that nurses provide education through a spiritual well-being support approach. The implementation

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**Corresponding Author:** Hilman Syarif, Surgical Medical Department, Faculty of Nursing, Universitas Syiah Kuala, Banda Aceh, Indonesia.

**E-mail:** hilmansyarif@usk.ac.id

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of this program is expected to improve the quality of life and treatment outcomes of cancer patients.

**Keywords:** *Gynecologic cancer, breast cancer, Spirituality, Chemotherapy, Acceptance of Illness*

## Introduction

Cancer in women is one of the most significant global health issues, with incidence and mortality rates rising each year based on the World Health Organization (WHO),<sup>2</sup>. It is a disease that attacks the body's cells, causing them to mutate and change function, resulting in uncontrolled growth and proliferation of abnormal cells<sup>1</sup>. In 2020, there were more than 2.1 million cases of cancer in women, with estimates that women account for 49.5% of all cancer cases in the global population.<sup>2</sup> Better cancer registration, and cancer detection. The number of risk factors of BC is significant and includes both the modifiable factors and non-modifiable factors. Currently, about 80% of patients with BC are individuals aged >50. Survival depends on both stage and molecular subtype. Invasive BCs comprise wide spectrum tumors that show a variation concerning their clinical presentation, behavior, and morphology. Based on mRNA gene expression levels, BC can be divided into molecular subtypes (Luminal A, Luminal B, HER2-enriched, and basal-like). Throughout 2020, the five most common types of cancer affecting women in 2020 were breast cancer (25.8%), colorectal cancer (9.9%), lung cancer (8.8%), cervical cancer (6.9%), and thyroid cancer (5.1%).<sup>3</sup>

Cancer in women not only affects their physical condition, but also their psychological well-being.<sup>5</sup> One of the most common problems is reproductive dysfunction and changes in the role of women, which can affect intimacy, sexual relations within marriage, and a decrease in sexual desire. This ultimately has an emotional impact, both on oneself and on one's partner.<sup>4</sup> Cancer treatment generally involves chemotherapy, surgery, radiotherapy, or hormone therapy.<sup>5</sup> Although intended to cure or control disease, cancer treatment also causes various side effects. Some common physical side effects include mucositis<sup>6</sup> and fatigue.<sup>7</sup> This condition has the potential to reduce the patient's quality of life and affect their behavior and level of acceptance of the disease they are experiencing, starting from the moment of diagnosis, during the treatment process, to the final stage of life. This is why acceptance of the

disease is a very serious issue, which will affect all aspects of physical, mental, emotional, social, and spiritual well-being.<sup>8</sup> Acceptance of the disease is an important aspect that must be considered in the care of cancer patients, as it plays a role in determining the success of psychosocial adaptation and the quality of life of patients.<sup>9</sup> Low acceptance levels can worsen patients' physical, mental, emotional, social, and spiritual conditions. In this context, spiritual well-being plays a very important role.<sup>10</sup> Spiritual well-being is a source of strength and a coping strategy that helps cancer survivors adapt to the disease they are facing.<sup>11</sup> This poses a question: Does spiritual well-being influence how patients interpret their life experiences while facing cancer, as well as in finding peace and hope during treatment?<sup>14</sup> There is a low level of integration of spirituality into the healthcare system. Modern healthcare generally follows a biomedical model that focuses more on physical care and psychological interventions, often neglecting the spiritual dimension. Although evidence shows that spirituality plays an important role in improving well-being and helping to cope with chronic conditions, the gap in illness acceptance remains. Therefore, the aim of this study is to identify the relationship between spiritual well-being and disease acceptance in women with cancer. The significance of this study is to help in the health care system understanding how spirituality can help patients accept their illness. By understanding the relationship between spirituality and illness acceptance, as well as the impact of spiritual well-being interventions on the quality of life of cancer patients, we can address this gap and improve more holistic care. This study is categorized into five (5) sections which includes: section one is the introduction, section two is the materials and Methods used, section three is the results and discussion, section four is the conclusion and section five is the research limitation of this study.

## Materials and Methods

### Research design and setting:

This study employed a cross-sectional study design. This approach was conducted at the same period of time where the independent variable data and dependent variable data were collected

simultaneously to see the relationship between the two variables at the Aceh Regional General Hospital. This study was conducted after completing the ethical review process, which was approved by the Ethics Committee with approval number 304/ETIK-RSUDZA/2024. All respondents provided written consent to participate in this study.

### Population and sample:

All female cancer patients undergoing chemotherapy at the provincial hospital in Aceh, Indonesia. Based on the sampling technique used in this study, total sampling was employed, meaning all female cancer patients undergoing chemotherapy cycles I-II were included. Over the three-month study period, 131 samples were successfully collected. This sample size is considered sufficiently representative as the respondents were directly drawn from the target population of female cancer patients. This sample size allows for stronger and more accurate data analysis, thereby enhancing confidence in the study results. This sampling method was chosen due to time constraints for educational purposes.

Inclusion criteria: patients aged  $\geq 18$  years, patients with compos mentis consciousness and stable condition, female cancer survivors (ovarian, breast, cervical), patients with a cancer diagnosis  $\leq 6$  months undergoing chemotherapy cycles 1-II. Exclusion criteria were: patients with mental disorders, patients with impaired consciousness, patients with physical and psychological disorders that prevented them

from participating in the study.

### Procedure of study:

The researchers prepared the enumerators carefully through briefing sessions using questionnaires. The study was conducted at the Oncology Center. Two health students assisted in the research process. The study was conducted using self-reports through data collection tools consisting of demographic data and questionnaires. (SWBS) *Spiritual Well Being scale*.<sup>16</sup>The instrument used to assess the patient admission stage is *Acceptance Of Illness Scale* (AIS).<sup>17</sup>The research was conducted from December 20, 2024 to February 21, 2025.

### Results

Based on research conducted on female cancer survivors, the results of the respondents are presented in Table 1. A total of 131 respondents were studied, with the majority falling into the adult age category of 19–44 years (63 respondents, 48.1%). The majority had completed high school (46 respondents, 35.1%). The majority of female cancer survivors were farmers/laborers (41 respondents, 31.3%). the majority of marital status was Married, with 71 respondents (54.2%), the majority of income was (<Rp 3,700,000), with 95 respondents (72.5%), the chemotherapy cycle was dominated by respondents undergoing Cycle II therapy, with 76 patients (42%), and the majority of patients lived with their families, with 94 patients (71.8%). As shown in Table 1.

**Table 1: Distribution of Sociodemographic in Cancer Patients (n = 131)**

No	Respondent Demographics	Frequency	Percentage (%)
1	Age		
	Adult(19- 44 year)	63	48.1
	Pre-elderly (45- 59 year)	53	40.5
	Elderly ( $\geq 60$ year)	15	11.5
2	Latest education		
	Elementary school	23	17.6
	Junior high school	34	26
	High school	46	35.1
	Higher Education	28	21.4

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3	Occupation		
	Civil Servant	17	13
	Farmers/Laborers	41	31.3
	Private Employee	37	28.2
	Self-employment	16	12,2
	Housewife	6	4.6
4	Unemployed	14	10.7
	Marital Status		
	Unmarried	26	19.8
	Married	71	54.2
	Life/death divorce	34	26
5	Income/monthly		
	< Rp 3.414.666 = < USD 240	95	72.5
	≥ Rp 3.414.666 ≥ USD 240	36	27.5
6	Chemotherapy Cycle		
	I	55	42
	II	76	58
7	Currently living with		
	Family	94	71.8
	Child	24	18.3
	Alone	13	9.9

**Table 2: Distribution of Spiritual Well-Being of women with cancer (n = 131)**

No	Spiritual	Frequency	Percentage
1	Moderate	60	45.8
2	High	71	54.2

Table 2 shows that the spirituality level of female cancer patients was in the high category with 71 respondents (54.2%). Most female cancer patients have a high spiritual frequency, which means they have a strong connection with their spiritual beliefs and practices. This finding implies that health

workers, especially nurses, should consider the spiritual needs of their patients, as spirituality can play a significant role in dealing with cancer.

**Table 3 Distribution of Acceptance of Cancer in Women(n = 131)**

No	Acceptance of illness	Frequency	Percentage
1	Low & Moderate	45	34.4
2	High	86	65.6

Table 3 shows that the level of acceptance of the disease of female cancer patients is in the high category, as many as 86 respondents (65.6%).

**Table 4: Spiritual connection with acceptance of cancer in female (n = 131)**

Acceptance of illness							
Spiritual	High		Moderate & Low		Total		
	n	%	n	%	n	%	p-value
Moderate	25	29.1	35	77.8	60	45.8	0.000
High	61	70.9	10	22.2	71	54.2	

Table 4.11 shows that out of 71 people with high spirituality, 61 people (70.9%) had high disease acceptance in female cancers undergoing treatment. Conversely, out of 60 people with low spirituality, 35 people (77.8%) had low acceptance of illness. There is a significant relationship between Spiritual Well-Being and acceptance of illness (p-value 0.000).

### Discussion

The results show a significant relationship is a significant relationship between spiritual well-being and acceptance of female cancer at the RSUD in Aceh Province, Indonesia, spiritual well-being p-value = 0.000 with OR = 9.524, it can be concluded that good spiritual well being will increase acceptance of disease 9 times higher than poor spiritual well being. Spirituality is an important source of strength and coping for cancer patients to adapt to their illness. Spiritual well being has a positive effect on the hope of women with cancer.<sup>18</sup>New findings in this study such as older women tend to have higher levels of illness acceptance, which may be related to their life experiences and spiritual outlook.

Religion is a fundamental aspect of human life that plays a significant role in shaping the way individuals perceive reality, including in dealing with health conditions and illness. In the field of nursing, religion is understood not just as a belief system, but as a determinant factor that influences individuals' perceptions, behaviors, and psychological and social responses to illness.<sup>19</sup>Aceh Province, which is known to have a majority Muslim population, religious values are clearly integrated in the social and cultural life of the community. In the context of cancer patients, engagement in spiritual activities becomes an important part of coping strategies, reflected through active participation in various religious rituals, such as prayer and other personal worship. Especially for Muslim patients, these spiritual practices are generally realized through the

contemplation of Qur'anic verses and dhikr using tasbeeh as an effort to get closer to God and gain inner peace during the treatment process.<sup>20</sup>

This research is supported byIke & Rahadian S (2024), that there is a significant relationship among women with cancer who have received chemotherapy, spiritual well being accounts for 22% of the variance in psychological acceptance ( $R^2 = 0.22$ ,  $p < 0.05$ ), so it can be concluded that the level of spirituality of women can have a positive effect on acceptance of the disease and psychological. Spirituality involves all of an individual's internal resources, including religion, the will to live, and believing everything that happens is a trial from God.<sup>21</sup>Spiritual Well-Being dapat melindungi pikiran terhadap bunuh diri, putus asa, keinginan untuk tidak melakukan pengobatan pada penyintas kanker.<sup>16</sup>Research from Dabo (2021)reported that, spiritual well being is a significant predictor of quality of life and acceptance, Spirituality can make individuals accept the disease they experience, feel close to God and do not blame God but consider the pain as a gift from God.Besides, social support from family can provide motivation to undergo treatment.<sup>22</sup>

Study results found byYıldırım Üşenmez et al., (2023) mSupporting the results of this study, that there is a significant relationship among women with female cancer in Turkey who have received chemotherapy, spirituality accounts for 22% of the variance in illness acceptance ( $R^2 = 0.22$ ), So it can be concluded that the level of spirituality of women can have a positive effect on illness acceptance. Spirituality involves all of an individual's internal resources, including religion, will to live, and commitment to life. Dimensional support, spiritual well being can strengthen an individual's ability to deal with negative situations, such as cancer.<sup>23</sup>

Another study conducted among men found that spiritual well-being, especially the meaning/

peace aspect, had a strong relationship with depression levels in men with prostate cancer. More specifically, men who felt they had meaning in life and inner peace tended to experience lower levels of depression. These spiritual aspects served as mediators between religiosity and depression, suggesting that the presence of meaning and peace is more important in reducing psychological stress than religious activity alone.<sup>24</sup>The findings are in line with research from Krupski *et al.*, (2006) that men who have higher levels of spirituality tend to show better adaptation to their disease condition. They experienced less psychosocial distress, such as lower levels of anxiety and better emotional well-being, and faced fewer sexual function problems and urinary disorders. This suggests that spirituality may serve as a coping mechanism that helps men accept and adjust to the diagnosis and accelerate the healing process psychologically and physically.<sup>25</sup>

### Conclusion

This study findings reveal that spiritual well-being factors were associated with higher levels of acceptance of illness in female cancer survivors undergoing treatment. This suggests that spiritual support is crucial for patients in coping with the uncertainty and stress of a cancer diagnosis. Nurses need to integrate aspects of spiritual well-being in care, creating a supportive environment where patients feel comfortable sharing their feelings. Training in spiritual communication and empathy is necessary. In addition, nurses should refer patients to spiritual support resources, such as counselors or religious leaders, to strengthen spiritual well-being. With this approach, patients will be better able to accept their condition and find meaning in the healing process.

### Limitations of the Study

This study has limitations in assessing causal relationships due to the design used. In addition, other factors of social conditions such as cancer-related stigma may influence the way participants share their experiences, leading to potential bias in reporting. Participants may feel pressured to hide their negative feelings or vulnerability, which may lead to inaccurate self-presentation of spiritual well-being. Cultural and economic factors have not been considered in this study, and the absence of long-term

data limits understanding of changes in acceptance of illness over time.

### Recommendation

Further research is recommended using a more comprehensive design and a wider range of methods to obtain more in-depth results. Additionally, it is recommended that further research be conducted with a longitudinal design or mixed methods to gain a deeper understanding of the dynamics.

### Ethical Consideration

The research approval was given by the Health Research Ethics Committee at dr. Zainoel Abidin General Hospital, Banda Aceh, under approval number 304/ETIK-RSUDZA/2024.

**Conflict of Interest:** None

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