



Phenomenological Study: Spiritual Needs of Cancer Patients at Dr. Mohammad Hoesin General Hospital, Palembang

Endar Kurianto^{1*}, Evi Yuni Mistati¹, Kuniarti Rachmat¹, Ulya Syafitri M¹

¹Oncology Unit, Dr. Mohammad Hoesin General Hospital, Palembang, Indonesia

ARTICLE INFO

Keywords:

Cancer Patients
Hospitals
Spiritual
Spiritual Needs

Corresponding author:

Endar Kurianto

E-mail address:

endarkurianto96@gmail.com

All authors have reviewed and approved the final version of the manuscript.

<https://doi.org/10.37275/JRP.v4i2.51>

ABSTRACT

Phenomenological Study: Spiritual Needs of Cancer Patients at Dr. Mohammad Hoesin General Hospital, Palembang. Cancer is the main cause of death in the world. Cancer does not only cause problems physically, but also psychologically, socially and spiritually. In holistic care, not only focusing on physical care alone, psychological, social and spiritual care is also very important. Fulfillment of spiritual needs that are not optimal causes a decrease in the quality of care and quality of life for patients. This study aims to explore in depth the phenomenology of the spiritual needs of cancer patients at Dr Mohammad Hoesin General Hospital, Palembang. The research method uses a qualitative phenomenological approach. The research sample consisted of ten cancer patient respondents using purposive sampling. Data was collected using in-depth interviews from October to December 2022. All respondents were women, aged 25-51 years. There are four main themes, 1) acceptance responses to illness experienced and during illness, 2) changes in aspects of life experienced during illness, 3) obstacles to worship during illness and 4) hope for the future in living life. The spiritual aspect is an important aspect that needs attention, especially in the care of cancer patients in hospitals.

1. Introduction

Cancer is the leading cause of death worldwide, accounting for approximately 9.6 million deaths, or one in six deaths, in 2018 and almost 10 million deaths in 2020. Indonesia, a middle-income country with an estimated population of 270 million, has an increasing cancer incidence. The latest data from Globocan for 2020 shows an increase in new cancer cases to 141.1 per 100,000 population, with cancer deaths 85.1 deaths per 100,000 population². Cancer is the second cause of death after cardiovascular disease, which accounted for 18.6% of the 686,532 premature deaths in 2016 caused by non-

communicable diseases in Indonesia.³ Riskesdas data for 2018 shows that the number of patients diagnosed with cancer in South Sumatra is around 33 thousand.⁴

A cancer diagnosis can cause feelings of fear, anxiety, depression, and hopelessness and can cause doubts about future treatment plan⁵. The condition of cancer is not only a physical problem but also psychosocial, such as distress, disturbance of self-image, self-concept, social relations and others. In addition, at an advanced stage, cancer sores will appear, which will cause the sufferer to feel uncomfortable^{6,7}. Spiritual needs in cancer patients

can increase significantly because self-esteem and spiritual beliefs are threatened, personal relationships are disrupted due to lack of self-confidence, and adaptation mechanisms during previous hospitalization were inadequate, causing feelings of loneliness, and ultimately a spiritual crisis arises within patient.⁸

Florence Nightingale stated that the aspect of spirituality in humans is the deepest and most powerful source of healing. This is certainly in line with one of the nurses' responsibilities, namely paying attention to the spiritual aspects of the treatment process and providing a healing atmosphere for patient⁸. So as part of holistic care, care providers, especially nurses need to acquire the necessary skills to detect the patient's spiritual needs⁹ and provide care not only for physical problems, because when facing a diagnosis, change in disease status, or end-of-life problems, cancer patients may be more at risk experiencing spiritual stress.⁸

Attention to spiritual needs is an important part of holistic care in nursing. However, the majority of patients do not receive the spiritual care needed by care givers and the response to the spiritual needs of cancer patients is minimal or neglected^{8,10}. Failure to meet spiritual needs is associated with reduced quality of care, patient satisfaction, and quality of life.⁸

The nurse's understanding of the patient's spiritual needs can influence the patient's spiritual relationship and care. The ambiguity in understanding the concept of spirituality and the ambiguous responsibilities of nurses to provide spiritual care is considered a problem⁸. Given that patient and caregiver experience can play an important role in explaining spiritual nursing care, and recognizing spiritual needs is an important element in providing culturally based care¹¹, it is important to gain a better understanding of spiritual needs.

Religious or religious problems, especially in spiritual needs, especially during illness, require further research. According to several theories, nurses are expected to provide care based on the physical, psychological, social, and spiritual needs of the patient and the patient's status, while also playing an active role in accompanying their spiritual needs^{8,12}. Despite the unmet need to meet patient needs, there is currently little research to describe the spiritual needs of cancer patients in Indonesia, especially in hospitals. This study aims to explore in depth the phenomenology of the spiritual needs of cancer patients at Dr Mohammad Hoesin General Hospital, Palembang.

2. Methods

This research is qualitative research with a phenomenological approach. Phenomenology is a qualitative research method developed by the philosopher Edmund Husserl in the form of a scientific method that is uniquely formed to assist researchers in investigating human experience and behavior¹³. The research was conducted from October to December 2022. Respondent data was collected using purposive sampling and 10 selected respondents who were cancer patients were then conducted in-depth interviews regarding their spiritual needs while being treated and recorded using voice recordings from handphones.

The researcher first applied for permission to collect data from Diklit (Education and Research Department) and ethical clearance from the Ethics Committee of Dr. Mohammad Hoesin, General Hospital, and has received a certificate of ethics with No.188/kepkrsmh/2022. After obtaining permits and ethical eligibility, the researcher coordinated with the head of the installation, the head of the subsection and the head of the room to provide information regarding research and data collection procedures. The researcher then worked closely with the head of the room and the nurse in the room in

determining which patients would be included as research respondents according to the research criteria. The researcher then approached the prospective respondent and built a trusting relationship with the patient. After a relationship of mutual trust is built, the researcher then explains the purpose, topic and research objectives as well as an explanation of the research to be carried out. If the prospective respondent is willing, the researcher provides an informed consent sheet to become a participant. Before being signed, the researcher gave the opportunity to return to prospective respondents to ask questions about the research to be carried out. Furthermore, the researcher and the participants made a contract for the place and time of the interview.

Data analysis in this study was carried out using the Collaizhi¹⁴ step guide, that is preparing transcripts, reading transcripts, determining and

creating categories, determining theme formulations, formulating theme clusters, writing full descriptions and compiling reports on the results of the analysis.

3. Results

The number of participants in the study amounted to 10 people. The characteristics of the participants from the research results showed that the age range of the participants was between 25-51 years. The gender of the participants was all female. Participants' medical diagnoses included 3 participants for breast cancer, 1 participant for stage 4 pelvic bone cancer, 1 participant for right lung cancer, 1 participant for colon cancer, 1 participant for stage 3B cervical cancer, 1 participant for ovarian cancer, 1 participant for stage 4 recti cancer and 1 participant endometrial cancer. The following table 1. shows the characteristics of the participants.

Table 1. Characteristics of Participant

Code	Age (Years)	Gender	Medical Diagnosis	Religion
1	47	Women	Stage 4 pelvic bone cancer	Islam
2	48	Women	Breast cancer	Islam
3	43	Women	Right lung cancer	Islam
4	43	Women	Colon cancer	Islam
5	51	Women	Stage 3B cervical cancer	Islam
6	42	Women	Breast cancer	Islam
7	25	Women	Ovarium cancer	Islam
8	45	Women	Left breast cancer	Islam
9	49	Women	Stage 4 recti cancer	Islam
10	46	Women	Endometrial cancer	Islam

Source: (Primary Data, 2022).

The results of the research after the analysis process obtained themes include acceptance responses to pain experienced and during illness, changes in aspects of life experienced during illness, barriers to worship during illness and hopes for the future in living life.

Acceptance responses to pain experienced and during illness

The results showed that the response of acceptance to the pain experienced and during the illness was to assume that the pain experienced was an expiation for sins, a trial of life or a test of life, the patient also tried to accept the situation and tried to

be happy. Following are the results of the interview:

"Yes, if it's to accept it, no one will accept it. Never mind, I should accept this, with endeavor. no effort is also wrong right. Yes, maybe I've never been sick before. So, let's just lillahitaala now" (P1)

"Yes, received. Yes, maybe we are more aware of our mistakes so far" (P2)

"...accept, because we don't know the age right, the stipulation above." (P3)

"Sincerely, because this thought is God's rebuke, an abolitionist of sins..." (P4)

"Yes, I am aware that this disease is a trial or test from Allah. The important thing is we try to want to heal, that. The main thing is to interpret life when you are sick, try to make your heart happy, stay happy, that's all, don't make it difficult." (P5) "Yes, I have received" (P6)

"...but accept that this is a test. Now more grateful, sincere (crying)" (P7)

"Yes, illness is a test and trial, just give up. A kind of purification of sins, so that his sins will be taken away." (P8)

"Having received it, the lesson is that I think more that this life is not ours that owns it, so Allah does. So we just have to be patient, sincere and grateful" (P9).

Changes in aspects of life experienced during illness

The results showed that some of the changes that occurred during the patient's illness included changes in spiritual aspects, implementation or procedures for worship as well as changes in attitudes and emotions. The changes in the spiritual aspect of the patient include being closer to God, changing some of the sunnah worship, increasing the number of dhikr. There were two participants who said that since they were sick, their sunnah worship was difficult to carry out, while one participant said that sunnah worship had been increased during illness. This was because some patients thought that their illness limited them because symptoms

appeared when they had a lot of activities, while one participant thought that it was not a problem with their illness to perform sunnah prayers such as midnight prayers. Following are the results of the interview:

"The meaning of my life is to worship more and be closer to God. Yes, what is clear is that he is closer to God, remembers more. The closer to God, the less thinking about the world. That's all" (P2)

"... those who usually fast are sunnah cannot because of illness, those who usually want to fast, our conditions don't support it" (P3)

"Yes, because previously when there was no illness I prayed midnight and prayed five times a day," (P6)

"Yes, recite dhikr all the time, pray to the prophet, letters that we memorize, for example Al Ikhlas, The Throne Verse, Al Falaq, like that, so be it, thank God hehe (patient laughs)" (P4)

"Very changed, what is clear is that we have changed as in worship we are getting closer. The actual thought that this cancer died would be closer. Draw closer to God when called upon. So those who used to pray broadly, are too lazy now to be more diligent in praying five times a day. Fasting too." (P9)

As for other changes, among others, changes in the procedures for worship, including procedures for ablution or tayammum, as well as procedures for carrying out prayer services. Several participants revealed that while in the hospital they performed ablution with tayammum and prayed while sitting. Following are the results of the interview:

"Yes, if you can't stand for a long time, so usually there (lubuk linggau) it's still strong to sit. when I couldn't sit up, I slept because they said it was allowed. While there, I prayed while sleeping and directly facing the Qibla" (P1)

"If you can't pray standing, what if you can sit down, frankly now I often pray sitting. Because if I pray standing up, when I get up I can't. So I always pray sitting down. When I do ablution it gets really cold, so I usually do tayammum. Yes clearly, change

the way. During this time you can pray standing. Sometimes you can't pray sitting. Sometimes we can't take ablution, we change it to tayammum, sometimes the condition of the body feels dirty like bleeding, so we don't pray, so we just recite it." (P2)

"... the procedure so far is to do it while sitting, while moving your hands, like when you are bowing down slightly" (P9)

Changes experienced by patients include being more aware of themselves, being more patient and being more careful in speaking and behaving. Following are the results of the interview:

"... so we can change our attitude towards people, so we can be self-aware" (P4)

"...The form of awareness is that when we talk to that person, we have to be careful, right, when you're sick, it's a trial and a test, what kind of person do you like? in attitude and speech" (P5).

Barriers to worship during illness

The results showed that the patient's obstacles during illness, especially in carrying out worship, included the availability of prayer facilities at the hospital, the role of health workers in carrying out worship, the patient's knowledge of worship when sick and health conditions. As for the availability of prayer facilities at the hospital, there is no adequate space for prayer services, Qibla directions and a place for ablution, in addition to the unavailability of equipment for prayer. The results of the interviews found that:

"... then when you pray you sleep facing the Qibla, if you don't know the Qibla here, do you? How do you want to be solemn?" (P1)

"...if you want to pray in the room, it's cramped, so just pray in front of the stairs" (P4)

"...yes, don't bring prayer tools from home" (P5)

"For obstacles to worship when sick, if here is mainly the room, there is no place, even though you have brought the equipment..." (P6)

"Access for ablution places.." (P7)

The role of health workers in assisting the implementation of patient worship has not been carried out. The results of the interviews found that.

"Not yet, nothing..." (P1)

"No" (P2)

"Nothing..." (P3)

"Not yet" (P4)

"Not yet (patient shaking head)" (P5)

"There are no health workers who assist the implementation of worship" (P6)

"Nothing helps" (P7)

"There isn't any." (P8)

"There isn't any." (P9)

"There isn't any." (P10)

Another obstacle is the patient's knowledge of worship when sick. Participants said that they did not know how to perform tayammum, and were unsure or confused about praying and ablution when they were sick and had an infusion installed. The patient said he was confused about praying because of bleeding or spots and had an infusion installed. Following are the results of the interview:

"...I wasn't sure, I wasn't clean enough (crying). My feelings when I want to pray, like how (crying). All this time it's bleeding, then people say you can't take a shower. So my feeling is if I want to pray, I don't know what to do, at least I can just recite (crying)..." (P1)

"...we want to infuse his hands, you can't fast...during illness, we don't understand tayammum" (P3)

"When the infusion is attached, where do I face (the patient looks confused). So, if I do tayammum, I don't understand, that's why I want to ask the nurse, what is the procedure for tayammum and what is the intention" (P4)

"While I'm here, I haven't performed my prayers, I haven't been able to fast on Mondays and Thursdays (the patient seems to be smiling), because he's in an infusion, so I think about the infusion, it will come off later" (P5)

"...when infused, the prayer becomes impossible,

you should pray first before being infused" (P6

"Yes, there were spots or bleeding earlier. So if I want to pray I'm afraid I'm not clean, I wonder if I can pray or not. I also have an infusion installed so I'm afraid if I want to take ablution it will come off later or what, so I won't be able to pray." (P8)

"Tayamum, I can't because I don't understand. I haven't studied" (P2)

The health conditions that patients experience also affect the implementation of the patient's worship. This is based on the results of interviews found that:

"Depending on the condition of the body (cold, or other)." (P2)

"At this time it is crowded. So lately I've been having shortness of breath because there's fluid in my lungs." (P9).

Hopes for the future in living life

The results of the study showed that the patient's hopes for recovery were to increase worship or worship even better. And want to be reunited with his family again. Following are the results of the interview:

"In the future, hopefully, people say you can't recover, but you can only survive. But if it is God's will, we don't know. if I am healthy, I want to be like before, gathering with children, gathering with family, gathering with grandchildren, only God decides everything" (P1)

"Yes, hopefully after chemo, after surgery to remove it, if it doesn't fully recover, it's definitely better." (P2)

"I hope that I will get well soon, and come back soon" (P6)

"Want to recover from the disease." (P10)

"Hopefully I want to be like before, so I can worship solemnly again. Healthy. That's all" (P3)

"Hopefully the worship will be even better, don't be left behind, this is provision for the afterlife" (P4)

"Hopefully in the future, we can continue our worship, which was empty before so we can be more diligent in our worship, God willing" (P5)

"Ask for healing and ask for nothing more. Can be as usual. Ask for my worship to be better." (P7)

"Hopefully the worship will be even more diligent, Amin (with a smile)." (P8)

"Yes, I want to get well, obviously right now I want to try to get well, be healthy, and then leave the results to Allah." (P9).

4. Discussion

In general, the experiences of patients differ from one another. This is also due to differences in diseases or medical diagnoses experienced by patients. However, the patient's experience related to spirituality is almost the same as one another. Several themes were obtained from the research results including acceptance responses to illness experienced and during illness, changes in aspects of life experienced during illness, obstacles to worship during illness and patient's hopes for the future in living life.

The response to acceptance of the pain experienced and during the illness that the pain experienced is as an expiation for sins, trials of life or tests of life, patients also try to accept the situation and try to be happy. Every human being will give a different value, including cancer as a test, punishment, eraser of previous sins, as a rebuke and a favor given by God¹⁵. The pain they experience as an expiation for sins¹⁶. It is also revealed by breast cancer patients in the study of Bahar et., al¹⁷, that they accept their situation as a trial from God and accept the destiny that God has ordained. The acceptance of their condition that their illness is a trial from God is also influenced by the spiritual strength they have so that patients will always remember God and will try to face the situation they are experiencing patiently and calmly¹⁸.

Basically, cancer patients really need to make themselves happy and avoid things that make them sad¹⁹. When cancer patients have accepted their condition, they will adapt and try to survive and strive

for a better life, so that they will also have a better quality of life²⁰. Sincerity, patience and allegiance to God will make cancer patients feel calm from the disease experienced²¹.

They will also experience changes in their lives, both physically and psychologically^{20,22}. The changes experienced also change the social and cultural aspects, as well as the patient's spirituality²³. Some of the changes that occur while the patient is sick include changes in spiritual aspects, implementation or procedures for worship as well as changes in attitudes and emotions. Patients say they are closer to God, some sunnah worship has changed, more dhikr. Previous research⁸ explains that the importance of a relationship with God can increase hope, optimism in life and inner strength against the stress experienced so that closeness to religion and God has a strong role.

In fulfilling the patient's spiritual needs there are four characteristics, namely the relationship with oneself, the relationship with the environment, the relationship with others and the relationship with God²⁴. Cancer sufferers will draw closer to God to strengthen themselves so that they are strong and sincere in living life, God will give the best for His servants, someone who feels closer to their God, so they will feel more peaceful and serene²⁵.

Some patients worship sunnah has changed. Some participants rarely perform sunnah worship while there are participants who perform sunnah worship such as the midnight prayer, this is because the patient feels unable to do so because of his condition. Tahajud prayer is considered to be able to present thoughts to be more positive so that they can provide peace, tranquility, eliminate feelings of inferiority or inferiority, eliminate sins and ugliness²⁶. Spiritual activities such as sunnah prayers, dhikr, prayer, reading sholawat and others have a positive impact on the quality of life of cancer patients²¹. With dhikr, cancer patients will feel calm and comfortable, apart from that they will be more

resigned and willing to live their lives so that patients are able to rise happily and enthusiastically from the conditions of adversity, emptiness and despair they experience²⁷.

Other changes that occur in patients are changes in the procedures for worship including procedures for ablution or tayammum, as well as procedures for carrying out prayer services. This is supported by previous research²⁸ that changes in the implementation of worship occur in patients, in his research on colon cancer patients who performed ablution by tayammum while in hospital. In addition, they usually pray standing up, but during illness they pray sitting or lying down. Praying in a sitting position is permissible. Based on HR. Bukhari that pray while standing, if you can't, then pray while sitting, if you can't, then pray on your stomach²⁹. Replacing ablution with tayammum is permissible, it is explained that it is permissible to do tayammum if a person has a disease that prevents him from being exposed to water, whether in the form of a wound or other type of illness, he cannot be exposed to water for fear that the disease will worsen³⁰.

Cancer patients assume that they are more aware of themselves, more patient and more careful in speaking and behaving. Cancer patients think that their speech is one of the causes of the pain they experience, so they are more careful in talking to other people. Some patients continue to interact with other people even though they sometimes start to feel insecure. This is because cancer patients will tend to withdraw from their social environment, they assume that other people cannot accept their existence and become a burden to others³¹.

The importance of the role of nurses in caring for cancer patients needs to be a concern³². The role of the nurse in meeting the patient's religious and spiritual needs should be carried out, the nurse can find out which spiritual needs have not been fulfilled by the patient and which have been fulfilled by the patient, so that the nurse can help the patient in

fulfilling their spiritual needs including being able to pray together with the patient, provide books -reading books about worship and religion, and facilitating patient worship²⁴. Based on the results of the study, the majority found that the role of health workers did not exist in meeting the spiritual needs of patients. Nurses should try to help meet the patient's spiritual needs by providing emotional support, helping and teaching patients to pray, dhikr, assisting in patient prayer services³³.

The results also found that not all participants performed prayers, this is because the health conditions, especially physical experienced by patients, will change their spirituality³⁴. The availability of adequate facilities and infrastructure will support the spiritual needs of patients including by modifying the environment such as Qibla directions, there are also spiritual kits such as ladies' prayer gown, cloth, prayer mats, Qur'an, rosary and places for tayamum, and others³⁵. The knowledge that patients have is very important for them, especially regarding the implementation of prayer, dhikr and other worship²¹. The patient's limited knowledge about the implementation of prayer is a problem in increasing the patient's spirituality, with good knowledge, the patient's worship will be good and solemn³⁶.

Spirituality is also inseparable from the domain of spirit and life expectancy. Hope makes the basis of the spiritual aspect of the patient¹⁸. The hope that patients experience is not only for them, but also for the good of their families, even though they have to be far away from their families, thinking about their families gives them the enthusiasm to fight for life³⁷. Patients get a lot of wisdom from the disease they are experiencing³⁷. There is a positive relationship between hope and quality of life in cancer patients³⁸.

5. Conclusion

This research seeks to explore in depth the spiritual needs of cancer patients in hospitals. There

are four main themes, namely acceptance response to illness experienced during illness, changes in aspects of life during illness, barriers to worship during illness, and hopes for the future in living life. The spiritual aspect is an important aspect that needs attention, especially in the care of cancer patients in hospitals. The spiritual aspect is an important aspect and needs to get special attention in the process of treating and healing cancer patients in hospitals, so it is hoped that health workers can assist patients in fulfilling their spiritual needs.

6. References

1. World Health Organization (WHO). Cancer [Internet]. World Health Organizations. 2022. p. 1–5. Available from: <https://www.who.int/news-room/fact-sheets/detail/cancer>
2. Global Cancer Observatory (Globocan). Population Fact Sheets [Internet]. Global Cancer Observatory (Globocan). 2020. p. 1–2. Available from: <https://gco.iarc.fr/today/data/factsheets/populations/360-indonesia-fact-sheets.pdf>
3. World Health Organization (WHO). Noncommunicable Diseases Profiles by Country: Indonesia; 2018 [Internet]. World Health Organization. 2018. p. 1–5. Available from: https://www.who.int/nmh/countries/2018/idn_en.pdf?ua=1
4. Health Research and Development Agency. Riskesdas Sumsesl Report 2018. Lembaga Penerbit Badan Litbang Kesehatan. Jakarta; 2019.
5. Sajjadi M, Rassouli M, Abbaszadeh A, Alavi Majd H, Zendehdel K. Psychometric properties of the Persian version of the Mishel's Uncertainty in Illness Scale in Patients with Cancer. *Eur J Oncol Nurs*. 2014 Feb;18(1):52–7.

6. Utami SS, Mustikasari M. Psychosocial aspects in breast cancer patients: a preliminary study. *J Keperawatan Indones.* 2017 Jul 11;20(2):65–74.
7. Costa-Requena G, Rodríguez A, Fernández-Ortega P. Longitudinal assessment of distress and quality of life in the early stages of breast cancer treatment. *Scand J Caring Sci.* 2013 Mar;27(1):77–83.
8. Rassouli M, Yaghmaie F, Zendedel K, Majd H, Hatamipour K. Spiritual needs of cancer patients: A qualitative study. *Indian J Palliat Care.* 2015;21(1):61.
9. McSherry W, Gretton M, Draper P, Watson R. The ethical basis of teaching spirituality and spiritual care: A survey of student nurses perceptions. *Nurse Educ Today.* 2008 Nov;28(8):1002–8.
10. Büssing A, Koenig HG. Spiritual Needs of Patients with Chronic Diseases. *Religions.* 2010 Nov 12;1(1):18–27.
11. Mahmoodishan G, Alhani F, Ahmadi F, Kazemnejad A. Iranian nurses' perception of spirituality and spiritual care: a qualitative content analysis study. *J Med ethics Hist Med.* 2010;3:6.
12. Sharma RK, Astrow AB, Texeira K, Sulmasy DP. The Spiritual Needs Assessment for Patients (SNAP): Development and Validation of a Comprehensive Instrument to Assess Unmet Spiritual Needs. *J Pain Symptom Manage.* 2012 Jul;44(1):44–51.
13. Wertz FJ. Phenomenological research methods for counseling psychology. *J Couns Psychol.* 2005 Apr;52(2):167–77.
14. Wirihana L, Welch A, Williamson M, Christensen M, Bakon S, Craft J. Using Colaizzi's method of data analysis to explore the experiences of nurse academics teaching on satellite campuses. *Nurse Res.* 2018 Mar 16;25(4):30–4.
15. Susanti DD, Hamid AYS, Afiyanti Y. The Spiritual Experience of Women with Cervical Cancer. *J Keperawatan Indones.* 2011;14(1):15–22.
16. Turnip M, Keliat BA, Susanti Y, Putri E. The Phenomenon of Conflict, Anxiety, And Depression in Cancer Clients After Being Diagnosed for One Year and Receiving Therapy in a Public Hospital. *J Ners.* 2013;10(2):242–9.
17. Bahar H, Ismail CS, Wulandari N. Description of quality of life in breast cancer patients at Bahteramas General Hospital Southeast Sulawesi Province year 2017. *J Ilm Mhs Kesehat Masy Unsyiah.* 2017;2(6):1–9.
18. Hasnani F. Spirituality and Quality of Life of Cervical Cancer Survivors. *J Poltekkes.* 2012;123–32.
19. Bakoil M. Efforts to Maintain the Survival of Cervical Cancer Patients at the Regional General Hospital Prof. DR Johannes Kupang. Efforts to Maintain the Survival of Patients with Cervical Cancer in Prof. Dr. W.Z. JohannesKupang Regional Public Hospital. 2014;71–9.
20. Prastiwi T, Febri. Developmental and Clinical Psychology. Adolescent self-identity in class Xi students of SMA Negeri 2 Pemalang in terms of gender. 2013;1(1):21–7.
21. Distinarista H, Rahayu T. The role of spirituality in coping experience of muslim patients suffering from cervical cancer. *Media Keperawatan Indones.* 2022 May 30;5(2):100.
22. Sinuraya E. Quality of Life of Breast Cancer Patients (Ca Mamaé) at Oncology Poly Rsu Dr. Pirngadi Medan. *J Ris Hesti Medan Akper Kesdam I/BB Medan.* 2017;1(1):51.
23. Witjaksono M, Yatiningsih D, Widaretno H, Asdiniah R, Ame A. The Role of Family

- Meeting In Dealing With Rejection Towards Hospital Discharge of Terminally Ill Cancer Patients. *Indones J Cancer*. 2018 Oct 2;12(2):52.
24. Nuraeni A, Nurhidayah I, Hidayati N, Windani C, Sari M. Spiritual Needs in Cancer Patients. 3:57–66.
 25. Diyella NP, Sulistyorini WD, Rahayu AP. Phenomenological Study of Aspects of Spirituality in Cervical Cancer Fighters. *J Keperawatan Wiyata*. 2021;2(2):21.
 26. Paniati E. Tahajud Prayer Treatment For Universitas Islam Negeri Walisongo. 2021;
 27. Puspasari IA. Dhikr Therapy in Advanced Cancer Patients. *Pravoslavie.ru*. 2007;
 28. Arafah M, Saleh A, Kaelan C, Yusuf S. Spiritual Experience of Colon Cancer Patients with Permanent Colostomy: A Phenomenological Study. *J Islam Nurs*. 2017;2(2).
 29. Sarwat A. Shalat Orang Sakit. 2017;1–35.
 30. Sarwat A. Tayammum Fatih Fayyad & Fawwaz Faqih. 2018;1–56.
 31. Lestari A, Budiarti Y, Ilmi B. Phenomenological Study: Psychology of Cancer Patients Undergoing Chemotherapy. *J Keperawatan Suaka Insa*. 2020;5(1):52–66.
 32. Bafandeh Zende M, Hemmati Maslakh M, Jasemi M. Nurses' perceptions of their supportive role for cancer patients: A qualitative study. *Nurs Open*. 2022;9(1):646–54.
 33. Azizah N, Purnomo M. Execution of Wudhu Tayamum and Sholat Patients in the Hospital. *J Ilmu Keperawatan dan Kebidanan*. 2019 Jul 26;10(2):303.
 34. Retnaningsih D, Ferari E, Winarti R. End-stage colon cancer treatment experience: Case Study. *J Surya Muda*. 2022;4(1):37–49.
 35. Abidin MF. Fulfillment of the spiritual needs of patients in the hospital inpatient room. *Bhayangkara Makassar Ners Final Project Submitted to Meet One of the Requirements for Obtaining a Nursing Ners Degree at the Faculty of Medicine and Health Sciences UIN Alauddin Makassar Oleh*. 2022;
 36. Rahmadaniar PA, Siti HN. Improved awareness of establishing prayers in inpatients. *Semin Nas Pengabdi Flip*. 2020;1:481–619.
 37. Endriyani S. Studi Phenomenology of Spiritual Experience of Leprosy Patients Living Life at Rivai Abdullah Hospital Palembang. *J Keperawatan Sriwij*. 2014;1(1):55–61.
 38. Junovandy D, Elvinawanty R, Marpaung W. Quality of life in terms of expectations in female patients with cancer. *J Ilm Psikol Terap*. 2019;7(1):41.