# **REVIEW ARTICLE**

# Spiritual Well-Being among Women with Breast Cancer: A Scoping Review

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#### ABSTRACT

Breast cancer-diagnosed women frequently use their spirituality as a way of coping to overcome difficulties. This study was conducted to determine the spiritual wellbeing among women diagnosed with breast cancer. A scoping review was conducted including the publication of various methodologies. Searches were conducted in PubMed, CINAHL, and Google Scholar databases published between 2016-2021, written in English, and peer-reviewed. This was acquired via Boolean searching for "breast cancer OR breast neoplasm OR breast carcinoma or breast tumo\* OR breast malignanc\* AND spiritual wellbeing OR spiritual wellness OR spirituality". Fourteen publications met the inclusion criteria. It is shown that the spiritual concepts among women with breast cancer influence how they deal with difficulties and provide meaning, as well as giving them a sense of purpose and self-efficacy by generating a good mental environment. The awareness and contemplation of the role of health professionals, particularly nurses, and their dedication to caring for and being near to the patient in a polite and dignified manner, establishing an environment of empathy, are necessary.

Keywords: Breast Cancer, Spiritual Wellbeing, Scoping Review

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#### INTRODUCTION

Currently, the prevalence of breast cancer has increased steadily in the world. According to GLOBOCAN (2018), it ranks second with new cases as high as 2,089 million (11.6%). Meanwhile, the mortality of breast cancer was in fifth rank by 627,000 cases (6.6%) (1). Breast cancer affects women both physically and psychologically. The psychosocial condition of women with breast cancer would affect the adaptation process of patients (2,3). Several studies reported that the significant factor to cope with stressful experiences among breast cancer and its treatment is level of spiritual wellbeing (SWB) (4-6).

Spirituality is a fundamental aspect of health and is capable of connecting all human qualities (7). The concept of spirituality refers to the quest for life purposes and the meaning behind it as well as relationships with oneself, others, and the world. It is a dynamic component throughout life which especially occurs when people are diagnosed with life-threatening conditions or health problems (8), such as breast cancer. Prior studies showed that SWB is the significant predictor to reduced depression among breast cancer patients, particularly the meaning of peace aspect (3,9).

Various spiritual issues in women diagnosed with breast cancer have been identified as the most "existential distress," for instance, dependency, hopelessness, burden on others, loss of social responsibilities and a sense of insignificance (2,8,9). It was also observed that some of them required support in their life in order to find hope and significance. Therefore, spirituality must be assessed using instruments that can measure the concepts of spiritual wellbeing, spiritual awareness, and spiritual health operationally in order to find serenity and meaning in life while dealing with breast cancer (2). The various types of spiritual interventions that exist have not specifically helped overcome various problems, from initially diagnosed patients with breast cancer to received therapy (11,12). The proper spiritual intervention will help to improve physical health, social function and quality of life. Furthermore, after practicing Islam-based care regularly, SWB outcome among women with breast cancer undergoing chemotherapy was increased over time (2,13). In particular, this spiritual intervention must be integrated into psychotherapy in collaboration with other multidisciplinary through increasing emotional, spiritual and social wellbeing in an effort to support patients to have independence in an effort to reduce stress problems (13).

SWB is influenced by the experience of women with breast cancer throughout the treatment related to social, cultural, family, and financial (14–16). Regardless the importance of spirituality and its essential function in improvements in the quality of life, some studies find gaps in terms of defining a spiritual aspect, conducting evaluations, and appropriate interventions to improve SWB among breast cancer patients. Therefore, the present study aimed to identify the literature related to SWB including spiritual concepts, how to assess spiritual demands, and issues as well as appropriate interventions to improve SWB among women with breast cancer.

## METHOD

This study was conducted adapting the methodologic framework proposed by Arksey and O'Malley (2005) (17). The steps taken were identifying research question, identifying the relevant articles, selecting articles; extracting data; and collecting, summarizing and reporting the findings (17). The research question of this study was as follows: (a) how is SWB conceptualized and assessed among women diagnosed with breast cancer? (b) what is the intervention to help improve SWB among women diagnosed with breast cancer?

The process of selecting articles was performed using MeSH keywords such as breast cancer OR breast neoplasm OR breast carcinoma OR breast tumo\* OR breast malignanc\* AND spiritual wellbeing OR spiritual wellness OR spirituality". The search was conducted in PubMed, CINAHL, and Google Scholar databases, articles were chosen filtered by published within 2016-2021, written in English, and peer-reviewed.

They are also expected to be relevant with PEO (Population, Exposure, and Outcome) framework as indicated in Table I. Identified studies were evaluated by

Table I: PEO framework related to spiritual well-being among women diagnosed with breast cancer

<b>PEO Framework</b>	Inclusion	Exclusion
Population	examine all studies focused on women with breast cancer	studies that examine others women cancer such as cervix, ovary, mouth & esophagus, colorectal and other cancers
Exposure	Studies that review all related with <b>concepts</b> , assessment and inter- vention of spiritual well-being.	
Outcome	studies that review the context of spiritu- al well-being	studies that review phys- ical, psychological, social well-being only

two independent reviewers on the basis of the abstract for the relevance. If the relevance of the study could not be determined from the abstract, then the article was read in complete. Articles presenting research that did not focus on breast cancer population were also omitted. The concepts, assessment and intervention of spiritual wellbeing among breast cancer patients were inclusion criteria

For all the eligible studies, full-text publications were found. Following that, reviewers examined the complete papers to determine if they should be included in further analysis, resulting in a total of 14 studies being included in the study. A PRISMA flow diagram was used to depict the review decision-making process. Figure 1 displays a PRISMA flow diagram for study selection. The details of the study and extracted characteristics included: author, publishing year, country, setting, study design, stage of breast cancer, spiritual concepts, instrument of SWB, program/intervention and recommendation. The results of extract literature review are presented in Table II.

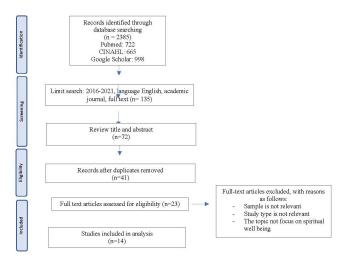


Figure 1. Data processing flowchart (Prisma-ScR)

## RESULTS

## Literature Search/Study Selection

Initial search results were 2,385 articles, then 135 articles were screened from limited search with the publication period between 2016 – 2021, written in English, published in academic journals, and full text accessible. After title and abstract screening, 63 were eliminated. Then, 41 of the 72 remaining items were found to be duplicates. These 23 articles were retrieved for full-text examination. Nine of these publications were further eliminated as irrelevant due to sample was not specific in breast cancer diagnosis or the topic did not focus on spiritual wellbeing. As a result, this review includes the remaining 14 articles.

## **Study Design**

A total of 14 publications was included, with research from nations in the Americas, Africa, and Asia. All

Table II: Results of literature review	literature rev	view						
Authors (year)	Country	Setting	Study design	Stage of Breast Cancer	Spiritual Concepts	Instruments of SWB	Program/ Intervention	Recommendation
Sharif SP, Ong FS (2018)	Malaysia	clinical	A cross-sectional correlational design	not identified the specific of BC staging	According to Islamic spiritual mind believes, "spirituality is not different from religion; rather, it is its fundamental essence." According to this viewpoint, religion, as manifest- ed in mandated religious acts, provides a road map to one's ultimate goal in life, which is to live in constant contact with God, the Creator.	20-item Beliefs and Values Scale using a 7-point Likert scale	No intervention in this study	to examine sub-cultural differ- ences in spirituality and quality of life. As suggested above, it is important to investigate the coping strategies used by patients based on their educa- tional level
Sheppard, et al (2018)	African- American	clinical	A cross-sectional correlational design	women were within 6 weeks of their definitive surgery, diagnosed with non-metastatic breast cancer	how spirituality may contrib- ute to positive coping and/or behaviors	nine Likert-scale items from the Lukwago Religiosity scale (e.g., "My spiritual beliefs are the foundation of my whole approach to life") (a= 0.99), higher scores indicate greater religiosity (Anandarajah and Hight2001).	No intervention in this study	Spirituality may promote better quality of life for cancer pa- tients through enhanced coping and supportive networks
Al-Natour, Sharaf Mohammed, Qandil, (2017)	Jordania	clinical	A cross-sectional correlational design	women diagnosed with breast cancer, on active treatment,	The Watson theory of human caring was utilized as the study's framework because it emphasizes the relevance of physical, mental, and spiritual elements in caring for patients to achieve a greater degree of health. Spirituality may be related to aspects of QoL areas like as (physical, social, and functional well-being)	The Arabic version of the Eunctional Assessment of Chronic Illness Thera- py-Spiritual Well-being(- FACIT-Sp)	No intervention in this study	Healthcare providers, including nurses should be concerned with the spiritual well-being with in the context of Arab Islamic Jordanian culture.
Goyal, Ip, Salsman, Avis, (2018)	United Stated	Clinical	a longitudinal study that exam- ined age-related differences	diagnosis of stage I–III breast cancer	spirituality has been defined to include dimensions concerning a personal search for meaning and purpose, connection with the transcendent or sacred, and the experiences associated with that connection.	Functional Assessment of Chronic Illness Thera- py-Spiritual Well-Being (FACIT-Sp) scale	No intervention in this study	Future studies are needed that patients with advanced cancer, particularly near end-of-life where spirituality may be particularly relevant
Paredes, Pereira, (2018)	Portugal	Clinical	A cross-sectional correlational design	breast cancer and under- going chemotherapy	Spirituality is a larger concepts than religion, and it refers to the personal experience of ex- pressing thoughts and attitudes and interpreting life, such as when looking for meaning in an illness.	Spiritual and Religious Attitudes in Dealing with Illness - SpREUK (Oster- mann et a, 2004)	No intervention in this study	Patients' spirituality should be part of intervention with breast cancer patients since it seems to be related to greater growth and adjustment to the illness

Authors (year)	Country	Setting	Study design	Stage of Breast Cancer	Spiritual Concepts	Instruments of SWB	Program/ Intervention	Recommendation
Miranda, Caldeira, de Oliveira, Har- ley, et al (2020)	United Stated	Clinical	RCT (Controlled, randomized, dou- ble-blind clinical trial)	breast cancer patients who are undergoing radiother- apy.	Begging a higher being for health recovery is a common practice among people, regardless of their spirituality and religiosity.	Spiritual Distress Scales CRE-Breve Scale (Pargament et al. 2000), with the title RCOPE (Religious Coping Scale)	The intercessory prayer was per- formed by a group of six Christians, who prayed daily during 1 h while participant where under RT. The prayers asked for calm, peace, harmony and recovery of health and spiritual well-being of all partici- pants.	further evidence and research is needed about the effect of this nursing spiritual inter- vention in other cultures, in different clinical set-tings and with larger samples
Zamaniyan et al (2016)	Lan	Hospital	a quasi-experi- mental project of pretest-postest type with a control group	women diagnosed with breast cancer	Spirituality is a human charac- teristic that can be therapeuti- cally considered. Many cancer patients turn to religion to help them cope with their Illness and improve their quality of life	Spiritual Health Scale (SWB-20)	12 sessions of group spiritual treatment: 1) Members becoming familiar with and talking to each other about the concept of spirituality and religion and the impact it has on a persor's life; 2) Self-consciousness and communication with oneself and listening to the inner voice; 3) Self-concept; 4) The word of God, communication with Cod or with any superior power the patient believes in, prayer and conversation with God; 5) Altruism (doing something spiritual collectively); 6) Relationship with holy sites; 7) Resentment and lack of forgiveness, self-forgiveness, 9) Death and trust in death and toil; 10) Faith and trust in death and toil; 10) Faith and trust in death and toil; 10) Faith and trust in death are soin	Spiritual group therapy may be considered an appropriate strategy for treating diseases such as depression and increas- ing the quality of life as well as the religious and existential components of spiritual health in breast cancer patients.
Tuti, Andrijono, Dewi, Jahja, Dewi (2018)	Indonesia	Hospital	cross-sectional study	stage I - III	Spirituality has become a distinct and fundamental requirement for Indonesians, directly tied to their thoughts and attitudes regarding death and life after death.	Spiritual Perspective Scale (SPS)	No intervention in this study	spirituality-focused palliative care is the key to promote comfort among breast cancer patients in Indonesia
Seyed bagheri, Dehghan, Alavi, Iranmanesh, Sedigheh Khoshab, (2018)	Iran	Clinic	A case study: A phenomenolog- ical hermeneu- tic approach influenced by Ricoeur was used to explore thecase experience	was treated with chemo- therapy and radiotherapy	Spirituality is one of the most effective tools cancer sufferers use to accept their affliction.	The interview was audio taped and then the transcript writing out verbatim.	No intervention in this study	Spirituality is one of the human elements that gives life and objectives significance. Spiri- tuality and life satisfaction are associated in a beneficial way. Spirituality may also improve life quality and contentment.

Table II: Results of literature review (continued)

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	Recommendation	The practice of spirituality needs to be developed by health workers in services with various aspects including intellectual, social, affective and symbolic.	Improving spiritual health in cancer patients is very import- ant to help in overcoming anxi- ety. taking into account various factors such as age, level of ed- ucation, and economic status that can affect interventions to improve spiritual well-being	More study is required to solve the puzzle of the link between soul consciousness and knowl- edge of eternity in sustaining a good frame of mind in the face of health-related hardship.	Euture research should look into these factors in order to enhance and sustain their SWB as their sickness progresses.	Awareness and thought on the responsibilities of health professionals, particularly nurses, and their willingness to care for and be near to the patient in a polite and dignified manner, while establishing an environment of empathy, are necessary.
	Program/ Intervention	No intervention in this study	No intervention in this study	Brahma Kumaris Raja Yoga Meditation (BK- RYM) practice	No intervention in this study	No intervention in this study
	Instruments of SWB	The questions that guided the interview were: "What are you feeling right now due to the diagnosis of breast cancer? How was your faith before the diagno- sis?, How do you manifest your spiritual practice? Do you seek it in something/someone?; What are your aspirations for the future?".	Paulotzin & Ellison Spiritual Health Inventory (1982)	To design the interview questions, the researcher used her own spiritual experiences, particularly her long-term involvement with BK-RYM	FICA spiritual assessment tool as the guide for the interview.	interview opened with the ques- tions 'what does spirituality mean to you? How do you express your finth and spiritual needs? As the interview progressed, the themes became more profound (e.g., 'has the diagnosis of the disease influenced your spiritual life? and 'do your personal beliefs influence your will to live?? and participants were asked to elabo- rate and provide details
	Spiritual Concepts	Women use spirituality as a coping strategy for dealing with the experience of diagnosis and treatment of breast cancer.	Spirituality impacts how people deal with problems and gives them meaning, as well as pro- viding them a sense of purpose and self-efficacy by creating a positive mental environment that encourages sentiments like happiness.	Spiritual model developed by Schulz et al (2008): a strong connection with spiritual; self, God, and others. The role of spiritually focus in meditation with develop of positive mind, self-awareness, healing power of God, spiritual support, and spiritual growth.	Fisher proposed that an indi- vidual's SWB is categorized into four domains – personal, communal, environmental, and transcendental.	spirituality has provided consolation and inner peace for women with breast cancer, but it is also distinctive to the person and has a dynamic subjective aspect.
	Stage of Breast Cancer	No specific staging of breast cancer diagnosed	No specific staging of breast cancer diagnosed	Stage II, III, IV	Breast cancer diagnosed without any psuchological disorder.	histopathological diagnosis of breast cancer, who had not started any kind of treatment
nued)	Study design	a qualitative, descriptive study	descriptive-cor- relational.	Qualittaive: Interpretative Phe- nomenological Analysis (IPA)	Descriptive qual- itative phenome- nology design.	Qualitative: Phenomenology design
view (contin	Setting	Clinical	Clinical		oncology outpatient unit de- partment and par- ticipants' home	Clinic
iterature rev	Country	Brazil	Iran	American	Thailand	Brazil
Table II: Results of literature review (continued)	Authors (year)	Barros da Silva W, Vieira Barboza MT, Ferreira Calado RS, de Albuquerque Vasconcelos JL, Gorayeb de Carval- ho MV (2019)	Abardeh, Niknam (2021)	Agarwal K, Fortune L, Heintzman JC, Kelly LL.	Phenwan T, Peerawong T, Tulathamkij K Thailand (2019)	Lero, et al (2021)

studies were presented in clinical settings. In terms of research design, six studies were cross-sectional studies, one with longitudinal study, four studies were qualitative study with three studies phenomenology design and one was descriptive study. The remaining four studies were two with a randomized controlled trial (RCT) design, a quasi-experimental, and a case study using a phenomenological hermeneutic. Most of the study focus patients were women diagnosed with breast cancer without specific characteristic, whether in staging or undergoing treatment.

# **Spiritual Concepts**

Several research included spiritual notions from diverse theories, such as the spiritual model produced by Schulz et al. (2008) (18), The Watson theory of human care (19), and based on the Religion of Islam (20), and Christian (21). The spirituality is often characterized as a component of the human dimension that cannot be erased and impacts the adaptation process in coping with various issues, such as being diagnosed with breast cancer and going through treatment (22-26). Several assessments of these studies mentioned the meaning of spirituality in breast cancer patients as a source of strength in developing hope and belief in healing, and belief in God. It was constructed in a number of ways, from being diagnosed with cancer to experiencing pain during various therapies (27).

# Instrument of Spiritual Wellbeing (SWB)

It was discovered that not all studies employed tools to measure spirituality since it was adjusted to the study design used. Some quantitative design studies contain measures for measuring spirituality, such as the 20-item Beliefs and Values Scale using a 7-point Likert scale (20); Religiosity scale (22); The Arabic version of the Functional Assessment of Chronic Illness Therapy-Spiritual Well-being(FACIT-Sp) (19);Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being (FACIT-Sp) scale (23); Spiritual and Religious Attitudes in Dealing with Illness - SpREUK (24); Spiritual Distress Scales CRE-Breve Scale with the title RCOPE (Religious Coping Scale) (21); Spiritual Health Scale (SWB-20) (25); Spiritual Perspective Scale (SPS) (26); and Spiritual Health Inventory (1982) (28). Almost all gualitative studies included tools devised by the researchers themselves, both from experience and theoretical sources from spiritual sources, as a guide for interviewing participants (29 – 31).

# The Intervention of SWB

This literature review does not adequately address spiritual wellbeing intervention. Several interventions have been made, many of which are related to religious activities such as daily prayer (21), spiritual healing for communities (25), and a single study that focuses on the effects of meditation on the mind, body, and spirit (Brahma Kumaris Raja Yoga (BK -RM) (18). Some of the interventions discussed in this study were primarily management to increase spiritual wellbeing, focus on meditation with the formation of good ideas, selfawareness, God's healing power, support for spiritual worship activities, and spiritual growth (18, 31).

# DISCUSSION

# Conceptualized and Assessment Instruments of SWB

From all studies, almost all stated that spiritual wellbeing is a factor that determines the quality of life of women diagnosed with breast cancer (18-33). Patients with a good level of spirituality are reported to be able to help reduce stress due to health conditions. In addition, several studies from countries with a majority Muslim population (20, 25, 26), consider that spirituality is defined as a form of closeness to God as the Creator. This is also in accordance with the study through a qualitative approach (30-31), that spirituality has the meaning of positive mind, self-awareness, the healing power of God, spiritual support, having a solid family bond, social support, or a sense of nature, and strength to survive. Therefore, spirituality serves as the basis of patients diagnosed with breast cancer to improve coping mechanisms during the treatment process (34). The ability to find spiritual problems is very important for every health worker to be supported by an instrument that is able to cover all concepts of spiritual wellbeing.

From the quantitative studies in this scoping review, it was found that different instruments were used to assess SWB in patients with breast cancer including the 20item Beliefs and Values Scale using a 7-point Likert scale (20); Religiosity scale (22); The Arabic version of the Functional Assessment of Chronic Illness Therapy-Well-being(FACIT-Sp) (19); Functional Spiritual Assessment of Chronic Illness Therapy-Spiritual Well-Being (FACIT-Sp) scale (23); Spiritual and Religious Attitudes in Dealing with Illness - SpREUK (24); Spiritual Distress Scales CRE-Breve Scale with the title RCOPE (Religious Coping Scale) (21); Spiritual Health Scale (SWB-20) (25); Spiritual Perspective Scale (SPS) (26); and Spiritual Health Inventory (1982) (28). The diversity of these tools is determined by the objectives of each study itself. Until now, a patented instrument has not been found to focus on assessing the SWB of patients with breast cancer. Some of the instruments in this literature study are general in nature that can be used in patients with complaints of health problems including cancer, but are not specific to breast cancer only.

Several studies discussed show that the varying levels of SWB in breast cancer patients are influenced by various factors. Talking about the influencing factors in SWB, the study findings show that the effect of spirituality on the quality of life and psychosocial conditions depends on education levels (20). This is since patients with a higher level of education will have more coping strategies in dealing with their problems, such as adopting problemfocused coping strategies rather than using emotionfocused strategies (Lazarus and Folkman, 1984). They can seek information or expert opinions to solve the problems at hand.

The use of instrument tools in the assessment of the spiritual level of wellbeing must pay attention to the objectives of the study. In addition, the measurement instrument needs to be reanalyzed in accordance with the needs and conditions of the socio-cultural aspect. This is because the spiritual aspect is closely related to one's beliefs (5, 12, 16, 20, 22).

# The Intervention to Help Improve SWB

In the process of cancer treatments, there are various programs or interventions provided by health workers according to the complaints felt by each patient. The interventions should meet with needs of the patient. From this study review, there are three studies that report on spiritual therapy including spiritual group therapy (25), yoga intervention (YI) and physical exercise intervention (PEI) (32), and intercessory prayer (21). Each of these interventions has varying procedures, duration, and frequency which have been administered to women with breast cancer diagnosis, thus finding effective results in SWB.

Interventions in the form of YI and PEI were reported to have the same duration of 60 minutes each week for 12 weeks. The YI procedure refers to traditional aspects like posture (Asano) or control of the breath (pranayama), but it is distinct by the use of "tests" to assist practitioners in performing and maintaining their particular positions (21). Meanwhile, PEI intervention is not explained in detail. However, both interventions were supported by written instructions.

Another intervention is in the form of prayer which is done for one hour every day. The content of the prayer given is in the form of the quiet, serenity, harmony, and rest of all participants' health and spiritual wellbeing. Another intervention in this study review reported that there were 12 sessions of group spiritual treatment, with the topics of each session sequentially consisting of: Members become acquainted with and discussing the concepts of spirituality and religion and the impact they have on a person's life; self-awareness and communication with one another, and hearing the inner voice; self-concept; the Word of God, communication with God or any higher strength the patient believes in, prayer and discussion with God; altruism (that of a spiritual act collectively); relationship with a holy place; resentment and lack of forgiveness; forgiveness and guilty sentiments; forgiveness, death, and dread of death or labor; faith in God; gratitude and thanksgiving; final session (24).

There are some limited literature studies which do not specifically discuss the spiritual intervention provided, which focuses on certain health workers who are licensed or not. Thus, the use of the results of this review cannot be used as a reference for implementation in health services. However, it is able to provide the understanding and increase knowledge both in healthcare and the education environment.

# CONCLUSION

The increasing prevalence of breast cancer over time has an impact not only on physical problems but also on psychosocial and spiritual problems. Spirituality is an important aspect for humans in giving meaning and purpose to their lives. Healthcare providers are advised to implement spiritual strategies as an effort to increase spirituality for patients from being diagnosed to undergoing treatment so that patients can pass the adaptation stage to any pressure and stressor easily and quickly. The spiritual concept is influenced by various factors such as family background, culture, beliefs, social, and financial as well as education level. In that context, Indonesia as a country with a diversity of beliefs, and as a country with the largest Muslim population in the world, has become one of the strengths in efforts to improve the ability of health workers to develop nursing care, which does not only focus on the physical aspect but also on the physical aspects. Also there is a concern about aspects of the spiritual intervention focused on groups of patients with certain cancer diagnoses. Many studies have connected spiritual and mental concerns to cancer patients' adaptability, and they are linked to patients' sense of healing. Spirituality is one of the most beneficial techniques cancer patients use to cope with their illness. Thus, future research can develop a nursing model that is able to comprehensively include guidelines in the determinants of spiritual wellbeing among women diagnosed with breast cancer.

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