

Spiritual Support for Colorectal Cancer Patients to Improve Their Quality of Life: A Literature Review

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Abstract

Intoduction: Spiritual assistance is an important action for colorectal cancer patients to improve their quality of life. Methods: The database search method uses systematic and comprehensive electronic data from four databases, namely: Scopus, CINAHL, PubMed, and Proquest and Manual. Search terms "OR", spirituality "AND", spiritual support "AND" quality of life. Article search using the PICO model (population, intervention, comparison, outcome). Data selection is carried out by determining inclusion and exclusion criteria, carried out after identifying the problem, the group to be studied, the intervention to be provided, and the results to be measured. A total of 25 articles were discovered. Results: The spiritual interventions provided are mindfulness, meditation, music therapy and telephone counseling. This is intended to motivate patients to be more enthusiastic about undergoing treatment and improve their quality of life. Conclusions: Spiritual support influences the quality of life of colorectal cancer patients, namely providing a sense of peace and the desire to continue undergoing the treatment process, with routine daily activities as evidence of improving the patient's quality of life.

Keywords: Cancer, Patient, Colorectal, Spiritual Support, Quality of Life

INTRODUCTION

States that cancer is a disease that causes abnormal growth of body tissue cell mass and can have an impact on surrounding organs. All over the world, more and more people are suffering from cancer. Worldwide statistics show that 1,931,590 people, or 10% of all people, suffer from colorectal cancer. According to research conducted globally in 2022 by the International Agency for Cancer Patients, the total number of deaths due to colorectal cancer was 935,173. WHO (2020). Globocan reports that the incidence of colorectal cancer in Indonesia is 8.6% with a mortality rate of 5.17%, while rectal cancer is 4.65% with a mortality rate of 3.84%. This figure places colorectal cancer in fourth place as the cancer with the highest incidence in Indonesia (Ministry of Health, 2018).

Based on secondary data from medical records at Bethesda Hospital Yogyakarta for the period 2013-2021, it shows that the incidence of colorectal cancer is more in men, old age, complaints in the form of changes in defecation patterns, histopathology of epithelial cell type (adenocarcinoma), left location, stage IV, the most common treatment is surgery, and 2 years survival is 20.8% (Christina et al., 2016; Nasution, 2018; Pranata et al., 2021; Supono et al., 2021). The quality of life of patients is affected by the increase in colorectal cancer. The quality of life gets worse with problems in every aspect of life, such as stress, anxiety, and depression, as well as several physiological side effects such as hair loss, pain, fatigue, nausea, and vomiting. Apart from that, social problems such as social isolation and loss of role and function in society (Lestari et al., 2018; Nuridah et al., 2019; Sagala et al., 2023) states that depression in colorectal cancer sufferers is related to their quality of life; higher levels of depression were associated with lower quality of life. This research is in line with (Gurcayir et al., 2022; Patel et al., 2023a; Tomim et al., 2022; Vermeer et al., 2020) which shows that patients who experience colorectal cancer face problems that affect their physical, mental, and social lives, as well as reducing their quality of life.

The quality of life of colorectal cancer patients is low and requires optimal treatment (Nuridah et al., 2019; Putri et al., 2020). One of the impacts is the disruption of many aspects of life, including emotional, psychological,

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and spiritual activities (Majda et al., 2022); Therefore, it is very important to focus on a spiritually fulfilling ministry. Assistance from the physical aspect has been carried out through curative efforts to reduce symptoms, especially pain experienced by patients, but has not improved the patient's quality of life because psychological pressure is also experienced by patients, especially at the beginning of diagnosis (Sjövall et al., 2023). Patients with advanced malignant tumors of the digestive tract cannot be treated or are unresectable, so they require palliative therapy to improve their quality of life. This therapy is through therapeutic endoscopic procedures, which are an effective option such as radiation in eliminating symptoms related to cancer progression, but this causes anxiety for the patient as they reach the stage of depression (Makmun, 2018).

During the recovery stage of colorectal cancer patients, the patient's quality of life decreases due to a weak physical condition and confused thoughts. Even though most patients are visited, during the recovery stage of colorectal cancer patients, the patient's quality of life decreases due to a weak physical condition and confused thoughts, even though most patients are visited and noticed by nurses in their homes (Chamsi et al., 2023). According to Ediaty et al. (2016) Patients in serious conditions due to cancer require spiritual support that helps them find the highest meaning and purpose of life. The spiritual condition in this situation is dynamic. The spiritual support in question is a balanced relationship between the environment, oneself, and God, which is ultimately considered truth. One of the techniques used to provide spiritual support is mindfulness, which has been used by previous researchers. (Ngamkham et al., 2019) found an efficient strategy or technique, namely mindfulness, to help cancer patients accept their situation, which is important. Spiritual assistance is an inspiration for suffering patients to live their next life, even though there are many obstacles. This literature review examines spiritual support in general in several ways and assesses the effectiveness of spiritual assistance provided to cancer patients by nurses or religious leaders who share the same religious views as the patient. The theory of spiritual well-being (O'Brien, 2018) includes aspects of meaning, purpose in life, aspects of interpersonal relationships, aspects of relationships with the environment and aspects of transcendence. These aspects will affect the quality of life of cancer patients.

According to (Rochmawati et al., 2018) spirituality and quality of life have a significant relationship where high spirituality will influence a good quality of life, so it is necessary to carry out spiritual interventions for cancer patients by involving the family to help patients achieve a good quality of life. These aspects will affect the quality of life of cancer patients. Health services really need to provide spiritual services as the most important part of holistic services so that they do not only focus on the physical, psychological, and social (Wiksuarani et al., 2022)

METHODS

In this literature review, four databases (Scopus, CINAHL, PubMed, and Proquest) were used to search for the required articles. Part of the data tracking and selection process includes the research problem, the group being studied, the intervention, and the results to be measured. The selection and analysis process involves setting inclusion criteria, namely complete articles, research subjects for colorectal cancer, and the intervention carried out, namely spiritual assistance. The research results show that the quality of life of colorectal cancer patients has improved in the health sector. Exclusion criteria were articles other than English, research articles before 2018, and articles that were not freely accessible.

RESULT

The author found 1,288 articles from four databases, namely Scopus: 205 articles; EBSCO: 114 articles; Web of Science: 302 articles, and ProQuest: 667 articles. After that, a specific search was carried out using keywords combined with Boolean "AND" and "OR". Key words with PICO are population (colorectal cancer sufferers), intervention (assistance), comparison (general comparison), and outcome (risk of cancer and the patient's clinical condition). 25 articles were analyzed using Rayyan and manually by the author in accordance with consideration of the inclusion criteria.

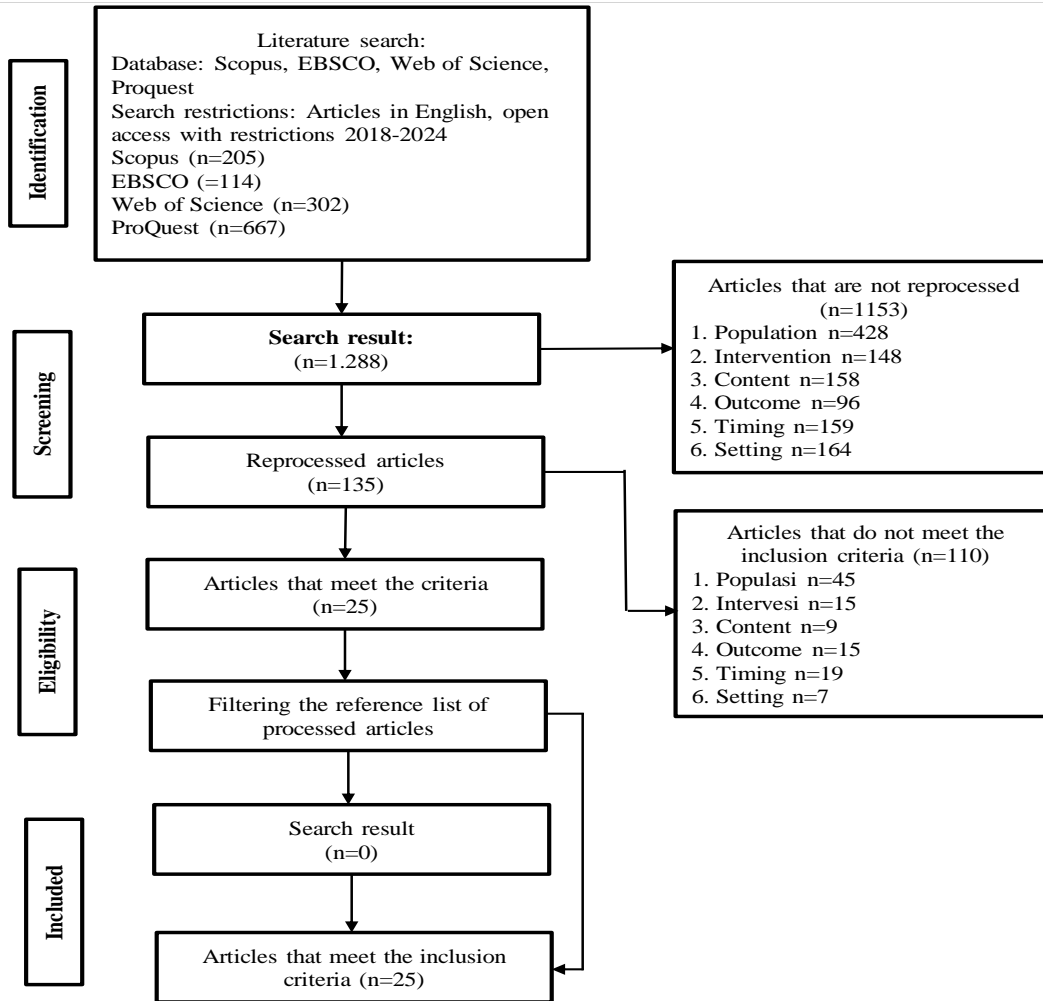


Figure. 1 Preferred Reporting Items for Systematic Reviews and Meta Analysis (PRISMA) Flowcharts

Table. 1 Journal Review

Author	Study design	Sample	Variable	Instrument	Analysis	Result
(Meneguin et al., 2018)	Quantitative research	96 patients	Cancer patients, palliative care, quality of life	Interview guide, questionnaire	Thematic analysis	The characteristics of the patients are mostly female (60,4%), Catholic religion (69,8%) and with a companion (61,5%). Of all the participants present (63,5%) present; elementary school education level (57,3%), live with siblings (82,3%). Disease incidence rate: breast cancer (32,3%), gastrointestinal cancer (17,7%), testicular cancer (10,4%), lymphoma (10,4%), and other neoplasms (29,2%) of these, around 40% are metastatic tumors.
(Tzenalis et al., 2022)	Cross sectional	50 patients	Intensive Care Unit patients, spiritual needs	Questionnaire SpNQ (Spiritual Needs Spiritual)	Kolmogorox-Smirnov and Shapiro-Wilk for data normality. For parametric data, use ANOVA and for non-parametric Mann-Whitney U-test and Kruskal-Wallis tests.	Strong spiritual needs are important in connection with the need for inner peace and the general fulfillment of needs. Age does not affect religious needs, inner peace, or existential needs.
(Zaki-Nejad et al., 2020)	Quasi-experimental	50 cancer patients	Dignity therapy, QoL	Questionnaire, interview guide, and field notes	using descriptive analysis	Dignity therapy improved the intervention group's quality of life and reduced symptoms such as constipation, nausea and vomiting, and insomnia. Dignity therapy can also improve the quality of life of cancer patients.

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(Rafael et al., 2018)	Descriptive quantitative, cross sectional	53 patients	Quality of life, palliative care	Questionnaire EORTC QLQ C30, version 3.0	STATA program 13	The cost of treating patients in hospitals is higher, but the patient's quality of life is considered lower.
(August & Esperandio, 2022)	Randomized clinical trial	80 patients	Spirituality, palliative care, quality of life	Questionnaire	Paired t test and independent t test	the importance of support families of patients undergoing treatment palliative, but the reality in the hospital that the team Clinicians often ignore the patient's family in care
(Chowdhury et al., 2023)	Prospective longitudinal observational study between two groups of cancer patients	70 patients	Palliative care, quality of life	Questionnaire	t-test for continuous variables and chi square test for initial visit category variables	After 10–14 weeks of intervention, there was a significant increase in the quality of life of cancer patients in psychological aspects $p=0.003$, social aspects $p=0.002$ and environmental aspects $p=0.015$.
(Lee, 2021)	Cross sectional	132 patients	Spiritual well being, symptoms, quality of life	Questionnaire C30 (QLQ-C30)	Multiple mediation analysis	The quality of life of patients undergoing NSCLC treatment is directly affected by their spiritual well-being.
(Patel et al., 2023b)	Mixed method	68 patients	perceptions of cancer patients, terminal illness, palliative care	Interview Guide, QoL questionnaire	Unpaired t test, content analysis	Physical well-being and emotional well-being were significantly related to palliative care placement.
(Deribe et al., 2021)	Cross sectional	415 patients	Quality of nursing services, experience of cancer patients receiving nursing services	Questionnaire	Descriptive	Socio-demographic characteristics: minimum age of 17 years and maximum age of 85 years. 81,70% Married, unable to read 40,70%. 32% the majority are from rural areas. Clinical characteristics of patients 148 (35,7%) suffered from breast cancer and digestive system cancer in 84 people (20,2%) and the majority of patients are at stage III 173 (41,7%), 266 (64,1%) undergoing chemotherapy and 132 (31,8%) using combination therapy 222 (53,5%) unable to do strenuous activities. 75 % The patient underwent treatment for months. Nursing services for cancer patients 60% experienced well by the patient.
(Ichihara et al., 2023)	Non randomized control trial	267 patients	Treatment of spiritual aspects, pain in cancer	Questionnaire FACIT-Sp, HADS, CoQoLo and MDASI-J scores	Chi square test, Fisher's exact test	The spiritual approach produces peace and improves the patient's quality of life.
(Avoine-Blondin et al., 2022)	Mixed method	16 pediatric patients	Quality of life, cancer patients	Tolls advance QoL	Thematic	The tools developed are considered relevant and can be accepted and used with recommendations regarding the time period and item formulation applied in the refined version.
(Biswas et al., 2022)	Cross sectional	51 patients	Palliative care, quality of life	Questionnaire	Descriptive analysis for socio-demographics and factors influencing treatment; Mann-Whitney U test, Kruskal-Wallis H test, and logistic regression	This study found that a person's quality of life is influenced by age, while other factors do not affect the quality of life of cancer patients.
(Sabet et al., 2023)	Randomized clinical trial	40 patients	Spirituality, palliative care, QoL	WHOQOL-BREF Questionnaire, PUQE (nausea and vomiting Questionnaire)	Paired t-test and independent t-test	Spiritually-based palliative care interventions are useful in improving the quality of life of cancer patients and reducing symptoms.
(Vespa et al., 2018)	Desain: Cross sectional	199 patients	Socio demografi, spirituality	Questionnaire interview guide	Regresi multivariat	Spiritual well-being influences caregivers. The higher a person's spiritual well-being, the lower the symptoms of cancer sufferers will be compared to those with low spiritual well-being. High spiritual well-being is needed for service providers and patients in difficult conditions to improve their quality of life.
(Goyarrola et al., 2023)	Validity and Reliability Test with a	101 patients	SWB, quality of life	EORTC QLQ-C30 Questionnaire	Pearson correlation, t-test, and Chi square	Spiritual well-being has four domains of quality of life that are closely related to relationships with oneself, relationships with others, relationships with something

	prospective pre-test, validation, and re-test					bigger, existential relationships, and relationships with God.
(Bai et al., 2018)	Cross sectional	102 patients	Spirituality, quality of life	Questionnaire	ANOVA, one sample t-test	The results of the Pearson correlation analysis show a significant relationship between spirituality and all domains of patient quality of life. The physical domain, especially in pain management, is very helpful so that the patient's pain scale results are low.
(B. Ferrell et al., 2020)	Secondary analysis	479 patients	spirituality, clinical trials	Questionnaire, interview guide	Wilcoxon	Spiritual support is experienced by patients as motivation to accept the disease, but there are patients who feel they get spiritual support but not religious support. Both groups tended to increase in feelings of peace, meaning in life, and faith.
(Çalık et al., 2022)	Quasi-experimental	35 patients	Palliative care intervention, quality of life	Questionnaire	Descriptive analysis, Kolmogorov-Smirnov test, Friedman, and repeated variate analysis.	After education, there was an increase in the emotional function of cancer patients on a sub-scale, and global health symptoms decreased, including nausea and vomiting ($p < 0.05$).
(Zhang & Fu, 2022)	Experiment	60 patients	Palliative care, nursing interventions, and quality of life	Questionnaire	Regression tree technique.	The quality of life of patients who receive spiritual assistance is much better in terms of physical condition, general health, stress, energy, and emotional and mental health.
(Marin et al., 2020)	Retrospective review of the data base	266 patients	Palliative care consultation, cancer patients	OncPal guideline	Shapiro Wilk, Wilcoxon, Spearman Rank.	The study conclusions demonstrate the positive impact of PCC on prescribing and reveal the importance of using guidelines to reduce prescribing in cancer patients.
(Miller et al., 2022)	Secondary data analysis	200 patients	Spiritual well being, experience of cancer symptoms	Questionnaire, self report	Linear regression	High spirituality helps in lowering the pain scale, can reduce the severity of fatigue to a lower level, and can reduce the overall symptoms experienced. Additional research with diverse samples is needed, and it is recommended to direct research on the development of symptom management interventions by including spiritual aspects.
(Yılmaz & Cengiz, 2020)	Cross sectional and descriptive	150 patients	Spiritual well-being, quality of life	Questionnaire	Kolmogorov-Smirnov test, Pearson correlation	In this study, 150 patients included 61.30% women, 78% aged 45 years and over, 94.70% married, 46% graduated, and 69% suffered from gastrointestinal cancer. Spiritual well-being improves the quality of life of cancer survivors. It is not limited to any particular practice or belief. Belief in oneself, others, and God is a primary source of meaning
(Peičius et al., 2022)	Cross sectional	168 patients	Perception of violation of dignity, obstacles to ensuring the dignity of terminally ill patients in clinical services	Questionnaire	Descriptive analysis	Organizational support plays an important role in services that respect the dignity of terminal patients and patients facing the end of life.
(Yang et al., 2023)	Cross sectional	108 patients	spiritual well-being, advanced stage cancer, signs and symptoms, symptom management	Spiritual Well-Being (SWB) Questionnaire	Linear regression	Advanced cancer patients, apparently experiencing depression, anxiety, and pain. Spiritual accompaniment can help patient to achieve peace and confidence. To find out its effectiveness spiritual well being to help in treating symptoms in palliative care, then Further research is recommended concentrate on potential clinical implications.
(Majda et al., 2022)	Cross sectional	101 patients	Spirituality and religiosity; quality of life	Questionnaire	Mann-Whitney U, Spearman's rank, Kruskal-Wallis ANNOVA test.	Spirituality and religiosity have a significant positive correlation with cognitive fatigue, age, gender, and place of residence.

Table. 2 Spiritual Support On Review

Type Instrument	Type of Spiritual Support	Author	Number	Effect of Spiritual Support Method
Daily Spiritual Experience Scale (DSES), the EORTC QLQ-C30 quality of life and EORTC QLQ-FA12	Standar care	13,30	2	Improves quality of life and reduces symptoms.
MPQ-SF WHO-5 HADS	Mindfulness intervention	17,64	2	Reduces pain and improves quality of life.
Spiritual assessment scale (SAS)	Spiritual well being	18,27,34, 35,42,44,51, 66,67	9	Finding peace in the experience of pain.
Spiritual Well-Being Scale (SWBS), and Morisky Medication Adherence Scale-8 (MMAS-8)	Meditating Role	53	1	Provides a positive impact on patient compliance with treatment.
Edmonton Symptom Assessment Scale (ESAS), Patient Feedback Interview	Telehealth Music	54,55	2	Reduced anxiety, improved coping skills, and increased social support are some of the benefits
Spiritual Well-Being Scale (SWBS),	Spiritual Counseling	61	1	Conventional medicine must not ignore the patient's spiritual needs.

DISCUSSION

Spiritual Accompaniment

The relevance of spiritual assistance in the health sector at this time is very clear, especially in the care of cancer patients, which is a disease with a high incidence rate (Lebowa et al., 2023). Most religions view life as something sacred, so they assume that life must be preserved and extended, so health workers need to know how the patient applies or experiences spiritual and religious matters (Guidozzi & Guidozzi, 2022). Pastoral care is an important aspect of holistic care because it contributes to the well-being of cancer patients (Liu et al., 2023). In palliative care, spirituality is a key component, especially for cancer patients, with services that focus on patients and their families (Syamsul et al., 2022). Effective spiritual care requires communication skills to determine the patient's spiritual condition, which is an important aspect of service. The patient's experience of feeling spiritually neglected often occurs even though the service provider is doing well. (Batstone et al., 2020). Four factors influence the spiritual support of cancer sufferers: acting normally, community, comfort, and relationship with God (Juškauskienė et al., 2023). Nurses must be present to provide support, which can be done by comforting, calming, listening to the patient's words or stories, respecting the patient's privacy, and helping them find meaning in their life (Jahandideh et al., 2018) Research result (Martina et al., 2017) at Cipto Mangunkusumo Hospital stated that 78% of patients had unmet spiritual needs. This shows that spiritual issues are an important part to pay attention to in all nursing cases, especially those involving terminal illness.

Implementation of Assistance

Spiritual support and service to patients are very important because of their enormous impact on cancer patients (Farahani et al., 2022). These findings are supported by (Alvarenga et al., 2018; Cheng et al., 2019; Folsom et al., 2021); Support for cancer patients to improve their quality of life is also received through social media and telehealth applications (Hale et al., 2020). spiritual support to improve the quality of life can be provided through health education (Kim et al., 2019). According to (Phenwan et al., 2019; Sajadi et al., 2018; Sucipto et al., 2019). Spiritual therapy provides benefits compared to traditional therapy methods for cancer patients.

Effects of Spiritual Accompaniment

Spiritual support can be provided through pastoral care, which not only pays attention to the patient but also provides support to the patient's family so that established communication provides peace, which improves the patient's quality of life (B. R. Ferrell et al., 2022; Meneses et al., 2018; Rajaei et al., 2022). Spiritual assistance involving clergy plays a role in improving the spiritual well-being of cancer patients. The implementation of mindfulness has an effect on spiritual well-being, so that experiences of anxiety and even depression can be overcome (Bryan et al., 2021; Komariah et al., 2021; Watania et al., 2021). So it is very important to pay attention to spiritual assistance for patients and their families from the time the diagnosis is made until preparations for the end of the patient's life.

Improved Quality of Life

Significant changes in quality of life in colorectal cancer patients in social aspects such as: reluctance to continue professional activities after surgery, refraining from social contact, and changes in recreational activities that allow a passive role and limit contact with other people (Cotrin, 2008) in (Miftahussurur et al., 2021). Cancer patients also face physical difficulties and limitations related to their disease and treatment, such as stomas, diarrhea, vomiting, bowel dysfunction, and neuropathy (Lestari et al., 2020). The patient's inability to deal with pain results in the patient having difficulty carrying out daily activities such as eating, dressing, bathing, and moving around. This experience will ultimately have an impact on the patient's quality of life, decreasing (Mercadante et al., 2018; Munawaroh et al., 2017). (Finck et al., 2018) stated that spiritual support for cancer patients provides a sense of gratitude and life satisfaction for the patient. Patients usually turn to doctors, friends, and family for social support (Finck dkk, 2018). To manage patient optimism, it is recommended to analyze the symptoms experienced before evaluating the overall quality of life. In research ((Durá-Ferrandis et al., 2017) it was found that the decline in emotional, physical, and cognitive function is faster. This occurs because it is influenced by a lack of social support, so that optimism in living life decreases, resulting in a decrease in quality of life.

CONCLUSION

Spiritual support provides a sense of peace, enthusiasm, and calm to patients, so they can undergo the treatment process with optimism. Spiritual intervention is carried out through meditation, listening to music, mindfulness, and counseling. Spiritual accompaniment allows patients to live a healthier, more relaxed, and surrendered life. This happens because there is an increasingly stronger connection with something transcendent (God). It is important to remember that although the use of spiritual support techniques to provide spiritual support to cancer patients can improve their quality of life, there are not many studies from the articles in the literature review that provide spiritual support by involving religious figures according to the patient's beliefs and needs.

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