



Systematic Review: Efforts to Increase Quality of Life For Breast Cancer Patients

Namora Lumongga Lubis

Faculty of Public Health Universitas Sumatera Utara

ARTICLE INFO

Article history:

Received 11 June 2021
Accepted 21 October 2021
Published 10 December 2021

Keyword:

Quality of life
Breast Cancer
Patients

ABSTRACT

Background: Continuous breast cancer treatment that takes a long time can cause boredom which ultimately leads to discontinuation of therapy and even decreased quality of life. People with advanced cancer treatment show a lower quality of life than people with previous cancer and people who have never had cancer. **Objective:** This systematic review aims to explore alternative measures to improve the quality of life of breast cancer patients. **Methods:** Source search strategy from two electronic databases: CINAHL and Proquest with a limit of 2009 to 2018. The inclusion criteria used were articles relating to alternative measures to improve the quality of life of cancer patients, published online in English, having various research unit in a hospital or community. **Results:** From the search results, 40 articles were obtained, while those that matched the inclusion criteria were 8 articles. Based on the analysis of efforts to improve the quality of life of cancer patients. Efforts to improve the quality of life of cancer patients can be grouped into 8 actions, namely meeting spiritual needs, spiritual well-being, family support, daily activities, reflexology, health education, self-care, and alternative medicine. **Conclusion:** Quality of life in cancer patients can be improved by choosing an alternative course of action. If sufferers, families and health workers are committed to taking action according to the proposed procedure, it will improve the quality of life of cancer patients.

This open access article is under the [CC-BY-SA](https://creativecommons.org/licenses/by-sa/4.0/) license.



Kata kunci:

Kualitas Hidup
kanker payudara
Penderita Kanker

**) corresponding author*

Namora Lumongga Lubis
Faculty of Public Health Universitas
Sumatera Utara
Jl. Karya Kasih no 71A LK XIII. Pangkalan
Mansyur Kec. Medan Johor

Email: namoralubis041072@gmail.com

DOI: 10.30604/jika.v6i4.1127

ABSTRAK

Latar Belakang: Perawatan kanker payudara yang berkelanjutan yang membutuhkan waktu lama dapat menyebabkan kebosanan yang pada akhirnya menyebabkan putusnya terapi dan bahkan penurunan kualitas hidup. Orang-orang dengan perawatan kanker lanjut menunjukkan kualitas hidup yang lebih rendah daripada orang-orang yang sebelumnya menderita kanker dan orang-orang yang tidak pernah menderita kanker. **Tujuan:** Sistematis review ini bertujuan untuk mengeksplorasi tindakan alternatif untuk meningkatkan kualitas hidup pasien kanker payudara. **Metode:** Strategi pencarian sumber dari dua basis data elektronik: CINAHL dan Proquest dengan batas tahun 2009 hingga 2018. Kriteria inklusi yang digunakan adalah artikel yang berkaitan dengan langkah-langkah alternatif untuk meningkatkan kualitas hidup pasien kanker, diterbitkan secara online dalam bahasa Inggris, memiliki berbagai unit penelitian di rumah sakit atau masyarakat. **Hasil:** Dari hasil penelusuran didapatkan 40 artikel, sedangkan yang sesuai dengan kriteria inklusi adalah 8 artikel. Berdasarkan analisis upaya untuk meningkatkan kualitas hidup pasien kanker. Upaya untuk meningkatkan kualitas hidup pasien kanker dapat dikelompokkan menjadi 8 tindakan, yaitu memenuhi kebutuhan kerohanian, kesejahteraan spiritual, dukungan keluarga, kegiatan sehari-hari, pijat refleksi, pendidikan kesehatan, perawatan diri, dan pengobatan Alternatif. **Kesimpulan:** Kualitas hidup pada pasien kanker dapat ditingkatkan dengan memilih satu tindakan alternatif. Jika penderita, keluarga dan petugas kesehatan berkomitmen

untuk mengambil tindakan sesuai dengan prosedur yang telah diajukan, itu akan meningkatkan kualitas hidup pasien kanker.

This open access article is under the [CC-BY-SA](https://creativecommons.org/licenses/by-sa/4.0/) license.



INTRODUCTION

Breast cancer is the second leading cause of death in the world. WHO states that 43% of cancers are preventable. Cancer can actually be said as a lifestyle disease because it can be prevented by living a healthy lifestyle and staying away from risk factors for cancer. The occurrence of cancer is associated with several risk factors, such as smoking habits, passive smoking, drinking alcohol habits, obesity, unhealthy eating patterns, women who do not breastfeed, and women giving birth over the age of 35 years. Cancer problems must be an individual responsibility and a shared responsibility. The number of new cases and deaths from cancer worldwide, the World Health Organization (WHO) in 2015 stated that there was a significant increase in breast cancer patients. WHO estimates that from 2008 to 2030, cancer sufferers will reach 17 million deaths and 26 million people in the category of illness.

Breast cancer ranks first of all cancers in women with a prevalence rate of 56.5 per 100,000 women in the world (Globocan, 2012). Globocan also stated that the prevalence of breast cancer varies, in Western Europe 177.5 per 100,000 women, East Asia 38.7% per 100,000 women, East Africa 26.4% per 100,000 women, and Japan 92.3% per 100,000 women. The Institute of Medicine (IOM) supports Globocan's findings by noting the increase in breast cancer has a poor evidence base for follow-up cancer survivor treatment. Insufficient evidence includes follow-up of cancer survivors on treatment regarding care after cancer treatment, including the appropriate frequency and type of surveillance for recurrence as well as the relevant end effects of treatment. Post-treatment is still fragmented, to facilitate coordination of post-treatment care, until an evidence base can be developed and validated. The IOM Committee recommends that all patients receive a medication summary and ongoing care plan as a guide to health and as data for clinicians during follow-up care (Ganz, Hahn, Petersen, Melisko, Pierce, Friederichs-Fitzwater, Lane, & Hiatt, 2015).

Indonesia experienced an increase in the prevalence of non-communicable diseases in 2018. Riskesdas (2018) showed the prevalence of Non-Communicable Diseases had increased when compared to Riskesdas 2013, including cancer, stroke, chronic kidney disease, diabetes mellitus, and hypertension. The prevalence of cancer rose from 1.4% (Riskesdas 2013) to 1.8%. The increase in the prevalence of non-communicable diseases is related to lifestyle, including smoking, consumption of alcoholic beverages, physical activity, and consumption of fruit and vegetables. Since 2013 the prevalence of smoking among adolescents (10-18 years) has continued to increase, namely 7.2% (Riskesdas 2013), 8.8% (Sirkesnas 2016) and 9.1% (Riskesdas 2018). Data on the proportion of alcoholic beverage consumption also increased from 3% to 3.3%. Likewise, the proportion of less physical activity also increased from 26.1% to 33.5% and 0.8% consuming excessive alcoholic beverages. Another thing is that the proportion of fruit and vegetable consumption is less in the 5-year-old population, which is still very problematic at 95.5%.

The 2016 Medan Health Profile shows that women of childbearing age who experience tumors/lumps in the breast are 0.84% of the number who have their neck and breasts checked. The sub-districts that have the most tumor data are Medan Denai, Medan Helvetia, Medan Deli, and Medan Johor. Haji Adam Malik Central General Hospital Medan has fluctuations in breast cancer patients. In 2017 there was an increase in cancer patients from 917 people to 985 people and decreased in 2018 to 871 people. The number of cancer patients undergoing chemotherapy at Santa Elisabeth Hospital Medan has increased every month in 2018. In January 2018 the number of patients was still 64 people and continued to increase until December 2018 to 112 people.

The government established the National Cancer Management Committee (KPKN) based on the Decree of the Minister of Health in 2014. This committee was formed on the basis of concerns about the doubtful circulation of cancer drugs in the medical world. KPKN makes cancer one of the priority health problems in Indonesia. The KPKN has collected data on 900 cancer sufferers in 2013 while in 2017 it reached 1,500 sufferers. The Minister of Health (2017) invites the community to be jointly responsible for fighting cancer, starting from improving lifestyles, and health checks. Cancer exists and every individual must make efforts to prevent it. PERMENKES RI Number 34 of 2015, stipulates that breast cancer can be prevented through government programs. The programs that have been run by the Ministry of Health are Sadari (Breast Self-Examination) and Sadanis (Clinical Breast Exam) which include early detection of breast cancer.

Early detection is very important in preventing death from breast cancer. In general, there are four interventions in the course of breast cancer, namely three stages of prevention and one stage of treatment. Prevention consists of primary prevention, namely how to prevent a healthy person from suffering from cancer. However, the effectiveness of this primary prevention is only 30% so it is not possible to prevent the incidence of cancer 100%. Secondary prevention is needed, namely doing secondary prevention with this detection. Secondary prevention aims to find cases of cancer at a very early stage so that it is not expected to progress, because it can be treated immediately. The third prevention is tertiary prevention, namely treating breast cancer patients properly, both at an advanced stage and at an early stage (Kemenkes, 2015).

Follow-up cancer treatment that takes a long time can cause boredom which eventually leads to discontinuation of therapy and even a decrease in quality of life. According to Ringdal K and Ringdal G (2017), people with cancer at the time of the interview, showed a lower quality of life than people who had previously had cancer and people who had never had cancer. This is supported by Abegaz, Ayele, and Gebresillassie (2018) that the level of quality of life of cancer patients in Europe is 52.7 (20.1) (mean \pm SD) with the highest functional status being emotional function 61 (25.5). Patients without disease metastases, 92.1 (5.1), had a higher quality of life compared with metastases, 22.1 (18.9) ($p = 0.03$). Patients with affected physical function had a 20% reduction in quality of life and an Adjusted Odds Ratio (AOR) of 0.794 [0.299–891]. Patients with a low level of satisfaction with the care

provided, 0.82 [0.76–0.93], and those with unmet needs, 0.85 [0.80–0.95], experienced a decreased quality of life.

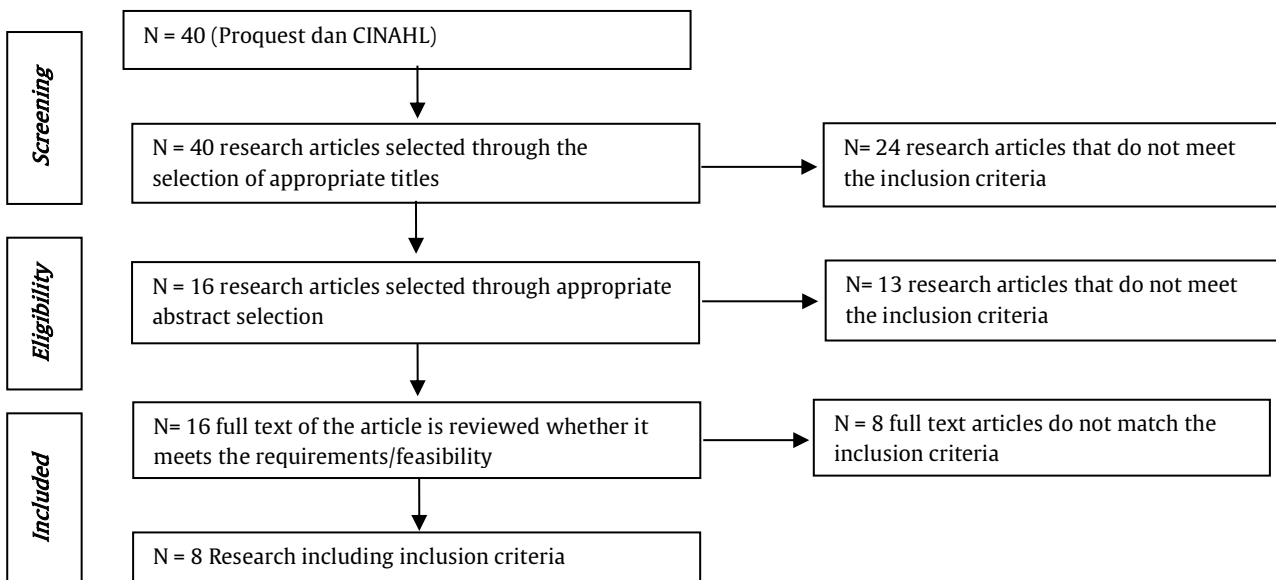
Unsar (2017), detected that female patients experienced more nausea than male patients statistically ($p < 0.05$). Patients with chronic health problems had worse symptoms of fatigue, feeling sad, anxious, lack of appetite, not feeling well and statistically shortness of breath ($p < 0.05$). A significant negative relationship was found between patients' quality of life scores and time to clinical diagnosis and chemotherapy cure rate ($p < 0.05$). As the time when clinical diagnosis or chemotherapy cures the number of patients with cancer increases, quality of life deteriorates. A significant positive relationship was found between patients' quality of life scores and pain, fatigue, nausea, feeling sad, restless, insomnia, lack of appetite, not feeling well, shortness of breath, mouth sores and their scores ($p < 0.05$). As the symptoms of patients with cancer worsen, the quality of life also decreases.

Singh (2014) studied 131 cancer patients with a mean age of 49.05 ± 14.35 (SD (standard deviation)) years. According to the quality of life score from Global Health Status (GHS) and the four symptom scale items, namely insomnia, pain, loss of

appetite, and constipation, and financial difficulties achieved significant differences. GHS significantly improved in group three compared to group one, indicating that the patients' overall health/quality of life improved as the chemotherapy sessions progressed.

METHOD

The strategy of sourcing from two electronic databases: CINAHL and Proquest with a 2015 to 2018 limit. The keywords in this article search are Quality of Life and cancer with these keyword constraints found in the abstract of an article. The time for compiling this systematic review was from January 2019–April 2019. The inclusion criteria used were articles relating to alternative measures to improve the quality of life of cancer patients, published online in English, having various research units in hospitals or the community.



Scheme 1: Systematic Review Data Selection Flow

RESULT AND DISCUSSION

After a search, 40 articles were found, while those that matched the inclusion criteria were 8 articles. Based on the analysis of efforts to improve the quality of life of cancer patients. The articles obtained were mostly published in 2009–2018. With the data collection method, the majority used semi-structured interviews. The research locations in the articles found were carried out in Arabia, Iran, and India.

Breast cancer sufferers in Arabia have a low overall quality of life (Almutairi, Mansour & Vinluan, 2016). Palmutairi et al also stated that Saudi women showed average scores on all functional quality-of-life scales, but emotional quality was the highest. Insomnia, loss of appetite, and dyspnea are the most dominant symptoms of breast cancer.

Meeting spiritual needs

The spirit or soul is different from the mind, which is a product of/depending on the brain. Spirit (or "atma" as it is

called in some major "Eastern" traditions) refers to the essence of our being, our nature, our very essence, our true identity, which is independent of us, physical body and that after death. According to some major religions of the "East", the purpose of life is not only to achieve, to accumulate material comforts and have a long life. Rather it is to realize who we really are, not just this body and name, but spirit/soul/atma - pure, eternal, happy. When he "humbles himself", he places himself as a "higher" person or simply "Self", he has attained "self-realization", a state of perfection, awareness and happiness. He no longer participates in the cycle of birth and death and is said to be liberated. This idea is central to the concept of reincarnation in Hinduism, Jainism, Zoroastrianism, Sikhism, Buddhism and early Christianity, as well as the mystical forms of Judaism (Kabbala) and Islam (Sufi). Breast cancer sufferers not only need maximum treatment, but also need companions to listen and pay attention to biopsychosocial and spiritual conditions. The spiritual dimension can be provided by health workers through communicating, listening and helping sufferers to

make decisions. Health workers can explore and increase the self-confidence of breast cancer patients through spiritual counseling. Spiritual counseling includes meditation, releasing emotions, expressing personal spirituality, writing daily activities, praying, studying the Bible, and reading inspiring literature (Sankhei, Dalai, Agarwal & Sarve, 2017).

Shanke et al (2017) conducted the MATCH technique in Buddhism for cancer patients to determine the quality of life of cancer patients. The MATCH guide is Mercy, Austerity, Truthfulness, Cleanliness, Cleanliness and Holy name.

M – Mercy (Compassion). The principle of generosity does not encourage the cruel slaughter of innocent animals, but obliges our existence in this universe with minimal violence towards other living beings and the environment. We have advised the subjects and their families to follow a vegetarian diet and refrain from a non-vegetarian diet as a non-vegetarian diet. more carcinogens and has been shown to be associated with many cancers. Also vegetarian diet has more antioxidants which will help cellular tissue

A – Austerity (Savings). We advised subjects and relatives to accept the reality of illness and have a positive mindset through spiritual practice rather than taking temporary shelter of poisonings such as smoking, chewing tobacco and alcoholism and asking them to avoid.

T – Truthfulness. We advise subjects and their families to deal directly with everyone and avoid stress.

C – Cleanliness. We have advised subjects and relatives to maintain good hygiene to avoid infection.

H – Holy name. We advise patients and relatives to pray and meditate on the holy names of God (keep their faith in their religion)

The principles of the Bhakti Vedanta Hospital model for spiritual care are based on the following:

1. There is no discrimination on the basis of religion, gender, age or belief in God
2. Accept the broad general principles of all major religions
3. Care is manifested through the environment such as vegetarianism, healthy food, spiritual sound vibrations and emotional care.

According to Sinetar (2001), individuals who have spiritual intelligence (SQ) have deep self-awareness, intuition and high "self" or "authority" powers, a tendency to experience "peak experiences" and "aesthetic" talents. Based on the explanation above, it can be concluded that someone who is spiritually intelligent will be seen in several characteristics.

Among the characteristics of someone who has spiritual intelligence are:

a. Have a Clear Life Purpose

According to Stephen R. Covey as quoted by Toto Tasmara in his book *Spiritual Intelligence*, vision is the best manifestation of creative imagination and is the main motivation for human action. Vision is the ultimate ability to see the reality that we experience today in order to create and discover what does not yet exist. Vision is a commitment (engagement, contract) as outlined in a long-term concept, which will guide and direct where it should go, what skills we need to get there, and what provisions are needed to achieve the goals and targets that have been set. Someone who is spiritually intelligent will have a

purpose in life based on clear and accountable reasons both morally and before God later.

Thus, human life is not just about fulfilling physical needs, such as; eat, drink, sleep, make love and so on, but further than that, humans also need spiritual needs such as getting closer to Allah by means of worship whose ultimate goal is to achieve peace and tranquility in their lives. People who have clear life goals will benefit a lot from what they have aspired to, among the benefits of life goals are:

- 1) Encourages to think more deeply about life.
- 2) Helps examine innermost thoughts.
- 3) Describe the things that are really important to do.
- 4) Broaden the horizon of view.
- 5) Provide direction and commitment to the values that are believed.
- 6) Helps in directing life.
- 7) Make it easier to manage existing potential and gifts.

The quality of a person's life is very dependent on his perception of the purpose of his life. His perception of the purpose of his life is also greatly influenced by his view of himself, if a person is always pessimistic in carrying out the activities that are his goals, then he will also get unsatisfactory results. And vice versa, people who are always optimistic in life, then success will always be close to him.

b. Have a Life Principle

The principle is an awareness of nature that clings to the eternal creator, namely the one principle. The power of the principle will determine every action that will be taken in achieving the desired goal, which path will be chosen, whether the right path or the wrong path. Everything depends on his firmness in holding the principles he has set out.

c. Always Feel God's Presence

People who have spiritual intelligence always feel the presence of God, that in every activity they do nothing escapes God's supervision. With that awareness, good moral values will be born because all of their actions or actions are based on the call of their holy soul, so that individuals who firmly adhere to the principles of their faith will be born. The feeling of always feeling the presence of God in our souls, of course, does not come just like that, without a process beforehand, but through cleansing the soul by increasing worship to God.

d. Tend to Kindness

People who have spiritual intelligence will always be motivated to uphold good moral values in accordance with their religious beliefs and will stay away from all evil and destructive traits to their personality as religious humans.

e. Having great soul

Humans who have spiritual or spiritual intelligence, will be sporty and easy to correct themselves and admit their mistakes. Humans like this are very easy to forgive and apologize if he is guilty, in fact he will become a character with a personality who puts the public interest above himself.

f. Have Empathy

Humans who have spiritual brilliance, are sensitive and have subtle feelings, like to help ease the burden of

others, are easily touched and sympathize with the circumstances and suffering of others.

It can be concluded that a person who is spiritually intelligent will have a purpose in life based on clear and accountable reasons, have a life principle that is only to Allah alone, all activities are carried out only based on worship, stay away from religious prohibitions, easily forgive and apologize if you have made a mistake, and have empathy for people who are in trouble.

Spiritual well-being

Cancer diagnosis and treatment is challenging for a woman and can lead to a number of physical, psychosocial, behavioral, and spiritual problems, which can threaten a woman's meaning in life, sometimes leading to a sense of disintegration (Jafari et al., 2013). The life-altering nature of cancer causes a significant increase in a woman's spiritual needs and can result in a spiritual crisis (Heidari, Ziaei, Ahmadi, Mohammadi, and Hall, 2015). Spirituality is a complex vague concept, and its definition depends on an individual's point of view. Spirituality can include a vertical element that refers to an individual's relationship to a higher power or value system and a horizontal element that refers to the role of transcendence in the person's way of life and his or her connection to the moment, to oneself, to others, to nature and to the significant or sacred (Velasco-Gonzalez & Rioux, 2014). Spirituality and religion are the main resources for dealing with women with cancer and this is often manifested in prayer and increased dependence on God (Choumanova, Wanat, Barrett, & Koopman, 2006). Jafari et al also stated that many cancer patients seek comfort in spiritual beliefs, which in some cases are associated with positive psychological outcomes. Addressing the spiritual needs of cancer patients may be important in accelerating recovery and achieving spiritual well-being. Cancer patients are faced with existential questions, and many find that SWB gives life meaning and purpose, improves quality of life and can reduce psychological and even physical problems (Whei, Liu, Chen & Zhou, 2016). SWB is the right way for some people to cope with cancer and the stresses associated with cancer (Mohebbifar, Pakpour, Nahvijou, & Sadeghi, 2015). SWB had the strongest impact on hopelessness in cancer patients who thought they were spending the last days of their lives. SWB can play an important role in controlling anxiety and depression, both prevention and recovery (Baetz & Toews, 2014).

The Spiritual Well-Being Scale (SWBS) was used to assess primary outcomes (Paloutzian & Ellison (1982). The SWBS is a 20-item scale developed as a general indicator of Spiritual Well-Being (SWB) and is recommended for use in clinical and research settings (Ellison, 1983) Each item is rated on a 6-point Likert-style from 1 (strongly disagree) to 6 (strongly agree). The SWBS consists of two subscales, each with 10 items: Religious Well Being (RWB) and Existential Well Being (EWB). The RWB subscale assesses the vertical dimension in terms of a relationship with God, while the EWB subscale assesses the horizontal dimension relating to the meaning and purpose of an individual's life. The total score is calculated for each subscale by adding item scores. Possible subscale scores range from between 10 and 60. The total score for the SWBS is calculated by entering different numbers from 120 to 120 (nine answer points). Finally, the SWBS score is classified into three levels: low (20-40), medium (41-99) and high (100-120). Paloutzian and Ellison also found that the Cronbach's Alpha for the RWB and EWB subscales was 0.91 and 0.91, respectively, and so for the overall SWBS was 0.93. According to Salmabadi, sadeghbojd, Farshad and Zolfaghari (2016) SWBS can be used in other studies and psychometric

properties. The alphas for the total SWBS and for the RWB and EWB subscales were 0.88, 0.90, and 0.89, respectively. All participants were asked to complete a questionnaire before and after participation in the study.

Sajadi, Niazi, Khosravi, Yaghobi, Rezaei, and Koenig (2017) concluded that spiritual counseling was associated with significant improvements in Spiritual Well Being (SWB) in Iranian women with cancer. Interventions that recognize these patients' spiritual needs should be incorporated into conventional care.

Kestenbaum et al (2017) found that the Spiritual Assessment and intervention Model (Spiritual AIM) has the potential to meet the spiritual and religious needs of cancer patients. In addition, Spiritual AIM is also able to treat patients with chronic and terminal illnesses. It is important for a breast cancer patient to get spiritual assistance. The terminal illness they face places the sufferer in a difficult choice to accept, namely death. Cancer requires long-term and ongoing treatment. Breast cancer therapy is a painful therapy for sufferers (Kestenbaum et al., 2017).

According to (Chimluang, Sureeporn, An, & Akkayagorn, 2017), interventions based on Buddhist principles improve spiritual well being (SWB) in cancer patients. This provides benefits and strongly supports interventions in cancer patients. Jafari et al (2013) supports the statement of Chimluan et al, that participants with spiritual therapy programs are able to improve SWB and quality of life. Baetz and Toews (2009) suggest that there is a positive relationship between religion and spirituality with mental health. Baetz and Toews, also studied practical ways to incorporate psychospiritual interventions into patient care, with particular reference to more general spiritual issues such as forgiveness, gratitude, and altruism.

Trask (2017) supports Baetz and Toews' statement that there is a significant reduction in stress on physical and mental health when religious activities are implemented. The relationship between religious activities has been shown to reduce low blood pressure and better immune function. Trask uses spiritual care methods on the basis of (Mercy, Austerity, Truthfulness, Cleanliness, and Holy name) MATCH. The result by using the MATCH method, not only increases the level of spiritual well-being but also general well-being.

Family support

Family support affects the quality of life of breast cancer patients at RSUP DR. M. Djamil Padang (Sasmita, 2016). Respondents with low family support are at risk of having a low quality of life by 6.2 times compared to patients with high family support. Supported by Halimatussakhiah and Junardi (2017) state that the support of family and relatives is needed for patients with breast cancer undergoing chemotherapy. This is because the support of family and relatives is one of the best motivations for patients undergoing chemotherapy. It was proven that no patients came alone during chemotherapy, so that patients waited more for their families to carry out chemotherapy and this can be related to the results of the study, the number of respondents was 57 people (87.7%) who visited chemotherapy more than once and 100% were accompanied by their families when chemotherapy was given. This shows that the family support for the patient is very good, so that the patient is motivated to want to carry out chemotherapy even though the chemotherapy schedule changes 1-3 days from the initial schedule.

Daily activities

According to Geritsen and Vincent (2015), exercise intervention carried out by a group of cancer patients showed that exercise could significantly improve quality of life in cancer patients compared to usual care (mean difference 5.55, 95% CI (3.19 to 7.90), $p < 0.001$).

Reflexology

Zdelikara and Tan stated that reflexology therapy, showed that the mean score of symptoms in the group of patients in the experimental group decreased after reflexology treatment; while the average general and functional health total scores in the treatment group increased; and the difference between the pretest and posttest measurements was statistically significant ($p = 0.000$). After the total symptom score, functional, and general health symptoms from posttest measurements were compared in the treatment and control groups, the mean total symptom score of patients in the treatment group was significantly lower than that of patients in the control group ($p = 0.001$). Functional and general health domains in patients in the treatment group showed a significantly higher quality of life than in the control group ($p = 0.000$).

Health education

Baetz and Toews (2009) state that hospitals can affect mental health through various dimensions including biological, psychological, and social realms. Mental illness is a time when personal resources are challenged and the hospital may be a clinically significant source of positive or negative. Education about hospital and mental health will inform clinicians about methods of investigation, potential problems to be addressed, and the ethics of interactions. However, this has limitations in practical psychospiritual intervention in the psychiatric ill population. Research has just begun to examine the complexity of the proposed mechanism from a multidimensional perspective. The values in a hospital are often judged to be able to blur the differences that exist between religious traditions.

Hana, Nianb, Zhenga, Zhaoa, Xua, and Wang (2018) state that health education interventions can significantly improve quality of life and reduce experiences related to negative emotions in patients with laryngeal cancer. This improvement was seen after surgery and radiotherapy. In addition, the rate of effective reduction in the incidence of postoperative complications and recurrences was demonstrated by the health education intervention method.

Self care

Wang (2017) showed that self-care measures can improve the patient's physical, mental condition and are able to improve the quality of life of patients with breast cancer.

Alternative Medicine

Chui (2015) stated that 70.7% of patients were identified as users of Complementary Alternative Medicine (CAM). There were no significant differences in global health status scores and across all five subscales of the QLQ C30 functional scale between CAM users and non-CAM users. On the QLQ-C30 symptom scale, CAM users (44.96 ± 3.89) had a significantly ($p = 0.01$) higher mean score for financial distress than non-CAM users (36.29 ± 4.81). On the QLQ-BR23 functional scale, CAM users reported significantly higher mean scores for enjoying sexual pleasure (6.01 ± 12.84 vs. 4.64

± 12.76 , $p = 0.04$) than non-CAM users. On the QLQ-BR23 symptom scale, CAM users reported higher side effects of systemic therapy (41.34 ± 2.01 vs. 37.22 ± 2.48 , $p = 0.04$) and breast symptoms (15.76 ± 2.13 vs. 11.08 ± 2.62 , $p = 0.02$) compared to non-CAM users. However, multivariate logistic regression analysis showed that use of the CAM modality was not significantly associated with higher global health status scores ($p = 0.71$).

Mambodiyanto and Maharani (2016), stated that the use of alternative medicine and a low level of knowledge was a significant influence on delays in medical treatment for breast cancer. The delay in medical treatment is influenced by factors of income level, grade, education level, fear of treatment, and distance from residence to Puskesmas.

DISCUSSION

The Systematic Review on quality of life is sourced from various studies published online, surveys and scientific articles showing that alternative actions to improve quality of life are very helpful for patients to make decisions.

Fear is one of the problems that comes from the client's spiritual side. At the beginning of being diagnosed with breast cancer, it is normal for breast cancer patients to experience anxiety or rejection. This should be the focus of the family to carry out more intensive assistance, including approaches from a spiritual perspective.

Another problem that arises is the number of myths circulating about breast cancer, including; Breast cancer inevitably causes the sufferer to die, women diagnosed with breast cancer pass down from their families, only older women will get breast cancer, any lump in the breast is cancer, and bras can cause breast cancer. This leaves the sufferer confused and frustrated. Lack of information makes breast cancer sufferers vulnerable to become victims of advertisements and propaganda that promise a cure. This problem is usually faced by women who have just been diagnosed with breast cancer or someone who is concerned about their chances of developing breast cancer.

Breast cancer patients use various ways to deal with the anxiety they face, including refusing to take action before receiving an explanation about chemotherapy actions. This shows that patients indirectly expect a detailed explanation of chemotherapy actions from doctors before they carry out the therapy. Respondents who underwent chemotherapy caused side effects such as hair loss (alopecia), black nails, nausea, vomiting and loss of appetite. The symptoms that occur in patients are not exactly the same, this is related to physical endurance. Ideally, this condition should be well understood by every patient so as not to reduce chemotherapy adherence (Halimatussakdiah & Junardi, 2017).

So not infrequently, breast cancer sufferers stop medical therapy and switch to alternative medicine which is currently booming. According to Kuntari (2012), the paradigm of understanding alternative medicine is actually an expression of frustration and the public's response to the high cost of medical treatment and health. If it is calculated carefully, efforts to seek healing by going to shamans, psychics and other religious services, the cost can be more expensive, when compared to scientific medical treatment and not a few also end up with unwanted things such as the disease getting worse. and death. Often patients return to medical treatment when the effects of the treatment show that the symptoms are getting worse. There are so many doctors who have to

accept patients after the patient's body undergoes and receives various types of therapy that have a bad effect on the body and further slow down the provision of scientific therapy.

CONCLUSION AND RECOMMENDATIONS

Breast cancer patients use various ways to deal with the anxiety they face, including refusing to take action before receiving an explanation about chemotherapy. This shows that patients indirectly expect a detailed explanation of chemotherapy actions from doctors before they carry out the therapy. Respondents who underwent chemotherapy caused side effects such as hair loss (alopecia), black nails, nausea, vomiting and loss of appetite. The symptoms that occur in patients are not exactly the same, this is related to physical endurance. Ideally, this condition should be well understood by every patient so that it does not reduce chemotherapy adherence (Halimatussakdiah & Junardi, 2017).

Efforts to improve the quality of life of cancer patients can be grouped into 8 actions, namely meeting spiritual needs, spiritual well-being, family support, daily activities, reflexology, health education, self-care, and alternative medicine.

For hospitals, it is hoped that this research will add alternative actions in an effort to improve the quality of life of breast cancer patients. Alternative actions to improve the quality of life of breast cancer patients can be used by nurses in providing health education to patients and their families.

For breast cancer patients, this research is expected to contribute in providing alternative actions to improve the quality of life of breast cancer patients. Breast cancer patients are expected to know the weaknesses and shortcomings in carrying out therapy so that they can improve their quality of life.

For the development of health research, this systematic review will be one of the health research data (evidence based) that can be developed as input for further research. In addition, this research can be a reference to expand the knowledge and experience of the next researcher in making the latest research.

ETHICAL CONSIDERATIONS

Funding Statement.

The author declares that no funding was received in connection with this research.

Conflict of Interest statement

The author declares that there is no conflict of interest related to this research and that there are no ethical issues arising from this research.

REFERENCES

Abegaz, T., Ayele, AA., and Gebresillassie, BM. 2018. Health Related Quality of Life of Cancer Patients in Ethiopia. *Journal of Oncology*. Volume 2018, Article ID 1467595, 8 pages

- Baetz, Marilyn dan Toews, John. Clinical Implications of Research on Religion, Spirituality, and Mental Health. *La Revue canadienne de psychiatrie*, vol 54, no 5, Mai 2009.
- Chui, P.L. 2015. Quality of Life in CAM and Non-CAM Users among Breast Cancer Patients during Chemotherapy in Malaysia. *PLOS ONE* | DOI:10.1371/journal.pone.0139952 October 9, 2015
- Chimluang, J., Sureeporn, S., Sebuah, T., & Akkayagorn, L. (2017). *European Journal of Oncology Nursing Pengaruh intervensi berdasarkan prinsip dasar Buddha pada spiritual kesejahteraan pasien dengan kanker terminal*. 31, 46–51. <https://doi.org/10.1016/j.ejon.2017.08.005>
- Ganz PA, Hahn EE, Petersen L, Melisko ME, Pierce JP, Von Friederichs Fitzwater M, Lane KT, Hiatt RA. Quality of Post-treatment Care among Breast Cancer Survivors in the University of California Athena Breast Health Network (Athena). *Clinical Breast Cancer* (2016), doi:10.1016/j.clbc.2016.05.003.
- Gerritsen JKW, Vincent AJPE. 2015. Exercise improves quality of life in patients with cancer: a systematic review and meta-analysis of randomised controlled trials. *Med Published Online First*: doi:10.1136/bjsports-2015-094787
- Jafari, N., Farajzadegan, Z., Zamani, A., Bahrami, F., Emami, H., Loghmani, A., & Jafari, N. (2013). *Spiritual Therapy to Improve the Spiritual Well-Being of Iranian Women with Breast Cancer : A Randomized Controlled Trial*. 2013.
- Kestenbaum, A., Wei, L., Pendidik, B., Rev, T., Shields, M., Min, D., ... Dunn, L. B. (2017). *diterima Naskah*. <https://doi.org/10.1016/j.jpainsymman.2017.07.027>
- Mambodiyanto dan Maharani, Prima. 2016. Pengaruh Pengobatan Alternatif Sebagai Faktor Penyebab Keterlambatan Penanganan Medis Penderita Kanker Payudara Di Puskesmas Lumbir Kabupaten Banyumas. *MEDISAINS: Jurnal Ilmiah Ilmu-ilmu Kesehatan*, Vol 14 No 3, DESEMBER 2016 | Halaman 1
- National Cancer Institute. *Chemotherapy and You*. National Cancer Institute. Atlanta. 2007
- Özdelikara, A. dan Tan, M. 2017. The effect of reflexology on the quality of life with breast cancer patients. *Cancer*. [Volume 29](https://doi.org/10.1016/j.cancer.2017.11.029), November 2017, Pages 122-129
- Partridge, A.H., Burstein, H.J., Winer, E.P. 2001. Side Effects of Chemotherapy and Combined Chemohormonal Therapy in Women With Breast Cancer. *Journal of the National Cancer Institute Monographs*.
- Sankhe, K. Dalal, Agarwal, V. dan Sarve1. Spiritual Care Therapy on Quality of Life in Cancer Patients and Their Caregivers: A Prospective Non-randomized Single-Cohort Study. *J Relig Health* (2017) 56:725–731 DOI 10.1007/s10943-016-0324-6.
- Sasmita. 2016. **Faktor Yang Mempengaruhi Kualitas Hidup Pasien Kanker Payudara di RSUP Dr. M. Djamil Padang tahun 2016**. *Thesis*, Universitas Andalas.
- Singh, H. 2014. Quality of Life in Cancer Patients Undergoing Chemotherapy in a Tertiary Care Center in Malwa Region of Punjab. *Indian Journal of Palliative Care* | May-Aug 2014 | Vol-20 | Issue-2
- Tang, F., Wang, J., Tang, Z., Kang, M., Deng, Q., dan Yu, J. 2016. Quality of Life and Its Association with Physical Activity among Different Types of Cancer Survivors. *Plos One*. DOI:10.1371/journal.pone.0164971. November 3, 2016
- Trask, B.S. 2010. *Globalization and Families: Accelerated Systemic Social Change*, DOI 10.1007/978-0-387-88285-7_1, © Springer Science+Business Media, LLC 2010

- Unsar, S. 2017. Quality of Life and Symptom Control in Patients with Cancer. International. *Journal of Caring Sciences*. September-December 2017 Volume 10 | Issue 3| Page 1686
- WHO. (2014). *The World Health Organization Quality Of Life (WHOQOL)-BREF*.
- Yan, B., Yang, L., Hao, L., Yang, C. Quan, L. Wang, L. Wu1, Z. Li, X., Gao, Y., Sun, Q. Yuan, J. 2016. Determinants of Quality of Life for Breast Cancer Patients in Shanghai, China. *Plos One*. DOI:10.1371/journal.pone.0153714. April 15, 2016