



## THE RELATIONSHIP BETWEEN RELIGIOSITY AND SELF-COMPASSION IN BREAST CANCER PATIENTS POST-MASTECTOMY SURGERY AT Dr SOEBANDI JEMBER HOSPITAL

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### ABSTRACT

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The type of treatment that is often used by breast cancer patients is a mastectomy. Mastectomy raises physical and psychological impact. The current phenomenon is that many women experience some level of psychosocial pressure during their cancer journey, which can have an impact on issues of faith or religiosity, self-compassion, and quality of life. A cancer diagnosis can affect a person's religiosity and self-compassion, this is often associated with life-threatening cancer and causes sufferers to see the meaning and purpose of their lives. The research design conducted by researchers is observational analytic with a cross-sectional approach. The population in this study were breast cancer patients after mastectomy surgery at Dr Soebandi Jember Hospital and the sample of this study was 38 respondents. The religiosity analysis in this study found that the religiosity study of patients who experienced breast cancer post-mastectomy surgery obtained that the median value of the religiosity variable was 60.00 with the lowest value being 23 and the highest being 64. Meanwhile, the self-compassion analysis found that self-compassion research on patients who experienced breast cancer after mastectomy surgery found that the median value of the self-compassion variable was 94.50 with the lowest value being 65 and the highest being 98. Analysis using Pearson Product moment obtained a p-value of 0.000 less than 0.05 so that the  $H_a$  hypothesis is accepted or it can be said that there is a relationship between religiosity and self-compassion in post-mastectomy breast cancer patients at Dr Soebandi Jember Hospital.

**Keywords:**

Breast cancer patients, Religiosity, Self compassion

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## BACKGROUND

In Indonesia, the prevalence of breast cancer is quite high. Report data (Riskesdas, 2018) states that breast cancer reaches 42.1% with an average death rate of around 17%. The type of treatment that is often used by breast cancer patients is a mastectomy. Mastectomy is the most common action taken because it has a cure rate of 85% -87% (Dewi et al., 2016). However, despite these benefits, a mastectomy has physical and psychological repercussions. The current phenomenon is that many women experience some level of psychosocial pressure during their cancer journey, which can have an impact on issues of faith or religiosity, self-compassion, and quality of life (Hewitt et al, 2019).

A cancer diagnosis can affect a person's religiosity, this is often associated with life-threatening cancer and causes sufferers to question the meaning and purpose of their life (Schreiber & Edward 2015). Thus, breast cancer patients tend to have a low capacity to resist self-criticism and self-blame (Beck A, 2019). The patient shows denial of the situation that happened to him and feels a feeling of hopelessness to continue his life, such as not wanting to continue treatment, feeling alienated and not wanting to do social activities. This, if not controlled properly, will affect the quality of life of breast cancer patients. In a study conducted by Maurent in 2021 32 breast cancer patients, they had low religiosity (63%). Research conducted by a researcher from Arabic named Romdhane 2021 states that breast cancer patients have a low level of religiosity of 78.4% with an average score of 11.13 out of 26 questions on the religiosity scale. In Indonesia, research conducted by Rinjani (2018) on 40 breast cancer patients showed that 28.4% had a moderate level of religiosity and 52.6% had a low level of religiosity.

Research conducted by Arambasic (2019) in Australia regarding breast cancer self-compassion in 82 patients showed that the average breast cancer patient had low self-compassion. The results of the same study were also obtained by Sherman (2013) which was conducted on 309 breast cancer patients showing (that 52%) of respondents had low self-compassion. In Indonesia, a study conducted by Prihetina (2017) on 201 breast cancer patients had a low level of self-compassion (57.1%).

Breast cancer patients tend to experience religious distress, this can be caused by unfulfilled religious needs and inadequate religious care which can cause health problems (Pok-Ja & Soo Hyun, 2019). Religious distress in cancer patients is caused

by negative religious treatment that can affect the patient's religiosity and spirituality. Handling negative religiosity is associated with a decrease in quality of life (Gall & Bilodeau, 2017).

In addition to experiencing religious distress, breast cancer patients experience a decrease in self-compassion. This is due to image change the body is so fast that the patient is unable to deal positively with the physical changes that occur. In this situation, women who have low self-compassion tend to experience psychological stress, especially depression and anxiety (Mineka S, 2010). Low self-compassion can also be a factor in reducing the patient's quality of life (Neff & Faso, 2015). This is supported by research from Hidayati (2019) which states that poor self-compassion such as blaming yourself, feeling helpless, and not being able to move on with your life will affect your quality of life. The lower the self-compassion, the lower the patient's quality of life, conversely, the higher the self-compassion, the higher the patient's quality of life.

In overcoming these problems, the role of nurses is needed. Renwick (2016) conveys several roles for nurses in overcoming patient psychological problems, namely helping clients regain control in their lives such as religious activities, education about self-acceptance, managing treatment, assessing and monitoring the client's mental state, and assessing and reducing risk factors that may be encountered. client.

This study aims to determine the relationship between religiosity and self-compassion in post-mastectomy breast cancer patients at Dr Soebandi Jember. The benefits of research are expected to provide benefits for all parties, especially for someone who has breast cancer. Especially regarding self-compassion and religiosity in breast cancer patients. Patients are expected to be motivated to grow religiosity and self-compassion in themselves, so that patients can accept all circumstances with a feeling of gratitude, and can reduce the symptoms of physiological and psychological stress they feel. This research is also expected to provide benefits to all readers regarding the description of the condition of breast cancer patients and ways to reduce the symptoms of stress experienced.

## METHODS

In this research, the method used is quantitative. By using an analytic observational research design cross-sectional approach. This study conducted hypothesis testing to find a relationship between the two variables studied. For the population

in this study, namely all post-mastectomy breast cancer patients at Dr Soebandi Jember. while the sample in this study used total sampling. The sample used in this study was the entire population of 38 people. Researchers allow respondents to determine whether they are willing or refusing to become respondents. If the respondent is willing to be a respondent, the researcher will give informed consent to the respondent, whereas if the respondent refuses, the respondent's safety will still be guaranteed and will not receive any sanctions. In this study, to maintain the confidentiality of the respondents, the researcher changed the patient's identity using an anonymous form in the form of a code and initials of the respondent's name and disguised the photo taken of the respondent. The research location at the Dr. Soebandi Jember. With the time of research from September 2022 to June 2023.

The data collection tool used was a questionnaire on the characteristics of the respondents consisting of age, gender, education, occupation, and marital status. The data collection tool for religiosity variables uses a religiosity questionnaire adapted from the concept of Glock and Stark (1962). The questionnaire has been tested for validity to get Pearson's correlation on each question item is valid, namely with a value of  $r_{count} = 0.302-0.619$  and  $r_{table} = 0.284$  and the reliability test is carried out to have  $r > 0.839$  which is declared reliable. The instrument used for the self-compassion variable is the Self-Compassion Scale compiled by Kristian Neff (2003). The results of the validity test of this questionnaire were conducted on 391 undergraduate students at the University of Texas, Austin. shows the value of  $r = 0.371-0.68$ . Meanwhile, the reliability test of the Self Compassion Scale questionnaire shows a Cronbach Alpha value of .872. The data obtained was edited, assessed, coded, and tabulated for data analysis. The statistical test used was the Pearson product-moment test to determine the correlation between the independent variables and the dependent variable with a 95% confidence level ( $\alpha=0.05$ ).

## RESULTS

Based on table 1 shows that of the 38 respondents with breast cancer, they have an average age value of 44.5.

Based on Table 2, it is known that the characteristic research on the education of patients who experience breast cancer after mastectomy surgery at Dr Soebandi Jember Hospital is dominated by elementary school education levels of as many as 15

people (39.5%). The job variable is dominated by work as a housewife as many as 17 people (44.7%). In the married status variable, 29 people (76.3%) were dominated by married status. The religion variable is dominated by Islam as many as 37 people (97.6%).

Based on Table 3 it is known that the religiosity study of patients who experienced breast cancer after mastectomy surgery obtained that the mean value of the religiosity variable was 55.0 with the lowest value being 23 and the highest being 64.

Based on Table 4 it is known that the self-compassion study of patients who experienced breast cancer after mastectomy surgery obtained that the mean value of the self-compassion variable was 88.89 with the lowest value being 65 and the highest being 98.

Based on Table 5. the results of the analysis of the relationship between religiosity and self-compassion in post-mastectomy breast cancer patients at Dr Soebandi Jember used the Pearson product-moment test, obtained a p-value of 0.000 less than 0.05 so that the  $H_a$  hypothesis was accepted or it could be said that there was a relationship between religiosity and self-compassion in post-mastectomy breast cancer patients at Dr Soebandi Jember. The correlation value of 0.999 can be stated that there is a strong correlation between religiosity and self-compassion and the direction of the correlation is positive or unidirectional. A positive correlation can be interpreted that the higher the level of religiosity, the higher the level of self-compassion in breast cancer patients and vice versa when the level of religiosity is low, the lower the level of self-compassion in breast cancer patients.

## DISCUSSION

### Age

The results of this study indicated that the average age of the respondents was 45 years. In addition, in this study, it was found that those who experienced breast cancer were in the age group  $>45$  years. This is in line with research conducted by Elmika (2020) which states that the average age of respondents with breast cancer is 45 years.

The large number of breast cancer respondents aged 40 years and over is because this age is an age that has a risk of developing breast cancer. According to surveillance, epidemiology, and End Result (SEER), the likelihood of a woman getting breast cancer is 1:8 in a lifetime, of which 1:202 cases are from birth age 39 years, 1:26 cases are at the age of 40-59 years, and 1: 28 cases aged 60-69 years

Table 2. Characteristics of Respondents

Variable	Mean (std. deviation)	
Age (years)	44,5 (48.0)	
	Frequency (N)	Percentage (%)
<b>Education:</b>		
Elementary School	15	39,5
Junior High School	14	36,8
Senior High School	9	23,7
<b>Job/Work:</b>		
Housewife	17	44,7
Cotter	11	28,9
Farmer	6	15,8
Entrepreneur	4	10,5
<b>Married Status:</b>		
Not married yet	3	8,0
Marry	29	76,3
Widow	6	15,8
<b>Religion:</b>		
Islam	37	97,0
Christian	1	3,0

Table 2 Distribution of religiosity

Religiosity Variable	Mean	Min-Max
Religiosity	55,0	23-64

Table 3. Distribution of self-compassion

Self Compassion Variable	Mean	Min-Max
<i>Self compassion</i>	88,89	65-98

Table 4. Analysis of relationship religiosity and self-compassion

Variabel	<i>P Value</i>	<i>r</i>
Religiosity	0,000*	0,999*
Self compassion		

(Ramatya, 2015).

As a woman ages, the fat cells in her breasts tend to produce large amounts of the aromatase enzyme which will increase local estrogen levels. This locally produced estrogen is believed to play a role in triggering breast cancer in postmenopausal women. Once a tumour is formed, it will then increase the production of estrogen to help it grow. Clusters of immune cells in tumours also appear to increase estrogen production. (Nurhayati, 2016).

Based on this, the researchers assumed that over 40 years of age is an age that has a risk of developing breast cancer. This happens because women experience decreased organ function,

changes in immunological status, duration of exposure to carcinogenic substances and hormonal changes.

### Education

The majority of education in this study is elementary school education (SD) as many as 21 respondents (40%). This research is in line with research conducted by Kusmayadi (2022) who stated that the majority of breast cancer patients at RSUD Dr H. Abdul Moeloek have an elementary school education level of 54.2%.

This is because people never get information related to breast cancer before. Information ob-

tained by respondents about breast cancer will greatly support respondents' knowledge of early breast cancer screening. According to Notoatmojo (2008) the higher the level of education, the more information is obtained, it can increase one's knowledge and this knowledge will influence one's behaviour following the knowledge one has.

According to the research assumption that the level of education can influence a person's behaviour in producing many changes, the higher the formal education, the higher the knowledge about breast cancer.

### **Work**

Table 2 shows that less than half of the respondents have jobs as housewives as many as 17 people (45%). The results of this study are in line with research conducted by Khoiriyah (2020) which found that 28 people with breast cancer work as housewives (52%).

Someone who suffers from breast cancer faces limitations in terms of lifestyle and information obtained (Turner & Kelly, 2000). Someone who doesn't work tends to get less information from their environment regarding breast cancer. A housewife who completes housework every day has a higher stress level than a housewife who has helpers. This is due to feelings of tiredness both physically and mentally as well as social limitations in the long term (Putri & Sudhana, 2013)

According to the researcher's assumption, employment status is an important factor in the occurrence of breast cancer because someone who works as a housewife tends to be less exposed to information related to the incidence of breast cancer. Someone who gets information related to breast cancer tends to have healthy behaviour and lifestyle and knows how to prevent an early checkup on breast cancer

### **Married Status**

The results showed that the majority of respondents were married, namely married as many as 32 people with a percentage (84%). Other studies show the same results, namely the more married status of 127 people with a percentage of 58.8% (Jariah, 2021).

Dewi in 2021 revealed that married status has the potential to use hormonal contraception. Contraception is one effort that can be selected to prevent conception and pregnancy (Rochmah et al., 2009). The use of hormonal contraception can increase the risk of breast cancer. So that it will cause

an increase in exposure to the hormone estrogen in the body (Nani, 2009). It is the increase in exposure to the hormone estrogen that can trigger abnormal cell growth in certain parts, such as the breasts.

So the researchers assume that breast cancer sufferers are married and have the potential to use contraception. This is because the contraceptive itself causes an increase in exposure to the hormone estrogen. This hormone stimulates the division of epithelial cells which directly act as metagen so that it can cause breast cancer.

### **Religion**

The results showed that the religion of the respondents, namely Islam, was 37 respondents with a percentage (97%). Another study conducted by Wisuarini (2023) stated that the majority of respondents were Muslim, namely 105 people (91%). Another study conducted by Nasution Sitohang and Adela (2018) showed that the majority of breast cancer patients were 120 Muslims (87.47%).

According to Sunarti Rapingah (2018), religion is a belief or belief held by respondents related to God Almighty. Islam teaches its people to always be husnudzon (good prejudice) to God, to be grateful and patient for all the suffering they experience cannot be separated from God's will, God is God who knows everything that happens to his creatures.

So the researchers assume that the average breast cancer patient is Muslim and has high religiosity. This is illustrated by the patient's worship such as continuing to pray 5 times a day, dhikr, pray and read the Koran. Breast cancer patients believe that a disease can be a sign of God's love for his people. God will not burden his people with problems that are beyond his ability.

### **Religiosity**

Religiosity is defined as a person's tendency to carry out religious beliefs in his life (Subandi, 2013). Religiosity is how often individuals carry out religious orders, the importance of religion for individuals, and individual appreciation of their religion (Huber & Huber, 2012).

The results of research on the religiosity of breast cancer patients after mastectomy surgery at DR. Soebandi Jember obtained a median value (60.00) with the lowest value (23) and the highest value (64). The same research was also conducted by Rukmi (2017) showing religiosity in breast cancer patients got the highest score with a median value of 61.4 a minimum value of 29 and a maximum of 65.

According to Rosyadi, Kusbaryanto and

Yuniarti (2019) stated that religiosity is an important component in breast cancer which is a holistic characteristic that plays an important role in improving the patient's quality of life. The increase in religious care is increasing for the needs of patients with breast cancer, in which circumstances individuals experience a search for meaning and purpose in life. So religiosity is needed to be used as a motivation to continue to live a better life.

So the researchers assume that the average breast cancer patient has good religiosity. Religiosity is a system consisting of beliefs, ritual practices, and activities designed to facilitate an individual's closeness to God. Good religiosity will have a good impact on individuals to continue life processes in the future, interpret life well, as a therapy to reduce depression and anxiety, and improve individual quality of life.

#### Self Compassion

The results of the study on self-compassion in post-mastectomy breast cancer patients at DR. Soebandi Jember obtained a median value of (94) with the lowest score (65) and the highest score (98). The results of this study are in line with research conducted by Arambasic (2019) which revealed that of the 82 participants (78%) had good self-compassion, this was demonstrated by the good psychological adjustment of breast cancer patients to support long-term survival.

The results of other studies also revealed that there was a change in attitude that occurred in post-mastectomy breast cancer patients, namely patients became warmer towards themselves by accepting all imperfections in themselves. these conditions (Pepe & Valentina, 2023).

Researchers assume that breast cancer patients have good self-compassion, this is evidenced by an open attitude about living with breast cancer and realizing that they are not alone in living with cancer.

#### Relationship Religiosity and Self-Compassion in Post-Mastectomy Breast Cancer Patients

The relationship between religiosity and self-compassion shows a p-value = 0.000 and a value of  $r = 0.999^*$  which means that there is a significant relationship between religiosity and self-compassion and has a positive correlation. This means that the higher a person's religiosity, the higher self-compassion. One source of belief in self-compassion comes from religion which is used as a way of life. Based on the statement above, previous research was found which stated that religiosity has a significant relationship with self-compassion

(Tahmasebi 2018). Research conducted by Wiksuari (2023) on breast cancer patients who are all Muslim states that patients use the power of faith in God and sincerity as acceptance in the diagnosis of breast cancer. And the patient accepts all the deficiencies that occur based on religiosity because it is a gift from God.

Religiosity is used as a person's control to determine the behaviour taken, in line with self-compassion where individuals who can accept all shortcomings and failures in life can manage their thoughts positively so that the attitude shown is in the form of optimism, gratitude, and appreciation for everything that happens to him. (Neff, 2009). According to research conducted by Luthfi (2019) explains that high religiosity will have a good impact on oneself and the social environment such as positive thinking so that a person will get welfare and be able to love himself. This can be proven by if a person has a high level of religiosity he will take a positive side to be used as motivation in his life to get a good quality of life, so the religiosity of breast cancer patients is very important to be used to make an individual understand himself and not judge himself excessively and better understand how the role of self-compassion is so that it creates a good psychological condition for the patient.

In this study, religion can be used as a good or bad judge of something. When someone sticks to religion, everything that happens to someone will be acceptable even in unpleasant conditions. The condition of breast cancer patients can be an unpleasant condition where changes occur both physically and psychologically in patients. If a breast cancer patient has good religiosity, he or she will see it from a religious point of view and assess an unpleasant condition as a test from God that must be passed properly. Having this religiosity will then make the patient have good self-compassion. The implications of this research can be used as evaluation material regarding the importance of increasing religiosity during illnesses such as breast cancer, to increase a person's sense of self-compassion so that they can continue treatment well and improve the patient's quality of life. So, with this research, it is hoped that breast cancer patients after mastectomy surgery, especially at Dr Hospital. Soebandi Jember can reduce psychosocial stress such as anxiety, low self-esteem and feelings of guilt over failures that occur in one's life.

#### CONCLUSION

The results of this study show the charac-

teristics of breast cancer patients after mastectomy at Dr Soebandi Jember Hospital, among other groups of breast cancer sufferers, has an age range of >45 years, in terms of education level breast cancer sufferers dominate primary school level, and employment status dominates many because they are housewives, while in terms of marriage, breast cancer patients dominate, and religious status is dominated by Muslim patients. Religiosity of breast cancer patients after mastectomy surgery in Dr Soebandi Jember Hospital showed a median score of 60.00 with the lowest score being 23 and the highest being 64. Meanwhile, self-compassion in post-mastectomy breast cancer patients in Dr Soebandi Jember showed a median value of 94.50 with the lowest value being 65 and the highest being 98. This research shows that there is a relationship between religiosity and self-compassion in breast cancer patients after mastectomy at Dr Soebandi Jember Hospital. A positive or unidirectional relationship can be interpreted as meaning that the higher the level of religiosity, the higher the level of self-compassion in breast cancer patients and conversely if the level of religiosity is low, the lower the level of self-compassion in the breast cancer patients.

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