



Case Report on Carcinoma Mammae Patient with Readiness to Improve Religiosity Problem

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CASE STUDY

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Abstract

Background: Palliative care is the care of a patient and their family who have an incurable disease by improving the patient's quality of life and reducing disturbing symptoms spirituality and religiosity are important components in the palliative care of cancer patients which are important aspects of cancer patient care. can improve the quality of life and reduce the suffering of cancer patients. **Purpose:** To determine the benefits of palliative nursing from spiritual/religious aspects in the case of Carcinoma Mammae patients in the Cendana 2 room of Dr. Sardjito Hospital Yogyakarta. **Methods:** Case study research on patients with Carcinoma Mammae totaling 2 people. Data collection techniques are observation and interviews. **Results:** In case 1 and case 2, the priority nursing diagnosis of readiness to improve religiosity was taken and nursing care was carried out for 3x24 hours. The implementation given is using therapeutic communication in building a trusting relationship, asking the patient's feelings, conducting spiritual assessments, encouraging participation related to family and other people's involvement, providing privacy / quiet time for spiritual activities, and encouraging the use of spiritual resources. **Conclusion:** The results of evaluating nursing care readiness to improve religiosity on the third day of case 1 (ability to worship) and case 2 (ability to worship and pray) have not been resolved. **Conclusion:** Patients are expected to be able to implement routine worship activities in daily life which can increase religiosity in the face of palliative disease.

Keywords: mammary carcinoma, readiness to improve religiosity, nursing

Introduction

Palliative care is the care of a patient and his family who have an incurable disease by maximizing the patient's quality of life and reducing disturbing symptoms, as well as through pain reduction, by paying attention to the psychological and spiritual aspects of the patient and family (1). Palliative nursing according to WHO palliative nursing is an approach to improve the quality of life of patients and families in dealing with

problems related to life-threatening problems, through prevention and stopping suffering with early identification and assessment, pain management, and other problems, such as physical, psychological, social and spiritual (2). The principle of palliative care is to improve or maintain the quality of life of a patient with incurable cancer, patients feel pain but should not be in pain. The handling of palliative care is

not only physical but also emotional (spiritual), and social conditions (3).

One of the diseases that cannot be cured is cancer, cancer is a process that begins when abnormal genetic mutations and cellular DNA are altered (4). Cancer is one of the leading causes of death worldwide. In 2018, cancer was the cause of death for around 8.2 million people (5). Breast cancer (Carcinoma mammae) is a malignancy that attacks the mammary glands, glandular ducts, and supporting tissues of the breast (6).

Global Cancer Observatory 2018 data from the World Health Organization (WHO) shows that the most common cancer case in Indonesia is breast cancer, with 58,256 cases or 16.7% of the total 348,809 cancer cases. The Ministry of Health stated that the rate of breast cancer in Indonesia reached 42.1 people per 100 thousand population. The average death from this cancer reaches 17 people per 100 thousand population. The highest cancer prevalence is in DI Yogyakarta province at 4.86 per 1,000 population, followed by West Sumatra at 2.47 per 1,000 population and Gorontalo at 2.44 per 1,000 population. (Kemenkes RI, 2019).

The Hospital-Based Cancer Registration Report for the January 2020 period contains accumulated data on patients diagnosed with cancer at Dr. Sardjito Hospital in the period 2008-2017. A total of 20,503 data in the Dr. Sardjito Hospital-Based Cancer Registration database as of January 2020, 12,897 patients (62.8%) were female, and 7,609 (37.2%) patients were male. Temporary data on cancer cases with diagnoses in 2008-2017 shows that the distribution of the 10 largest diagnoses is breast cancer with 3,806 cases. Breast cancer at Dr. Sardjito Hospital is ranked the highest compared to other cancers. Data on cancer

cases with a diagnosis in 2008-2017 showed that 28.2% were breast cancer cases. The majority of breast cancer cases occur in patients with female gender (99.2% or 3,768 cases) (1).

Case 1 patients in the Cendana ward 2 of Dr. Sardjito Hospital Yogyakarta for 1-week researchers practiced there were 5 cases of patients with breast cancer. Interviews and assessments were conducted by researchers on 2 cases of breast cancer patients. In case 1, the patient complained of shortness of breath with respiratory respiration of 28x/minute, SPO2 94%, and said pain in the right chest on a scale of 5 (0-10) like stabbing, pain occurs. Other complaints the patient said he had little appetite, and could not do activities independently, for activities assisted by family. The shortness felt by the patient was due to fluid in the right lung. Case 2 also complained of shortness of breath with respiratory respiration 26x/minute, SPO2 96%, and said the pain in the left chest on a scale of 6 (0-10) was like stabbing, the pain disappeared and felt sore. Another complaint of the patient was that his appetite was reduced, feeling anxious because there would be a plan for surgery. The patient's shortness of breath was caused by fluid in the left lung.

Based on the background, the authors are interested in conducting a nursing care report on palliative cases in Carcinoma Mammæ patients with nursing problems to increase religiosity in Cendana Room 2 of Dr. Sardjito Hospital Yogyakarta.

Methods

This research is an observational case study research with a case study approach. Sample: The research objects in this case study were 2 patients managed in Cendana Room 2 with a nursing diagnosis

of rationality readiness. The samples in this study were 2 patients with mammary carcinoma at Dr. Sardjito General Hospital Yogyakarta.

Data collection techniques in this study through observation and interviews. Observation is a data collection technique that has specific characteristics when compared to others. Researchers must go directly to observe the object under study (7). With observation, researchers can see directly to find out the patient's physical condition such as the patient's general condition, as well as the pain problem felt.

Interviews are used as a data collection technique when researchers will conduct preliminary studies to find problems that must be researched, and researchers want to know things from more in-depth responses and the number of respondents is small or small (7). Interviews used in this study by asking structured questions. Interviews in this study were conducted on patients with mammary carcinoma. The interview method was used to strengthen and clarify the data obtained through patient medical records.

Table 1. Palliative care case data

Assesment	Cases 1	Cases 2
Biodata		
Name	Mrs. M	Mrs.S
Age	42 years	50 Years
Gender	Female	Female
Tribe/nation	Java	Java
Marital Status	Married	Married
Religion	Sunny	Islam
Occupation	Housewife	Factory worker
Diagnosi	CA Mamae <i>Dextra</i> Stadium IV Metastase lung	CA Mamae <i>Sinistra</i> Stadium III Metastase Lung
No.Medical Record	01.9*.**. **	01.9*. **. **
Date of admission	27 October 2020	10 November 2020
Date of assessment	11 November 2020	12 November 2020
Person in Charge		
Name	Mr.S	Mrs..L
Age	45 years	29 years
Gender	Male	Female
Occupation	Farmers	Teacher
Relationship with clients	Husband	Child
Address	-	-

Intervention

Data analysis techniques data analysis in qualitative research is a process of systematically tracking and organizing interview transcripts, field notes, and other materials collected to improve the

The data collection techniques used in this study were observation and

discovery of the materials. tersebut agar diinterpretasikan temuannya terhadap orang lain (8). The stages of research conducted by researchers include: data collection, data reduction, data presentation, and conclusion drawing. interviews, namely by observing the patient's condition and interviewing the

patient and family. Data reduction is a process of selecting, focusing on simplifying, abstracting, transforming rough data that emerges from the notes. After the data is reduced, the next step of analysis is data presentation. Data presentation is a set of organized information that provides the possibility of drawing conclusions and taking action (7).

Drawing conclusions or verification is an attempt to find or understand meaning or meaning, regularity of patterns, explanation of causal flow or propositions. Case Management Edmonton Symptom Assessment System (ESAS) Results Cases 1, November 11-12, 2020

Before drawing conclusions, data reduction, presentation and conclusion drawing are first carried out (7).

Data collection

The case studies in this study were 2 cases of patients with mammary CA in Sandalwood Ward 1 of Sardjito General Hospital which were conducted on November 10-12, 2020 and November 11-13, 2020

Tabel 2 Hasil *Edmonton Symptom Assessment System* (ESAS) Cases 1

No pain	0 1 2 3 ④ 5 6 7 8 9 10	Very Painful
No Fatigue	0 1 ② 3 4 5 6 7 8 9 10	Very Tired
No Nausea	0 1 2 ③ 4 5 6 7 8 9 10	Very Nauseous
No Depression	0 1 2 ③ 4 5 6 7 8 9 10	Very Depressed
No Anxiety	0 1 ② 3 4 5 6 7 8 9 10	Very Anxious
No Drowsiness	0 1 2 ③ 4 5 6 7 8 9 10	Very Drowsy
Good Appetite	0 1 2 ③ 4 5 6 7 8 9 10	Decreased Appetite
Good Overall Health Condition	0 1 2 3 ④ 5 6 7 8 9 10	Poor Health Condition
Not Short of Breath	0 1 2 3 4 5 6 7 ⑧ 9 10	Very Short of Breath
Other Problems	⑩ 1 2 3 4 5 6 7 8 9 10	Poor Condition

Tabel 3. Results *Edmonton Symptom Assessment System* (ESAS). Cases 2

No pain	0 1 2 3 4 5 6 ⑦ 8 9 10	Very Painful
No Fatigue	0 1 ② 3 4 5 6 7 8 9 10	Very Tired
No Nausea	0 1 2 ③ 4 5 6 7 8 9 10	Very Nauseous
No Depression	0 1 2 3 ④ 5 6 7 8 9 10	Very Depressed
No Anxiety	0 1 2 3 4 ⑤ 6 7 8 9 10	Very Anxious
No Drowsiness	0 1 ② 3 4 5 6 7 8 9 10	Very Drowsy
Good Appetite	0 1 2 ③ 4 5 6 7 8 9 10	Decreased Appetite
Good Overall Health Condition	0 1 2 3 4 ⑤ 6 7 8 9 10	Poor Health Condition
Not Short of Breath	0 1 2 3 4 5 ⑥ 7 8 9 10	Very Short of Breath
Other Problems	⑩ 1 2 3 4 5 6 7 8 9 10	Poor Condition

Table 4. Psical Activity ECOG (*Eastern Cooperative Oncology Group*)

ASSESSMENT	CASES 1 (11 November 2020)	CASES 2 (12 November 2020)
ECOG (<i>Eastern Cooperative Oncology Group</i>)	4: Total inactivity, mostly in a wheelchair or in bed. The result of the ECOG point four assessment was that Mrs. M did not do any activities at all due to her illness. Mrs. M only lies down and sleeps. For activities such as eating and bathing, she is fully assisted by her husband. Mrs. M often has sudden shortness of breath due to fluid in the right lung. .	3: Only able to do certain jobs over 50% sleep. The results of the ECOG point three assessment that Mrs.S is only able to do certain activities such as going to the bathroom to defecate assisted by her child, after returning from the bathroom Mrs.S usually complains of shortness of breath due to fluid in the left lung, more than 50% of Mrs.S only sleeps.

Table 5. Spiritual and Religious Assessment Results

Assessment	Cases 1 (11 November 2020)	Cases 2 (12 November 2020)
Assess the client's religious observance and practice of his/her beliefs	The patient said that before her illness, she sometimes prayed at the mosque and attended regular recitation activities in her village. After the patient was diagnosed with cancer and while in the hospital the patient sometimes prayed lying down, but when she felt very short of breath the patient did not perform worship. The patient said that she wanted to worship diligently but sometimes it was difficult to worship when she felt short of breath.	The patient said that before his illness, he sometimes prayed and sometimes he did not because of deadlines at work in the factory. The patient said that since being diagnosed with cancer and during her illness, she sometimes prayed sitting down but sometimes she did not. The patient said that he wanted to improve his prayer because he had rarely prayed before.
Support system in the family	The patient said her family support system is her husband and three children.	The patient said her family support system is her husband, children, and grandchildren.
Rituals that are commonly practiced	The patient said that sometimes in addition to praying, the patient reads the Qur'an after every prayer, and often asks her husband to pray so that her heart is calm, praying, and doing dhikr.	The patient said that he prayed, sometimes listened to the Qur'an murotal after the evening prayer, and always prayed to Allah to be given the best way for his illness.
Patient's belief in the disease	The patient considers his illness as an expiation for his sins and will be more sincere about it.	The patient considers his illness as a trial to get closer to Allah .
Assess outlook and preparedness for death	The patient said that whatever will happen in the future, he is willing to accept it even if it is the worst possibility.	The patient said he had resigned himself to his illness. Trying to surrender to whatever God has outlined.

Tabel 6. Assess outlook and preparedness for death Diagnosis Keperawatan

Cases	Dignosis
Cases 1	<ol style="list-style-type: none"> 1. Readiness to increase religiosity is related to desire to increase participation in religious practices 2. Breath pattern ineffectiveness associated with hyperventilation 3. Acute pain associated with biological agents of injury 4. Nausea (nausea) associated with gastrointestinal irritation 4. 5. Family coping inadequacies associated with unexpressed feelings by supporting individuals
Cases 2	<ol style="list-style-type: none"> 1. Readiness to increase religiosity is related to desire to increase participation in religious practices 2. Breath pattern ineffectiveness associated with hyperventilation 3. Chronic pain associated with tumor infiltration 4. Nausea (nausea) associated with gastrointestinal irritation 4. 5. Anxiety associated with Stressor (surgical procedure) 5. 6. Family coping inadequacies related to feelings that are not expressed by the supporting individual

Results

In case 1, the patient was 42 years old, had undergone right breast mastectomy surgery because she was diagnosed with Carcinoma Mammae since 2015. Before surgery, the patient underwent 6x chemotherapy. In 2020 there were 2 new lumps of about 4 cm in the left breast. The patient's blood pressure is 170/90 mmHg because the patient has a history of hypertension, the patient's respiratory respiration is 28 x/min because the patient has shortness of breath and a 10 lpm NRM oxygen tube is attached, the patient complains of pain on a scale of 4 (0-10) because there is a WSD installation wound in the lower right chest. The patient received paracetamol 30 mg/12 hours.

The results of adult PA thorax radiology examination in case 1 were dextra pleural effusion and pericardial effusion cardiomegaly. Pleural effusion is an abnormal accumulation of fluid in the

pleural cavum, the accumulation and excess of pleural fluid due to increased fluid production, or decreased fluid absorption between the pariental pleura and viscerail pleura. Normally the pleural cavum only contains 10-20 milliliters of fluid. This buildup can be caused by several infectious disease disorders and malignancy cases both in the lungs and outside the lung organs (9).

The patient complained of shortness of breath respiratory respiration 28x / min, installed NRM oxygen hose 10 lpm. Non rebreathing mask 8 - 12 L/min FiO₂ reached 100%. While the results of the adult PA thorax radiology examination in case 2 are massive pleural effusion sinistra. This can indicate an abnormality in the thoracic cavity, which is unilateral, due to the accumulation of fluid in the massive sinistra pleural cavity (10). (10) The patient complained of shortness of breath

respiratory respiration 26x/min, a 4 lpm nasal cannula oxygen tube was attached. Nasal cannula oxygen concentration is 4 lpm, for low oxygen concentration nasal cannula can provide oxygen between 24% (IL/min) to 36% (4-5L/min).

In case 2, the patient was 50 years old, the patient had never undergone chemotherapy and mastectomy surgery because the patient was diagnosed with Carcinoma Mammarum two months ago. The patient has no history of hypertension but the patient's blood pressure is 130/84 mmHg or prehypertension. Prahypertension according to JNC 8 is a condition in which systolic blood pressure reaches 120 - 139 mmHg and diastolic reaches 80 - 89 mmHg (11). This is caused by the presence of pain. Pain can increase the nervous system and blood pressure.

Discussions

Rituals/Religious Practices that are commonly practiced

Based on the results of the assessment, the rituals that are usually carried out in case 1 are praying, reading the Qur'an after each prayer, prayer, and dhikr. Religious practices use prayers, words or physical activities that are believed to provide calm and relaxed situations. (15). Praying, remembrance, praying, and reading

scriptures as well as other religious practices often help fulfill spiritual fulfillment which is also a protection against the body (16). Prayer is a mild form of exercise, it involves the movement of all parts of the body and some unusual movements that we don't usually do during our daily routine (17). However, prayer is not just about movement, it must also be done slowly, silently, and with the mind focused only on Allah (16). Based on the results of the assessment of the rituals that case 2 usually carries out, praying, sometimes listening to murottal after every evening prayer, and always praying. One of the behavioral aspects of spirituality involves the way a person does something that is visible to the naked eye (religious practice) which is a manifestation of a person's spiritual beliefs and spiritual condition within that person (15). These religious practices in Islam play an important role in the healing and recovery process of an illness (16).

Outlook and Preparedness for Death

Based on the assessment of views and readiness before death in case 1 and case 2, in patient case 1, the patient was sincere even though it was the worst possibility. Ikhlas is an atmosphere of obligation that reflects inner motivation towards worshipping Allah and towards cleansing the

heart from the tendency to do actions that do not lead to Allah (20). While case 2, the patient has resigned to his illness and is trying to have faith. Illness is a form of test given by Allah to humans that can be a cleanser for the sins they have committed. So with patience, it is expected to have an attitude of stability (al-sakinah), which is one of the characteristics of mental health in the Islamic concept (21).

Nursing Intervention Analysis

Intervention planning is the development of design strategies to prevent, reduce and overcome the problems identified in the nursing diagnosis (22). Nursing Outcome Classification (NOC) is the process of notifying the patient's status after a nursing intervention. Standardized outcome criteria are developed to measure the outcomes of nursing interventions used in all areas of nursing and all patients (individuals, families, groups and communities) (23). Case 1 with a diagnosis of readiness to increase religiosity, the author has goals in accordance with the NOC label spiritual health characterized by the quality of belief (initial achievement 3 target achievement 4), feelings of peace (initial achievement 3 target achievement 4), ability to pray (initial achievement 3 target achievement 4), ability to worship (initial achievement 3 target achievement 4). Case 2 with a

diagnosis of readiness to increase religiosity, the author has a goal according to the NOC label spiritual health is characterized by the quality of belief (initial achievement 2 target achievement 4), a feeling of peace (initial achievement 3 target achievement 4), the ability to pray (initial achievement 3 target achievement 4), the ability to worship (initial achievement 2 target achievement 4). Spiritual health or well-being is a sense of harmony and closeness between oneself and others, nature, and the highest life. This sense of harmony is achieved when a person finds balance between their values, goals, and belief systems and their relationships within themselves and with others. In times of stress, illness, or loss, coping is often found in the patient's underlying beliefs or values. These beliefs are often rooted in the patient's spirituality, becoming more aware of the meaning, purpose, and value of life (24).

This spiritual support is an effort given by others to increase the spirit of life for the recipient, a form of spiritual support that can be given to breast cancer patients can be done in various ways including by reading prayers beside the patient, always being beside the patient reminding the patient to pray and giving encouragement. With spiritual support given to breast

cancer patients like that, patients will feel happy and the patient's spiritual needs will be met (25). Nurses and families should ensure the quietness of the environment and privacy of patients when patients worship and help meet the spiritual needs of patients by providing privacy to pray (26). The purpose of maintaining the privacy of patients when worshipping so that they are more solemn. When the patient prays with full *khushu'* and sincerity and frees himself from all worldly affairs, his soul will feel peaceful and calm (27).

Implementation and Evaluation Analysis.

The results of the implementation of case 1 on November 13, 2020, namely the patient said that this morning the morning prayer was in congregation with her husband, after prayer she always remembered and read the Qur'an, the patient said that after the *dhuhr* prayer she prayed with her husband, her worship was sometimes disturbed due to shortness of breath. The results of case 1 evaluation of the quality of belief, feelings of peace, ability to pray according to the achievement target, namely at number 4 (slightly disturbed), while the ability to worship at number 3 (moderately disturbed). The patient said that sometimes her worship is still disturbed because of shortness of breath.

Spiritual/religious coping of cancer patients considers cancer pain as sin reduction, with cancer pain as a means of communicating with God, considers cancer as a rebuke, and considers cancer as a test. Spiritual/religious coping strategies include: reading Basmallah, praying, *dhikr*, and praying (28). The results of the implementation of case 2 on November 14, 2020, namely the patient said that this morning he had prayed at dawn and listened to the Qur'an *murottal*, the patient said he would always be diligent in worship without having to be reminded, the patient said that this morning he had prayed at dawn and listened to the Qur'an *murottal*, the patient said he would always be diligent in worship without having to be reminded, the patient's family said the patient had prayed, but sometimes he still delayed. The results of the evaluation of case 2, the achievement of the quality of belief and feelings of peace is at number 4 (slightly disturbed) according to the target achievement, while the ability to pray and the ability to worship is at number 3 (moderately disturbed). Qur'anic *murottal* therapy is a religious therapy where a person is read the verses of the Qur'an for several minutes or hours so that it has a positive impact on a person's body (29).

Conclusions

Based on the results of a case study on Carcinoma Mammar patients with the problem of readiness to increase religiosity in the Cendana 2 room of Dr. Sardjito Yogyakarta Hospital with a total of 2 patients, it can be concluded that: Nursing evaluation. The results of the evaluation of nursing care for readiness to improve religiosity on the third day of case 1 (ability to worship) and case 2 (ability to worship and pray) have not been resolved.

References

1. Registry Cancer J. Registrasi Kanker Berbasis Rumah Sakit Dr Sardjito/Fkkmk UGM. 2020 Jan 20; Available from: <https://Canreg.Fk.Ugm.Ac.Id/Laporan-Data/Registrasi-Kanker-Berbasis-Rumah-Sakit-Dr-Sardjito-Fkkmk-Ugm/Januari-2020/>
2. Infodatin. Pusat Data Dan Informasi Kementrian Kesehatan RI. Issn. Infidantin. 2018 Feb 22;
3. Chayati, Nur. Paliative Care Pada Penyakit Terminal. 2017 Feb 17;
4. Jumnah, D. Clinical Pathology And Medical Laboratory. Indonesian Journal Of Clinical Pathology And Medical Laboratory. 2014 Jul 3;
5. Kemenkes. Panduan Teknis Paliatif Kanker Pada Dewasa. Kementrian Kesehatan Republik Indonesia. 2017 Aug 19;
6. Riskesdas. Hasil Utama Riskesdas Penyakit Tidak Menular.Hasil Utama Riskesdas Penyakit Tidak Menular. 2018 Mar 10;
7. Sugiyono. Metode Penelitian Kuantitatif, Kualitatif, R&D. Bandung: Alfabeta. 2018 Jul 10;
8. Maryadi, D. Pedoman Penulisan Skripsi. Surakarta. Univ Muhammadiyah Surak. 2018 Jun 20;
9. Simanjuntak. Efusi Pleura Kanan Yang Disebabkan Oleh Carcinoma Mammar Dextra Metastase Ke Paru. 2016 Jan 1;
10. Damayanti.D, Setiyowati.E., Nopitaa.M,. Penerapan Walking Exercise Program Pada Pasien Kanker Payudara Dengan Cancer Related Fatigue Di Ruang Raflesia RSUD Abdoel Moeloek Provinsi Lampung. Madago Nursing Journal, 17. 2020 Aug 14;
11. Muhadi. Evidence-Based Guideline Penanganan Pasien Hipertensi Dewasa. Divisi Kardiologi, Departemen Ilmu Penyakit Dalam. 2016 Aug 2;
12. Setiadi. Konsep & Penulisan Dokumentasi Asuhan; Ilmu., Teori Dan Praktik Keperawatan. Yogyakarta : Graha. 2016 Sep 12;
13. Khairani A, S. E. Karakteristik Efusi Pleura Di Rumahsakit Persahabatan. J Respir Indo. 2018 Jul 26;
14. Sinuraya. Kualitas Hidup Penderita Kanker Payudara (Ca Mamae) Di Poli Onkologi RSU Dr. Pirngadi Medan. J Ris Hesti Medan Vol 1. 2016 Jun 1;
15. Ibrahim.K. Training Dan Coaching Pada Pasien Kanker Payudara Untuk Meningkatkan Ketaatan Melakukan Praktek Keagamaan . Mkk Vol 2. 2019 Nov 2;
16. Kamran, G. Physical Benefits Of Prayer-Strengthen The Faith And Fitness. J Nov Physiother Rehabil. 2018 May 10;

17. Ambarwati, G. Studi Fenomenologi : Pemenuhan Kebutuhan Psikososial Pasien Kanker Payudara Yang Menjalani Kemoterapi Di RSUD Tugurejo Semarang. Univ Diponegoro. 2017 Jun 1;
18. Arodatin. Hubungan Keikhlasan (Penerimaan Diri) Terhadap Kualitas Hidup Klien Dengan Kanker Payudara Di RS Kanker Dharmas – Jakarta Barat. Univ Muhammadiyah Jkt. 2019 Oct 12;
19. Tasirun, S. Jalan-Jalan Menuju Penyucian Jiwa. Jakarta: Airlangga.; 2014.
20. Rohman, T. Ikhlas Dalam Perspektif Alquran (Analisis Terhadap Konstruk Ikhlas Melalui Metode Tafsir Tematik) . Eduprof Vol 1 No 02. 2019 Aug 12;
21. Khomariah, M. D. Kebutuhan Spiritual Pada Pasien Dengan Kanker Stadium Akhir. J Keperawatan Silampari Vol 4 Nomor 1. 2020 Dec 1;
22. Walid, R. Proses Keperawatan Teori & Aplikasi. Yogyakarta: Ar-Ruz Media.; 2016.
23. NOC. Nursing Outcomes Classification (NOC) Pengukuran Outcome (Luaran) Kesehatan. United Kingdom: Elsevier Global Rights; 2018.
24. Khoiriyati, Azizah. Azizah. Perawatan Spiritual Dalam Keperawatan : Sebuah Pendekatan Sistematis. Mutiara Med Vol 8 No 1. 2017;
25. Herdiana. Hubungan Dukungan Spiritual Dan Dukungan Sosial Dengan Kualitas Hidup Pasien Kanker Payudara Di RSUD Prof. Dr. Margono Soekarjo Purwokerto. Medisains J Ilm Ilmu-Ilmu Kesehat Vol 14 No 2. 2016;
26. Fitriyah, Q. Implementasi Model Bimbingan Rohani Islam Dalam Menumbuhkan Motivasi Hidup Pasien Penderita Kanker Di Rumah Sakit Islam Sultan Agung Semarang. Univ Islam Negeri Walisongo Semarang. 2017;
27. Kinasih. Peran Pendampingan Spiritual Terhadap Motivasi Kesembuhan Pada Pasien Usia Lanjut. J. J Stikes 5. 2012;
28. Rosyadi, I. Literatur Review Aspek Spiritualitas / Religiusitas Dan Perawatan Berbasis Spiritual / Religius Pada Pasien Kanker. J Kesehat Karya Husada Vol 7 No 1. 2019;
29. Fitriyani.F, Suprihatiningsih.T. Terapi Bacaan Al-Quran (Murrotal) Melalui Media Audio Terhadap Tingkat Kecemasan Pasien Kanker Payudara Yang Menjalani Kemoterapi. RS Margono Soekarjo Purwok. 2016;