

artikel

By artikel artikel

ORIGINAL ARTICLE

5 IDENTIFYING MENTAL HEALTH FACTORS OF CANCER PATIENTS IN HOSPITAL X

Identifikasi Faktor-Faktor Kesehatan Mental pada Pasien Kanker di Rumah Sakit X

Solikhah¹, Solikhah¹, Rochana Ruliyandari², Wulan Rahmadhani³, Fatma Nuraisyah⁴

¹Faculty of Public Health, Universitas Ahmad Dahlan, Yogyakarta 55166, Indonesia, solikhah@ikm.uad.ac.id

²Faculty of Public Health, Universitas Ahmad Dahlan, Yogyakarta 55166, Indonesia, ruliyandari27@gmail.com

³Department of Midwifery, Universitas Muhammadiyah Gombong, 54411, Gombong, Central Java, Indonesia, wulannnn02@gmail.com

⁴Faculty of Public Health, Universitas Ahmad Dahlan, Yogyakarta 55166, Indonesia, fatma.nuraisyah@ikm.uad.ac.id

Corresponding Author: Rochana Ruliyandari, ruliyandari27@gmail.com, Faculty of Public Health, Universitas Ahmad Dahlan, Yogyakarta 55166, Indonesia

ARTICLE INFO

Article History:

Received January, 10th, 2022

Revised form August, 1st, 2022

Accepted November, 29th, 2022

Published online January, 29th, 2023

Keywords:

Age;
cancer;
family support;
mental health;
spirituality

Kata Kunci:

Usia;
kanker;
dukungan keluarga;
kesehatan mental;
spiritual

ABSTRACT

Background: Physical health of people living with cancer causes mental health disorders and unknowingly affects the overall quality of patients' life. As many as 34.40% of cancer patients in Indonesia experience depression due to anxiety and fear. **Objective:** Therefore, this study was conducted to determine the mental health of cancer patients in the hospital so that the relationship between the mental health of cancer patients and other factors, such as the characteristics of the respondents, family support, and spirituality, is known. **Methods:** The type of research for this study is quantitative with a cross-sectional design using the Pearson Chi-Square analysis. There were 96 respondents in this study who were cancer patients from Hospital X. The independent variables used were the respondent's demographic characteristics (age, gender, occupation, and education), family support, and spirituality, with the dependent variable being mental health (stress and depression). **Results:** The results of the study showed that cancer patients had the latest elementary school education (40.60%), status not working (61.50%), female (66.70%), early elderly (35.40%), 70.80% received moderate family support, 76% had moderate spirituality, 51% experienced moderate stress, and 57.30% had depression. The characteristics of respondents in this study, namely gender, education, occupation, and spiritual factors, were not associated with mental health in cancer patients. **Conclusion:** The results showed that age and family support were factors associated with the mental health of cancer patients, while other demographic characteristics (gender, occupation, and education) also spiritual factors were not associated with the mental health of the cancer patients.

How to Cite: Solikhah, S., Ruliyandari, R., Ramdani, W., & Nuraisyah, F. (2023). Identifying mental health factors of cancer patients in hospital X. *Jurnal Berkala Epidemiologi*, 11(1), 92-100.
<https://dx.doi.org/10.20473/jbe.11i1.2023.92-100>

ABSTRAK

Latar Belakang: Kesehatan fisik penderita kanker menyebabkan gangguan pada kesehatan mental dan secara tidak sadar akan memengaruhi kualitas hidup penderita secara keseluruhan. Sebanyak 34,40% penderita kanker di Indonesia mengalami depresi akibat kecemasan dan ketakutan. **Tujuan:** Oleh karena itu, penelitian ini dilakukan untuk mengetahui kesehatan jiwa pasien kanker di rumah sakit, sehingga diketahui hubungan antara kesehatan jiwa pasien kanker dengan faktor lainnya, seperti karakteristik responden, dukungan keluarga, dan spiritualitas. **Metode:** Jenis penelitian ini adalah kuantitatif dengan desain cross sectional. Analisis yang digunakan dalam penelitian ini adalah analisis Pearson Chi-Square. Terdapat 96 responden pada penelitian ini yang merupakan pasien kanker dari Rumah Sakit X. Variabel bebas yang digunakan adalah karakteristik responden (umur, jenis kelamin, pekerjaan, dan pendidikan), dukungan keluarga, dan spiritualitas, dengan variabel terikatnya adalah kesehatan jiwa (stress dan depresi). **Hasil:** Hasil penelitian menunjukkan pasien kanker berpendidikan terakhir SD (40,60%), status tidak bekerja (61,50%), berjenis kelamin perempuan (66,70%), berumur lanjut usia dini (35,40%), 70,80% mendapat dukungan keluarga sedang, 76% memiliki spiritualitas sedang, 51% mengalami stress sedang, dan 57,30% mengalami depresi. Karakteristik responden dalam penelitian ini yaitu jenis kelamin, pendidikan, pekerjaan, dan faktor spiritual tidak berhubungan dengan kesehatan jiwa pada pasien kanker. **Kesimpulan:** Hasil penelitian menunjukkan bahwa usia dan dukungan keluarga berhubungan dengan kesehatan mental pasien kanker, sedangkan karakteristik lain dan spiritualitas tidak berhubungan dengan kesehatan mental.

©2023 Jurnal Berkala Epidemiologi. Penerbit Universitas Airlangga.
 Jurnal ini dapat diakses secara terbuka dan memiliki lisensi [CC-BY-SA](#)

INTRODUCTION

One of the leading causes of death in the world today is cancer. In 2018, 9.80% of deaths occurred due to cancer. There are various types of cancer, but the cancers that contribute to morbidity and mortality are lung, breast, colorectal, prostate, skin, and liver. Approximately 70% of cancer deaths occur in low and middle-income countries (1). Based on previously done research, pediatric cancer patients, primarily males aged 6-10 years, and suffering from leukemia (2), and based on 2013 Basic Health Research, the prevalence of people living with cancer in Indonesia's population of all ages is 1.40%. Indonesia is one of the lower-middle economic category countries. Central Java province has the highest estimate of people living with cancer, 68,638 (3), and a relatively high cancer incidence. Cancer is still the leading cause of morbidity and mortality, with 1.50% of cervical cancer cases and 0.60% of breast cancer (4).

Mental illness affects 34% of female cancer patients (5). Another study also found that 25.71% of cancer patients had low depression, 45.71% had moderate depression, and 28.58% had severe depression (6). Depression experienced by cancer

patients usually begins when a person is diagnosed with cancer, and then the stage status of cancer continues. This condition will make people with cancer feel depressed and stressed (5). This cancer does not only cause physical problems but also impacts psychology and causes psychological pressure resulting in the patients becoming stressed (7).

Cases of mental health disorders such as discouragement, stress, and depression in cancer patients are influenced by several factors, including age, education level, occupation, and place of residence. The advanced age of cancer patients can increase their anxiety because the elderly are physically old, and uncertainty can also arise because of the low cure rate and other congenital diseases. Lack of knowledge and education can also cause stress which develops into a mental disorder while dealing with the disease. The limitations of doing activities for the elderly or with chronic diseases result in limitations in socializing, making people living with cancer feel more lonely and isolated (5).

Family support also affects severe depression in cancer patients indirectly (8). Support from family or people closest to people living with

cancer is Indonesia's most essential and reasonable support. The family is the leading party that provides support when someone experiences problems or is sick (9). Family support will affect the psychology of cancer patients because cancer patients will feel reassured, consoled, and loved (10). Spiritual support can also have a positive impact. For example, praying can provide peace because it can improve the individual's relationship with God. Besides that, prayer enhances the patient's quality of life, including physical and mental (11).

Family support and spirituality have a very close relationship. With family support, other family members can give each additional strength and help solve problems. In family support, spiritual support is one way to overcome difficulties. This study aims to determine the factors associated with the mental health of cancer patients at Hospital X, such as family support and spirituality. Through this research, doctors and family members can maintain cancer patients' mental health.

METHODS

This research is quantitative with an observational analytic method conducted with a cross-sectional approach. The independent variables in this study were the characteristics of the respondents (age, gender, occupation, and education of the cancer patients), family support (the relationship between the cancer patients with the family), and the condition of cancer patients, especially about their spirituality. The dependent variable in this study is the mental health of cancer patients. The sample in this study used a purposive sampling technique.

The sample size was calculated based on the sample formula to calculate the cross-sectional survey. The research instruments and tools used are the Questionnaire Centre for Epidemiological Studies Depression Scale (CES-D), Perceived Stress Scale (PSS), Development of The Family Support Scale (FSS) for Elderly People, and Daily Spiritual Experience Scale (DSES). This study already has an ethical permit from Ahmad Dahlan University and has been approved under number 012103019.

RESULTS

Characteristics of Respondents

Patient characteristics are important as an essential reference for a study. The characteristic describes the subjects to be studied. The following are the characteristics of the respondents in this study described in the frequency distribution based on the factors of cancer patients in Hospital X, as shown in Table 1.

Table 1 shows the frequency distribution of the characteristics of cancer patients in Hospital X. It can be seen from the age of cancer patients; 35.4 percent are the early elderly aged 46-55. For the gender, it mainly occurred in women, as many as 64 patients (66.70%). Most respondents were not working (61.50%), but as many as 39 patients had a final elementary school education, which is 40.60%.

Univariate Analysis

The frequency distribution of family support in cancer patients in hospitals can be seen in Table 2. Most cancer patients received moderate family support (70.80%). It is shown that most cancer patients had an intermediate spirituality level (76%). The frequency distribution of spirituality regarding proximity to God in cancer patients at X Hospital is known that most cancer patients felt somewhat close to God, as many as 49 respondents, equal to 51%. Table 2 shows that most cancer patients experienced moderate stress, with as many as 49 respondents (51%), and experiencing depression, as many as 55 respondents (57.30%).

Bivariate Analysis

Age has a significant relationship with mental health (stress) in cancer patients, as shown in Table 3, and family support has a substantial connection with mental health (depression), as shown in Table 4. It is known that from a total of 96 cancer patients, eight people are categorized with high-stress levels, ranging from late adults (36-45 years old) to late elderly (56-65 years old).

Table 1
Frequency Distribution of Characteristics of Cancer Patients in Hospital X

Characteristic	n	%
Age		
6 Late Adolescence (17-25 Years Old)	5	5.2
Early Adults (26-35 Years Old)	7	7.3
Late Adults (36-45 Years Old)	20	20.8
Early Elderly (46-55 Years Old)	34	35.4
Late Elderly (56-65 Years Old)	19	19.8
Seniors (>65 Years Old)	11	11.5
Gender		
Male	32	33.3
Female	64	66.7
Occupation		
Employment	37	38.5
Unemployment	59	61.5
Education		
Not going to school	13	13.5
Elementary School	39	40.6
Junior High School	26	27.1
Senior High School	18	18.8
Associate degree	0	0
Bachelor/Master/PhD	0	0

Source: Primary Data, 2021

DISCUSSION

The Relationship between Cancer Patient Characteristics and Mental Health in Hospital X

The relationship between the characteristics of cancer patients, namely age and mental health, and stress, has a significant relationship—the result aligns research regarding women's emotional and mental health with cancer in Indonesia. The study explains that the older a person is, the quicker their psychological condition will be disturbed. It can be because a higher age will cause different anxiety levels, such as feelings of anxiety because there is no certainty about the disease he is suffering or because of his physical independence (5). It is also said that older cancer patients score higher in depression than young patients (12).

In contrast to the characteristics of cancer patients, such as gender, occupation, and education, both stress and depression at Hospital X did not have a significant relationship. These results follow the research conducted by Utami % Mustikasari (13), which examined the psychosocial aspects of breast cancer patients, and the research undertaken by Suwistianisa et al. (2015) regarding the factors that influence depression in cancer patients treated at RSUD Arifin Achmad Riau Province.

Table 2
Frequency Distribution of Family Support, Spirituality, and Mental Health of Cancer Patients

Variable	n	%
Family Support		
Low	16	16.70
Moderate	68	70.80
High	12	12.50
Total	96	100
Spirituality		
Low	0	0
Moderate	73	76
High	23	24
Total	96	100
Spirituality		
Absolutely not	0	0
Somewhat close	49	51
Close	43	45
Very close	4	4
Total	96	100
Stress		
Low	39	40.60
Moderate	49	51
High	8	8.30
Total	96	100
Depression		
No	41	42.70
Yes	55	57.30
Total	96	100

Source: Primary Data, 2021

Table 3
Relationship between Characteristics of Cancer Patients and Mental Health (Stress) at Hospital X

Characteristics	Stress						n		P-value
	Low		Moderate		High		n	%	
	n	%	n	%	n	%			
Age (Years Old)									
Late Adolescence: 17-25	4	4.2	1	1	0	0	5	5.20	0.00
Early Adults: 26-35	1	0.0	7	7.30	0	0	7	7.30	
Late Adults: 36-45	12	12.50	7	7.30	1	1	20	20.80	
Early Elderly: 46-55	16	16.70	13	13.50	5	5.20	34	35.40	
Late Elderly: 56-65	5	5.2	12	12.50	2	2.10	19	19.80	
Seniors: >65	2	2.1	9	9.40	0	0	11	11.50	
Gender									
Male	11	11.50	18	18.80	3	3.10	32	33.30	0.68
Female	28	29.20	31	32.30	5	5.20	64	66.70	
Occupation									
Employment	27	28.10	25	26	7	7.30	59	61.50	0.05
Unemployment	12	12.50	24	25	1	1	37	38.50	
Education									
Not going to school	4	4.20	6	6.30	3	3.10	13	13.50	0.54
Elementary School	16	16.70	21	21.90	2	2.10	39	40.60	
Junior High School	13	13.50	11	11.50	2	2.10	26	27.10	
Senior High School	6	6.30	11	11.50	1	1	18	18.80	
Associate's Degree	0	0	0	0	0	0	0	0	
Bachelor/Master/PhD	0	0	0	0	0	0	0	0	
Family Support									
Low	2	2.10	12	12.50	2	2.10	16	16.70	0.19
Moderate	32	33.30	33	34.40	3	3.10	68	70.80	
High	5	5.20	4	4.20	3	3.10	12	12.50	
Spirituality									
Low	0	0	0	0	0	0	0	0	0.15
Moderate	32	33.30	37	38.50	4	4.20	73	76	
High	7	7.30	12	12.50	4	4.20	23	24	

There is no relationship between education and works with stress or depression (13). A study by Khesht-Masjedi et al (15) also states no significant relationship between gender depression levels. Women generally can be more expressive of their feelings and emotions. For example, psychologically, women are easier to cry as a form of emotional outburst and easier to persuade or change their beliefs (16). This psychological change can make it easier for women to finally express concerns that are one of the beginnings of stress or depression and easier to return to positive thinking about what they are experiencing. In this study, education and work had no relationship to mental health, either stress or depression. It can happen because not everyone with low education will have insufficient knowledge (13). A person's knowledge can be obtained from family, society, or electronic media as a source of information

(14). In addition, not everyone who does not work will be mentally disturbed because some people think that not working can be a time for them to be calmer and reduce external stressors.

Relationship between Family Support for Cancer Patients and Mental Health at Hospital X

This study found that family support is related to mental health, such as depression. The result aligns with the research conducted by Suwisti et al (14) regarding the factors that influence the level of depression in cancer patients treated at the Achmad Hospital, Riau Province, and research conducted by Yulianti et al (17) regarding the relationship between family support and depression in breast cancer patients. Good family

support was associated with lower anxiety levels (18).

Family support can influence cancer patients' psychology and emotional responses and will, of course, aid their healing process (19). The family will act as mediators to help patients manage their emotions healthily, leading to self-acceptance and the capacity for a happy, optimistic life (20). Through motivation and spirituality, families provide meaningful support for cancer patients. Family members and cancer patients are also recommended to socialize (21).

Cancer patients with low family support feel they do not get enough support from their families. It might happen due to the lack of family interaction and the lack of information that cancer patients can obtain. Research also explains that low family support triggers depression. It can cause patients to experience severe pain (22). The source of human strength that leads to happiness in life can increase a person's immunity to overcome the pain they suffer (23).

Table 4
Relationship between Characteristics of Cancer Patients and Mental Health (Depression) at Hospital X

Characteristics	Depression				n		P-value
	No		Yes		n	%	
	n	%	n	%			
Age (Years Old)							
Late Adolescence: 17-25	3	3.10	2	2.10	5	5.20	0.30
Early Adults: 26-35	2	2.10	5	5.20	7	7.30	
Late Adults: 36-45	8	8.30	12	12.50	20	20.80	
Early Elderly: 46-55	19	19.80	15	15.60	34	35.40	
Late Elderly: 56-65	5	5.20	14	14.60	19	19.80	
Seniors: >65	4	4.20	7	7.30	11	11.50	
Gender							
Male	14	14.60	18	18.8	32	33.30	0.88
Female	27	28.10	37	38.50	64	66.70	
Occupation							
Employment	41	42.70	55	57.30	96	100	0.23
Unemployment	28	29.20	31	32.30	59	61.50	
Education							
Not going to school	9	9.40	4	4.20	13	13.50	0.10
Elementary School	18	18.80	21	21.90	39	40.60	
Junior High School	9	9.40	17	17.70	26	27.10	
Senior High School	5	5.20	13	13.50	18	18.80	
Associate's Degree	0	0	0	0	0	0	
Bachelor/Master/PhD	0	0	0	0	0	0	
Family Support							
Low	2	2.10	14	14.60	16	16.70	0.01
Moderate	31	32.30	37	38.50	68	70.80	
High	8	8.30	4	4.20	12	12.50	
Spirituality							
Low	0	0	0	0	0	0	0.93
Moderate	31	32.30	42	43.80	73	76	
High	10	10.40	13	13.50	23	24	

There are, special attention is needed for the treatment of cancer patients. One of them is family support, especially from the closest family. Family caregivers will have more time to interact and be close to the patients (24). With family support, cancer patients will feel more excited, valued, and motivated to undergo treatment for better conditions (17). Support from family or close people with cancer gives a feeling of being protected so that patients feel more comfortable with the disease they are suffering.

The Relationship between Spirituality of Cancer Patients and Mental Health in Hospital X

The spirituality of cancer patients with mental health did not have a significant relationship in Hospital X. The result is different from the Wiksuarini et al (11) research about cancer patients' spirituality and quality of life. According to Chaar et al (25), regarding evaluating the impact of spirituality on the quality of life, anxiety, and depression, a transverse observational study explains that spirituality relates to cancer patient's mental health.

The previous research explains that spiritual well-being positively correlates with mental health (26). It is because high spirituality will change the patients' mindset to accept their condition better and face their illness with gratitude to God. In a previous study, Komariah et al (27) used an Islamic-based practice approach for breast cancer patients. As a result, there was a change in positive responses, which made them closer to God and have a peaceful mind in their daily life. Besides, depression and anxiety in Muslim cancer patients have a low tendency if they are more religious, which is understanding several definitions of Al-Islam, Al-Iman, and Al-Ihsan (28). Cancer patients will assume that their disease is the will of God. This situation will make cancer patients more intensive in carrying out worship to drive them calmer and more hopeful for recovery (11).

However, other studies have shown that spiritual coping can give excellent or bad side effects on mental health. If a person can associate his illness with a constructive attitude based on faith, it can encourage adaptation to health and psychological adjustment to stress. If a person sees their illness as a punishment for an existential crisis, spiritual coping becomes a negative side effect (29).

Although the concepts of religiosity and spirituality are related, they have different

meanings. Spirituality can be related to one's religion. However, it can also be related to other things, such as the experience of seeking meaning, purpose, and well-being between oneself and others, with oneself, or with the ultimate reality (30). The findings of the distribution of spirituality frequencies regarding the closeness of cancer patients to God support the hypothesis from earlier research. Of the majority of Muslim cancer patients, not all of them have faith or attachment to their God; Most of them have moderate spirituality (73 patients), and only 23 patients have high spirituality. Therefore, it can be stated that even though a patient has religion, it does not mean they are spiritual enough toward their God.

CONCLUSION

The analysis results show that the characteristics of cancer patients with mental health are influenced by age. Meanwhile, the respondent's gender, education, and occupation characteristics are unrelated to their mental health. Family support affects cancer patients' mental health, while spirituality has no relationship with their mental health.

Based on the research, the researcher provides several suggestions. For Hospital X, it is hoped that it will continue to provide services or facilities to provide mental support for cancer patients and assist them in preventing mental health disorders due to their conditions. Meanwhile, for cancer patients in Hospital X, it is expected that they will continue to increase their confidence and ability to undergo treatment to prevent mental disorders that can affect their physical condition. Lastly, for other researchers, the researchers suggest conducting further research on the factors that affect the mental health of cancer patients with more in-depth or qualitative methods.

CONFLICT OF INTEREST

No potential conflict of interest is relevant to this article.

AUTHOR CONTRIBUTIONS

SS handled the research's concept and idea, RR was responsible for the final version of the manuscript, and WR and FN experimented. All authors shaped the research.

ACKNOWLEDGMENTS

We want to express our gratitude to all the cancer patients in Hospital X. We would like to thank the reviewer for the insightful comments.

REFERENCES

1. WHO. Cancer. Geneva: World Health Organization; 2017.
2. Fithriyah I, Konginan A, Maramis M, Mahajudin M, Muhdi N, Margono H, et al. The epidemiology of pediatric cancer in the palliative care unit at dr. Soetomo general hospital, Surabaya. *J Berk Epidemiol* [Internet]. 2020 Jan 28;8(1):65–71. Available from: <https://e-journal.unair.ac.id/JBE/article/view/11060>
3. Kementerian Kesehatan RI. Infodatin Pusat Data dan Informasi Kementerian Kesehatan RI: situasi penyakit kanker Indonesia. Pusat Data dan Informasi Kemenkes RI. Jakarta: Kemenkes RI; 2015. 31–33 p.
4. Dinas Kesehatan Provinsi Jawa Tengah. Profil Kesehatan Provinsi Jateng Tahun 2019. Vol. 3511351, Dinas Kesehatan Provinsi Jawa Tengah. 2019. 273–275 p.
5. Khoiriyah R, Handayani S. Kesehatan mental emosional perempuan penderita kanker di Indonesia. *Jkmm*. 2020;3(2):164–73.
6. Widoyono S, Setiyarni S, Effendy C. Tingkat Depresi pada Pasien Kanker di RSUP Dr. Sardjito, Yogyakarta, dan RSUD Prof. Dr. Margono Soekarjo, Purwokerto: Pilot Study. *Indones J Cancer*. 2017;11(4):171–7.
7. Kemenkes RI. Situasi penyakit kanker. Vol. 53. Jakarta: Kemenkes RI; 2015.
8. Zhou Y, Hu D, Zhang K, Mao J, Teng F, Yu T, et al. The mechanism of family adaptability and cohesion in suicidal ideation among Chinese cancer patients. *J Psychosoc Oncol*. 2020;38(5):612–26.
9. Pradjatmo H, Nisman WA, Fatmawati Y. Quality of life of cervical cancer patient with support from nuclear family and extended family in Dr. Sardjito general hospital, Yogyakarta Indonesia: a comparative study. *Int J Res Med Sci*. 2017;5(8):3554.
10. Tolotti A, Bonetti L, Pedrazzani C, Bianchi M, Moser L, Pagnucci N, et al. Nursing management of fatigue in cancer patients and suggestions for clinical practice: a mixed methods study. *BMC Nurs*. 2021;20(1):1–14.
11. Wiksuarini E, Rochmawati E, Rahmah. Spiritualitas dan kualitas hidup pada pasien kanker. *Din Kesehat*. 2018;9(2):301–12.
12. Estapé T. Cancer in the Elderly: Challenges and Barriers. *Asia-Pacific J Oncol Nurs*. 2018;5(1):40–2.
13. Utami SS, Mustikasari M. Aspek Psikososial Pada Penderita Kanker Payudara: Studi Pendahuluan. *J Keperawatan Indones*. 2017;20(2):65–74.
14. Suwistianisa R, Huda N, Ernawaty J. Faktor-faktor yang mempengaruhi tingkat depresi pada pasien kanker yang dirawat di RSUD Arifin Achmad Provinsi Riau. Oktober. 2015;2(2):1463.
15. Khesht-Masjedi MF, Shokrgozar S, Abdollahi E, Habibi B, Asghari T, Ofoghi RS, et al. The relationship between gender, age, anxiety, depression, and academic achievement among teenagers. *J Fam Med Prim care*. 2019;8(3):799.
16. Nurhayati E. Psikologi perempuan dalam berbagai perspektif [Internet]. 2nd ed. Yogyakarta: Pustaka Pelajar; 2018. Available from: [http://repository.syekhnujrjati.ac.id/3598/1/4.Psikologi Perempuan.pdf](http://repository.syekhnujrjati.ac.id/3598/1/4.Psikologi%20Perempuan.pdf)
17. Yuliati LD, Fitriani RD, Maliya A. Hubungan Dukungan keluarga dengan depresi pada pasien kanker payudara. *Pros Semin Nasioanal Keperawatan Univ Muhammadiyah Surakarta*. 2020;56–61.
18. Sari DK, Dewi R, Daulay W. Association Between Family support, coping strategies and anxiety in cancer patients undergoing chemotherapy at General Hospital in Medan, North Sumatera, Indonesia. *Asian Pacific J Cancer Prev*. 2019;20(10).
19. Husebø AML, Karlsen B, Husebø SE. Health professionals' perceptions of colorectal cancer patients' treatment burden and their supportive work to ameliorate the burden—a qualitative study. *BMC Health Serv Res*. 2020;20:1–13.
20. Ain MQ, Triharini M, Kusumaningrum T. Correlation Between family support and emotional regulation with the resilience of breast cancer patients in the city of Surabaya: A Literature Review. *Pedimaternat Nurs J*. 2020;6(1):57.
21. Aprilianto E, Lumadi SA, Handian FI.

- Family social support and the self-esteem of breast cancer patients undergoing neoadjuvant chemotherapy. *J Public Health Res.* 2021;10(2).
22. Su JA, Yeh DC, Chang CC, Lin TC, Lai CH, Hu PY, et al. Depression and family support in breast cancer patients. *Neuropsychiatr Dis Treat.* 2017;13:2389–96.
 23. Mollison JA. Nietzsche contra stoicism: naturalism and value, suffering and amor fati. *Inquiry.* 2019;62(1):93–115.
 24. Saputro I, Nashori F, Sulistyarini I. Promoting resilience among Family Caregiver of Cancer through Islamic Religious Coping. *Indig J Ilm Psikol.* 2021;6(2):55–66.
 25. Chaar EA, Hallit S, Hajj A, Aaraj R, Kattan J, Jabbour H, et al. Evaluating the impact of spirituality on the quality of life, anxiety, and depression among patients with cancer: an observational transversal study. *Support Care Cancer.* 2018;26(8):2581–90.
 26. Zare A, Bahia NJ, Eidy F, Adib N, Sedighe F. The relationship between spiritual well-being, mental health, and quality of life in cancer patients receiving chemotherapy. *J Fam Med Prim Care.* 2019;8(5).
 27. Komariah M, Qadous SG, Firdaus MKZH, Agustina HR, Mediawati AS, Yulianita H, et al. The psychological experiences of using islamic philosophy approach among women's with advanced breast cancer in Indonesia. *Open Access Maced J Med Sci.* 2021;9(T6):133–7.
 28. Basri NA, Hong GC, Oon NL, Kumagai S. Islamic Religiosity, Depression, and Anxiety among Muslim Cancer Patients. *IAFOR J Psychol Behav Sci.* 2015;
 29. Rego F, Nunes R. The interface between psychology and spirituality in palliative care. *J Health Psychol.* 2019;24(3):279–87.
 30. Amir Y, Lesmawati DR. Religiusitas dan spiritualitas: konsep yang sama atau berbeda? *J Ilm Penelit Psikol Kaji Empiris Non-Empiris.* 2016;2(2):67–73.

artikel

ORIGINALITY REPORT

5%

SIMILARITY INDEX

PRIMARY SOURCES

1	www.jcdr.net Internet	36 words — 1%
2	qry.regents.state.oh.us Internet	28 words — 1%
3	www.researchgate.net Internet	27 words — 1%
4	Magda Fiske Rumambi, Fitriana Suprapti, Wilhelmus Hary Susilo. "The Effect of Spiritual Emotional Freedom Technique (SEFT) on Pain Intensity of Advanced Breast Cancer Patients in X Hospital Tangerang", Journal of Holistic Nursing, 2023 Crossref	26 words — 1%
5	garuda.kemdikbud.go.id Internet	26 words — 1%
6	eprints.umm.ac.id Internet	25 words — 1%
7	www.psychosocial.com Internet	21 words — 1%

EXCLUDE BIBLIOGRAPHY ON

EXCLUDE MATCHES

< 1 WORDS