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Analysis of Determinant Factors in Fulfilling Psychosocial and Spiritual Needs by Families in Breast Cancer Patients

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ABSTRACT

Breast cancer poses not only physical but also complex psychosocial and spiritual challenges. The fulfillment of psychosocial and spiritual needs largely depends on family involvement as the primary caregivers. This study aimed to analyze the determinant factors that affected the family's ability to meet these needs. A descriptive-analytic design with a cross-sectional approach was used, involving 120 family caregivers at Tk. III Baladhika Husada Jember Hospital. Data were collected using a Likert-scale questionnaire and analyzed using ordinal regression. The results showed that most families provided psychosocial and spiritual support at a moderate level (80.8%). The Pseudo R-Square analysis produced a Nagelkerke value of 1.000, indicating that all independent variables fully explained the variation in the dependent variable. Although no single factor was found to be dominant, all variables had a significant simultaneous influence. These findings highlight the need for holistic and family-based interventions to enhance psychosocial and spiritual support for breast cancer patients.

Keyword: Breast Cancer, Determinant, Family, Psychosocial Need, Spiritual Need

ABSTRAK

Kanker payudara tidak hanya menimbulkan tantangan fisik, tetapi juga masalah psikososial dan spiritual yang kompleks. Pemenuhan kebutuhan psikososial dan spiritual sangat bergantung pada keterlibatan keluarga sebagai pengasuh utama. Penelitian ini bertujuan untuk menganalisis faktor-faktor determinan yang memengaruhi kemampuan keluarga dalam memenuhi kebutuhan tersebut. Desain penelitian yang digunakan adalah deskriptif-analitik dengan pendekatan cross-sectional, melibatkan 120 keluarga pasien dengan kanker payudara di RS Tk. III Baladhika Husada Jember. Pengumpulan data dilakukan menggunakan kuesioner skala Likert dan dianalisis dengan regresi ordinal. Hasil penelitian menunjukkan bahwa sebagian besar keluarga memberikan dukungan psikososial dan spiritual pada tingkat sedang (80,8%). Analisis Pseudo R-Square menghasilkan nilai Nagelkerke sebesar 1,000, yang menunjukkan bahwa seluruh variabel independen secara penuh menjelaskan variasi pada variabel dependen. Meskipun tidak ditemukan satu faktor yang paling dominan, seluruh variabel memiliki pengaruh yang signifikan secara simultan. Temuan ini menegaskan pentingnya intervensi holistik dan berbasis keluarga untuk meningkatkan dukungan psikososial dan spiritual bagi pasien kanker payudara.

***Kata Kunci:** Determinan, Kanker Payudara, Kebutuhan Psikososial, Kebutuhan Spiritual, Keluarga*

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Introduction:

Breast cancer is one of the biggest problems in Indonesia with the second highest mortality rate after cardiovascular disease. Not only has an impact on physical but also mental, social, and emotional well-being. The WHO identified in 2022 as many as 2.3 million women diagnosed with cancer with 670,000 deaths (Siegel Mph et al., 2023). In Indonesia, the prevalence of new cancer cases reached 396,314 cases with 234,511 deaths. Breast cancer ranks first with the highest prevalence of 65,858 cases. According to the Ministry of Health of the Republic of Indonesia, it is estimated that there will be an increase in new cases as many as 522,000 new cases with 320,000 deaths by 2030 if there is no good handling (KEMENKES RI, 2024). Data from one of the cancer treatment referral hospitals in Jember Regency during the period from September to November 2023 recorded 326 patients with breast cancer cases.

Breast cancer patients face not only the challenges of physical but also psychological social, and spiritual impacts. The challenges faced occur during or after treatment. Psychosocial problems experienced by many patients are anxiety, fear, depression and disruption of social roles. Of the overall prevalence of breast cancer patients, it is estimated that 8-24% of patients experiencing psychosocial problems with an increased risk of depression in newly diagnosed patients (Al-Fahdi et al., 2023). The spiritual dimension is also a problem for breast cancer patients. Spirituality is an important resource aspect that each individual has to overcome stressors. Spiritual problems that occur in patients are feelings of dependence, meaninglessness, hopelessness, feelings of burdening others, loss of social roles and feeling irrelevant (Wei et al., 2016). Identification of patients' spiritual needs showed that patients needed help to overcome fear (51%), find hope (42%), find meaning in life (28%) and death (25%) (Wei et al., 2016). Psychosocial and spiritual are the holistic components that exist in each individual. In the holistic nursing model, it is explained that all illnesses contain psychosomatic, biological, psychological, social and spiritual components. Illness can be caused by bio-psycho-social-spiritual factors, as well as the response due to illness ((Ah Yusuf et al., 2016). In breast cancer patients, the presence of the disease experienced can affect the response or impact holistically, both biologically, psychologically, socially and spiritually.

Psychosocial is a basic need that describes a social condition with a mental or emotional health status. These basic needs include the need for affection, security, self-esteem and belonging. Meanwhile, spiritual needs are human needs in dealing with various problems such as social, cultural, anxiety, fear of death, social isolation and philosophy of life. These two basic human needs are influenced by several factors, including internal factors including developmental stages and coping mechanisms, as well as external factors such as family support and health services (Khasanah et al., 2023; Rohmatun, 2022). Psychosocial and spiritual needs that are not met or disturbed will give negative feedback to the patient. The concept model of Aderdan Cohen's theory related to the relationship between stressors and immunity explains that the existence of stress in both physical, psychological and social forms will affect and even worsen the condition of immunity and the health of patients (Ah Yusuf et al., 2016) . This theory is in line with several results of studies that evaluated psychological and spiritual distress in breast cancer patients. The results of the study showed that there was a negative relationship between psychological, social, and spiritual conditions on the quality of life of patients. The more psychosocial and spiritual distress is experienced, the lower the patient's quality of life (Saeedi-Saedi et al., 2015; Stanizzo et al., 2022).

Various psychosocial and spiritual interventions have been used to support breast cancer patients, such as Spiritual Emotional Freedom Technique (SEFT) therapy to reduce depression, a psychosocial service model in palliative care through emotional support and counseling, and spiritual therapy to reduce anxiety. The main goal of the intervention is to improve the emotional, spiritual, and quality of life of patients. The involvement of families in meeting basic needs is also one of the solutions. Family is the patient's closest person both

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physically and emotionally. Theoretically, families have a task in health care where the family is expected to be able to in caring for and maintaining the health of family members. The forms of psychosocial and spiritual needs needed by patients are psychological support and love, the presence of information related to illness, and support in dealing with stigma and death (Fernández-Feito et al., 2024). Patients expect families to be able to help deal with challenges during treatment. Several studies show that the family's ability to meet psychosocial and spiritual needs is related to the psychological health of patients. When the family is able to meet these basic needs, it will improve health both physically, psychosocially and spiritually.

Conversely, the family's inability to meet these basic needs will increase the risk of psychosocial and spiritual distress in patients (Renthlei et al., 2024; Zhou et al., 2024). Spiritual and psychosocial support improves the quality of life of breast cancer patients through various mechanisms, such as reducing stress and anxiety, providing meaning and purpose in life, and strengthening social support. An exploratory study of the family's ability to care for and meet the basic needs of breast cancer patients shows that overall families are not able to provide holistic care to patients. Determinant factors related to family involvement and ability to meet psychosocial and spiritual needs are patient characteristics which include sociodemographic status, patient health status, and cognitive and psychological ability of the patient. Family characteristics that are directly related include family sociodemographic status, the condition of the family-patient relationship, the ability of the family role as a caregiver and the psychological characteristics of the family.

The system formed in the family is also a determinant factor, such as communication patterns, support, reciprocal relationships and family conflict history. In addition to internal family factors, external factors also play an important role such as the role of health workers and a developing culture. The care provided is in the form of fulfilling physical needs such as reducing pain, helping self-care, and helping patients get health services (Nadra Maulida, Idriansari, no date; Najjuka et al., 2023; Jabeen et al., 2024). The condition shows that the fulfillment of the patient's psychosocial and spiritual needs is neglected, increasing the risk of psychological health problems for the patient. Most of the research that has been done related to breast cancer patients still focuses on patients and exploratory studies of family experiences in caring for patients. With an explanatory study approach, current research will focus on the discovery of factors that affect the family's ability to meet the psychosocial and spiritual needs of patients. So that the expected final results can be the basis for finding the right intervention in overcoming the psychological and spiritual problems of patients, especially breast cancer patients.

Methods:

This study used a descriptive-analytic design with a cross-sectional approach. The population in this study consisted of families of breast cancer patients at Baladhika Husada Jember Level III Hospital who were responsible as primary caregivers for 172 patients.. The sampling technique used was simple random sampling with a total sample of 120 respondents using a Confidence Level of 95% and a Margin of Error of 5%. The research sample was determined based on inclusion and exclusion criteria. The inclusion criteria for this study are family members with breast cancer patients who are registered at the Chemotherapy Polyclinic of Tk. III Baladhika HusadaJember Hospital, can read and write and are willing to participate in the research. Meanwhile, the exclusion criteria in this study were the patient's family members in sick conditions. The instrument used was a questionnaire in the form of a linket scale. The questionnaire was compiled based on the results of the identification of factors that shape family behavior in meeting the psychosocial and spiritual needs of breast cancer patients, which include patient characteristics, family or caregiver characteristics, and health worker support. The process of collecting, cleaning, editing and analyzing data was carried out with SPSS version 29.0 using the Ordinal Regression statistical test. The research process began with the preparation

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of research proposals and protocols and then submitted an ethical clearance test at the Nursing Research Ethics Commission (KEPK) of the University of Muhammadiyah Jember and was declared ethically feasible with letter number 0021/KEPK/FIKES/III/2025. Furthermore, the research permit process is submitted to BAKESBANGPOL to obtain a letter of recommendation to conduct research

Results :

The determinant factors associated with the involvement and ability of families in fulfilling psychosocial and spiritual needs include patient characteristics such as sociodemographic status, health status, and cognitive and psychological abilities. Family characteristics that are directly related include the family's sociodemographic status, the quality of the relationship between the family and the patient, the family's ability to perform the caregiver role, and the family's psychological characteristics. The following presents the frequency distribution of these determinant factors

Table 1. Variable Frequency Distribution of Patient Demographics Status (n=120)

No	Variable	f	%
Age			
1	<30 Years Old	4	3,8
2	30-40 Years Old	9	7,7
3	41-50 Years Old	19	15,4
4	51-60 Years Old	65	53,8
5	>60 Years Old	23	19,2
	Total	120	100
Gender			
1	Male	0	0
2	Female	120	100
	Total	120	100
Education			
1	No School	4	3,8
2	Elementary School	42	34,6
3	Junior High School	37	30,8
4	High School	28	23,1
5	College	9	7,7
	Total	120	100
Occupation			
1	Not Working	13	11,5
2	Informal Worker (Laboures/farmers/housewives)	93	76,9
3	Formal Worker	5	3,8
4	Other	9	7,7
	Total	120	100
Marital			
1	Unmarried	4	3,8
2	Marry	93	76,9
3	Divorce/Separated/Widowed	23	19,2
	Total	120	100

This study involved 120 breast cancer patients, all of whom were female. The majority of respondents were in the age range of 51–60 years (53.8%), followed by the age of >60 years (19.2%) and 41–50 years (15.4%). The level of education of patients is dominated by elementary (34.6%) and junior high school (30.8%) graduates, while only 7.7% have received education up to university. Most patients work in the informal sector such as laborers, farmers, or housewives (76.9%), and 76.9% of patients are married.

Table 2. Variable Frequency Distribution of Patient Health Status (n=120)

No	Variable	f	%
Sick Time			
1	0-6 Months	9	7,7
2	≤ 1 Year	9	7,7
3	> 1 Year	102	84,6
	Total	120	100
Type Treatment			
1	Chemotherapy	101	84,6
2	Radiotherapy	19	15,4
3	Operation	0	0
4	Hormon Therapy	0	0
5	Other	0	0
	Total	120	100
Pain Level			
1	Noner	18	15,4
2	Light	9	7,7
3	Moderate	42	34,6
4	Severe	46	38,5
5	Very Severe	5	3,8
	Total	120	100

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Based on the stage of cancer, the majority were in stage III (53.8%), and most had suffered from cancer for more than one year (84.6%). The most common type of treatment was chemotherapy (84.6%). The level of pain felt by most patients was in the severe (38.5%) and moderate (34.6%) categories.

Table 3. Variable Frequency Distribution of Patient Cognitive and Psychological Status (n=120)

No	Variable	f	%
Patient Cognitive			
1	Less	9	7,7
2	Enough	111	92,3
3	Good	0	0
	Total	120	100
Patient Cognitive			
1	Less	9	7,7
2	Enough	79	65,4
3	Good	32	26,9
	Total	120	100

In terms of cognition, 92.3% of patients were considered to have sufficient abilities, while psychologically, 65.4% were in sufficient condition and 26.9% were in good condition.

Table 4. Variable Frequency Distribution of Family Demographic Status (n=120)

No	Variable	f	%
Age			
1	<30 Years Old	37	30,8
2	30-40 Years Old	14	11,5
3	41-50 Years Old	32	26,9
4	51-60 Years Old	14	11,5
5	>60 Years Old	23	19,2
	Total	120	100
Gender			
1	Male	69	57,7
2	Female	51	42,3
	Total	120	100
Education			
1	No School	0	0
2	Elementary School	27	23,1
3	Junior High School	9	7,7
4	High School	70	57,7
5	College	14	11,5
	Total	120	100
Occupation			
1	Not Working	9	7,7
2	Informal Worker (Laboures/farmers/housewives)	56	46,2
3	Formal Worker	14	11,5
4	Self Employed	27	23,1
5	Other	14	11,5
	Total	120	100
Family Income			
1	< IDR1.000.000	64	53,8
2	IDR 1.000.000 – IDR 3.000.000	42	34,6
3	IDR3.000.000–IDR5.000.000	14	11,5
4	> IDR 5.000.000	0	0
	Total	120	100
Marital			
1	Unmarried	19	15,4
2	Marry	101	84,6
3	Divorce/Separated/Widowed	0	0
	Total	120	100
Relationship with Patient			
1	Husband/Wife	51	42,3
2	Child	51	42,3
3	Parents	0	0
4	Sibling	14	11,5
5	Other Relatives	4	3,8
	Total	120	100
Family Psychological Condition			
1	Good	27	23,1
2	Enough	93	76,9
3	Less	0	0
	Total	120	100

The characteristics of the families accompanying the patients showed that most were at the age of <30 years (30.8%) and 41–50 years (26.9%), with the majority being male (57.7%). The level of family education is dominated by high school graduates (57.7%), and only 11.5% of college graduates. Most work in the informal sector (46.2%) or self-employed (23.1%), and 84.6% are married. The most family relationships with patients are husbands/wives and children, 42.3% each. The majority of families have an income below Rp 1.000.000

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(53,8%). The psychological condition of the family is considered adequate (76.9%),

Table 5. Variable Frequency Distribution of Family Relationship Condition (n=120)

No	Variable	f	%
Patients Relationship Condition			
1	Good	0	0
2	Enough	101	84,6
3	Less	19	15,4
	Total	120	100
Conflict with Family			
1	Exist	42	34,6
2	None	78	65,4
	Total	120	100

In terms of relationships with patients, most families stated that they had sufficient relationships (84.6%), although 34.6% stated that there was conflict within the family.

Table 6. Variable Frequency Distribution of Role of the Family and Health Worker (n=120)

No	Variable	Family Role		Communication Pattern		Family Support		Health Worker Support		Reciprocal Relationship	
		f	%	f	%	f	%	f	%	f	%
1	Good	0	0	0	0	0	0	23	19,2		
2	Enough	97	80,8	101	84,6	106	88,5	79	65,4		
3	Less	23	19,2	19	15,4	14	11,5	18	15,4		
	Total	120	100	120	100	120	100	120	100		
1	Exist									78	65,4
2	None									42	34,6
	Total									120	100

The role of the family is also mostly in the category of adequate (80.8%). Similarly, communication patterns (84.6%), mutual relationships (65.4%), as well as family support (88.5%) and health worker support (65.4%) were in the sufficient category.

Table 7. Variable Frequency Distribution of Fulfillment of Psychosocial and Spiritual Needs by Families ff Breast Cancer Patients (n=120)

No	Variable	Fulfilling Psychosocial and Spiritual Needs	
		f	%
1	Good	9	7,7
2	Enough	97	80,8
3	Less	14	11,5
	Total	120	100

As for the main aspect of the study, namely the fulfillment of psychosocial and spiritual needs by families of breast cancer patients, most families (80.8%) were in the adequate category, only 7.7% were categorized as good, and 11.5% were categorized as poor. This data shows that the fulfillment of patients' psychosocial and spiritual needs is not fully optimal, so further intervention is needed to improve the role of the family in these aspects. Bivariate analysis uses bivariate regression tests to test the feasibility of the model and the dominant factors that influence the dependent factors in the study. The results of the feasibility test are explained in the goodness of fit results

Table 8. *Goodness of Fit* (Probit)

	Chi-Square	Sig.
Pearson	.000	1.000
Deviance	.000	1.000

The significance value indicates a value of 1,000 ($p > 0.005$). The decision taken when H0 is accepted, it can be concluded that the probit model obtained is feasible to and the model is in accordance with the prediction of the regression model to be used. This condition is supported by the values from the pseudo R-square test in the table below

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Table 9. *Pseudo R-Square*

Test	Result
Nagelkerke	1.000

In the value of the pseudo-R-square test, a value was taken from the Nagelkerke test which obtained a result of 1,000 which indicates that the independent variable is able to explain the variation in the fulfillment of psychosocial and spiritual needs by the family. All dependent variables have an influence on dependent variables but no variable is the most dominant of all independent variables

Discussion:

Breast cancer is a chronic disease that not only has a physical impact, but also carries complex psychosocial and spiritual consequences. The results of the study showed that most of the patients were from the late adult group. The increase in the prevalence of breast cancer at the end of productive age can be influenced by hormonal changes in women approaching menopause (Rahmatia Alimun et al., 2024). Other patient backgrounds, most of the patients have low education and informal employment. These factors reflect limited access to adequate health information and services, which have the potential to exacerbate the emotional and spiritual burden during treatment. A study by (Siegel et al. (2023) states that women with socioeconomic limitations are more susceptible to psychological distress due to chronic diseases such as cancer. In addition to sociodemographic factors, the patient's clinical condition indicates that they are in an advanced stage and have been in pain for a long time. This condition reinforces the urgency of fulfilling holistic needs, including psychological and spiritual needs. Stress theory by Ader and Cohen states that chronic stressors due to severe illness can disrupt the immune system and worsen the psychological well-being of patients (Yusuf et al., 2014). Therefore, the patient's response to cancer is not only physical, but also includes deep emotional and spiritual aspects. Family is the main companion for patients while dealing with illness conditions and as the main provider in fulfilling psychosocial and spiritual needs. The results of the study show that most of the families come from a young age, with a secondary education background and low income. Although their involvement is quite active, limited knowledge and experience are obstacles in meeting the psychosocial and spiritual needs of patients optimally. Maturity of age affects a wiser mindset and daily experience in caring for patients. Some studies have shown that older age indicates optimal care capabilities in sick family members. They are believed to have experience caring for children or other family members, so they are better able to face challenges in providing care including meeting psychosocial and spiritual needs. Life experiences at a more mature age are also considered to help in decision-making and emotional control when caring for patients (Putri et al., 2025). Families as caregivers with low health literacy tend to provide physical support only, and do not touch the emotional and spiritual aspects of the patient. The family shows sufficient involvement, the quality of support providedhas not touched the deepest dimensions of the patient's needs, especially spirituality. Breast cancer patients not only need physical help, but also need emotional support to deal with anxiety, helplessness, and fear of death. Family support is indispensable in the process of healing sick family members, good family support will improve the health of its members (Wahyudi et al., 2024). Family support that is still considered sufficient needs to pay attention to the internal factors of the family that have a role in caring for and meeting psychosocial and spiritual needs. The condition of the high burden of care in breast cancer patients can be one of the factors that family involvement is not optimal. The family's ability to treat the patient's psychosocial and spiritual needs shows that there is no dominant factor that affects these abilities. This indicates that family support is the result of the interaction of various aspects, including psychological conditions, communication patterns, mutual relationships, and health worker support. The holistic approach in nursing emphasizes that a person's health is affected by a combination of bio-psycho-social-spiritual factors simultaneously.

Every human being has an experience that includes the body-mind-soul component. These

mind-body-soul are an important component of the healing process including emotional, physical and spiritual problems are all inseparable and are part of the healing process (Setiawan, 2017). The fulfillment of psychosocial and spiritual needs carried out by families in breast cancer patients cannot be separated from a combination of bio factors which include the stage, length of illness, treatment, and age of the patient, psychological factors which include the psychological condition of both the patient and the family who care for them, social factors which include relationships, interactions, communication patterns, and support from both family and health workers, and spiritual factors. Where the interaction of various factors can later determine the patient's process of dealing with the pain experienced.family involvement is not always in line with the quality of meeting

the patient's needs. Limitations in knowledge, communication, economic conditions, and emotional stress are real challenges in the implementation of holistic care. This study has several limitations that should be acknowledged. The use of a cross-sectional design restricts the ability to draw causal inferences or observe changes in family support over time. The sample was limited to a single hospital setting, which may affect the generalizability of the findings to broader populations. Data collection relied on self-reported questionnaires, which are subject to response bias and may not fully capture the complexity of psychosocial and spiritual needs. Future research is recommended to employ longitudinal designs, include more diverse and multi-site samples, incorporate qualitative methods to explore deeper contextual factors, and test intervention models that strengthen family-centered care in fulfilling psychosocial and spiritual needs. Therefore, it is important to design interventions that are not only patient-focused, but also family-targeted as an integral part of the care system. The results of this study emphasize the importance of a systemic and integrated approach in meeting the psychosocial and spiritual needs of breast cancer patients. Family-based interventions, caregiver training, and strengthening the role of health workers need to be developed to create comprehensive support. This recommendation is expected to be a foothold in the preparation of family nursing intervention programs that are evidence- based and contextual to the social realities of the community

Conclusion:

The fulfillment of the psychosocial and spiritual needs of breast cancer patients by families is mostly in the category of adequate, which indicates that family involvement is not optimal. The results of the analysis showed that there was no single dominant factor, but all independent variable including Patient characteristics, family characteristics, relationship conditions, and health support simultaneously affect the family's ability to meet these needs. All of the factors studied are able to explain the variation in the fulfillment of psychosocial and spiritual needs as a whole. These findings underscore the importance of holistic approaches and family-focused nursing interventions as an essential unit in supporting the recovery of breast cancer patients.

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