

Original Article

Change of Stress and Cortisol Levels in Patients with Breast Cancer Given Psychospiritual Care

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Abstract

Introduction: Breast cancer patients experience discomfort. Psychospiritual care is a series of spiritual approach modified by the author to improve emotional intelligence and make sense of their life and always be grateful and feel closer to God. The Aim was to prove the change of coping strategy, eustress and cortisol levels in patients with breast cancer after given with psychospiritual care.

Methods: This study used a quasi-experimental non-randomized pretest and posttest control group design. Samples obtained 28 respondents by consecutive sampling and divided into treatment and control groups. Treatments group given with psychospiritual SEHAT. Data analysis used T-test and Wilcoxon.

Results: Most of coping strategy used Emotional Focus Coping (79%) in treatment, and (71%) in control group. Problem Focused Coping (21%) in treatment and (29%) in control group. Stress changes in treatments group showed physical ($p=0.003$), psychological ($p=0.002$), and social aspects ($p=0.003$). Stress changes in control group showed physical ($p=0.414$), psychological ($p=0.914$), social aspects ($p=0.453$). However, overall stress changes in breast cancer patients ($p=0.001$). Cortisol showed significant difference between post-test data in treatment group and control group.

Conclusions: Psychospiritual care approach SEHAT (Syukur Selalu Hati dan Tubuh) or Thank God Always Heart and Body, which emphasizes a series of spiritual activities, is able to improve the meaning of life and positive emotion in patients with breast cancer and their feeling of closeness to God, so that the quality of their spiritual life is better so that those breast cancer patients may stay in a state of eustress.

Keywords: psychospiritual care, breast cancer, coping strategies, eustress, cortisol

Introduction

Breast cancer is the most feared disease by women, and is the biggest cause of death for women aged between 18 to 54 years, 45-year-old women have a risk of developing breast cancer 25% higher than older women (Lee, 2008). Suffering is described as a state of loss that

affects physical, emotional, social and spiritual well-being (Mauk, 2004). The suffering can change daily habits, relationships with others, eliminate hope, create conflict and sadness. Distress especially in patients with breast cancer occurs due to the appearance of a sense of loss, for example in breast cancer patients who feel that he will lose his body shape. This distress can

also be caused by a feeling of separation from the world, for example the inability to work, economic difficulties, no longer able to do the activities he likes. The suffering felt by breast cancer sufferers will bring individuals into the spiritual domain and invite big questions in their lives as a process of finding meaning in life. The question that is often expressed is why should I suffer from a disease like this? How can my family overcome this problem? Why has my life changed so fast, why did this happen to me? (Wilkes *et al.*, 2003). In this condition, an intervention is needed in giving meaning and purpose to his life by always being grateful and improving relationships with God, the environment and the people around him. (Hamid, 2009) revealed that the main spiritual need for women with cancer is to find the meaning of life, die naturally and the need to be accompanied when facing death. Spiritual nursing care is used to improve adaptation and quality of life of breast cancer patients. Psychospiritual care approach (Gratitude Always Heart and Body) is a way to improve relationships with the Creator, control emotions, so that breast cancer sufferers can deal with pain with gratitude. Currently breast cancer ranks 5-10% of all types of cancer. Reported the incidence rate around the world has doubled, this is the highest rate of increase in the last 30 years, WHO (World Health Organization) estimates the incidence of 2009 is 11 million cancer and 2030 will increase to 27 million living with cancer from 7 million to 17 million, so that 75 million people will live with cancer by 2030. Data in Dr. Soetomo Hospital Surabaya, the number of new breast cancer patients showed an increasing trend. The number of visits at the RSUD dr. Soetomo Surabaya showed that breast cancer cases are the highest case after cervical cases (Polyclinic Oncology Dr. Soetomo Hospital Surabaya, 2014).

Research Question and Hypothesis

Research question: how is the influence of psychospiritual care SEHAT towards coping strategies, eustress and cortisol level in breast cancer patients. Hypothesis: there was influenced of psychospiritual care SEHAT towards coping strategies, eustress and cortisol level in breast cancer patients.

Background

Individuals who suffer from breast cancer have three components, namely loss of autonomy, reduced self-esteem, and loss of hope that

indicates that there is no meaning of life for individuals with cancer. Besides that there are other things that can trigger the onset of distress in cancer patients, including drugs, therapeutic complications and others (Loprinzi *et al.*, 2011). SEHAT psychospiritual care is a series of worship by always grateful for the blessings of Allah SWT so that breast cancer sufferers can improve their spiritual intelligence. SEHAT psychospiritual approach is a spiritual intervention that is modified by researchers which is intended so that sufferers of chronic diseases, especially breast cancer can have emotional intelligence so that patients are able to interpret their conditions, realizing that whatever happens in life is a blessing from Allah SWT. SEHAT psychospiritual upbringing focuses on the rituals of worshiping the Dhuha prayer, reading the Koran, dhikr and spiritual motivation by writing down the blessings of Allah SWT and is expected to change coping strategies, change stress perceptions from distress to eustress which will affect the body's response. This condition is in line with psychological concepts, which states that cognitive change can reduce stress intensity (Stefanic *et al.*, 2015). The purpose of the research was explaining changes in coping strategies, eustress and cortisol level in breast cancer patients after given SEHAT psychospiritual care.

Methods

Research Design: This study was quasi-experimental using a non-randomized pretest-post test control group design.

Setting: The population in this study were all breast cancer patients who examined at Dr. Soetomo Hospital Surabaya in 2014, which were 40 respondents in a months.

Respondents: The sample in this study were all breast cancer patients who examined at Dr. Soetomo Hospital Surabaya with inclusion and exclusion criteria and obtained 28 respondents and divided into treatment and control groups.

Variables: The independent variable was SEHAT psychospiritual care, while the dependent variable were coping strategies, eustress and cortisol levels.

Measurement

Coping strategy questionnaire: Measurement of coping strategies in this study was modified from the Ways of Coping Strategy questionnaire (Folkman and Lazarus, 1985). This instrument consists of 50 items that are used to determine

coping strategies from two dimensions of coping strategies, namely Problem Focused Coping and Emotion Focused Coping consisting of 8 domains. Each question item consists of 4 answer choices with a range of scores 0=not using the coping, 1=sometimes using, 2=often using the coping and 3=always using the coping.

Eustress questionnaire: The measurement of breast cancer stress in this study used a questionnaire containing a number of questions from stress indicators consisting of physical, psychological and social symptoms totaling 21 questions. Measuring the stress scale uses five alternative Likert scale. The highest score obtained was 105. High scores showed high distress, and vice versa low scores showed low distress or eustress.

Cortisol questionnaire: The material of this study was the respondent serum originating from the respondent's venous blood, blood samples taken in the morning between 07.00 - 08.00 WIB. Tools for taking blood in the form of syringes, alcoholic cotton, cuffs and bottles to store blood and laboratory equipment for examining respondents' blood samples. Blood was then taken to the Diagnostic Center Building (DCB) at the Dr. Soetomo Hospital Surabaya.

Procedures: In the first phase of the study, the population of breast cancer patients who fulfilled the inclusion criteria was taken as a sample, conducted concentrated informed consent, given a questionnaire with open questions to be filled out. The completed questionnaire was collected and the data tabulated and analyzed descriptively. Furthermore, from the nurse as care giver the focus group discussion was invited to discuss and ask questions about previous experiences in managing breast cancer sufferers. Data is also tabulated and analyzed. Furthermore, the existing data is used as one of the references in formulating the draft management module for breast cancer patients. Furthermore, Nominal Focus Group Discussion Ethnic (NFGDE) was conducted, the module draft was distributed again in the same sample, namely 15 breast cancer sufferers and 2 implementing nurses, to study both the content and language used in writing the module, according to the contract when discussing the draft, the module. After inputting, the next step is to make a revision with the aim of perfecting the module. The module that has been refined was tested on the second phase of research, used as the second stage of research media.

The implementation phase of the study was a treatment group given a module on SEHAT psychospiritual care to be determined interventions for 4 meetings with the following plan of activities 1) Meaning of gratitude, 2) Being a grateful person, 3) The power of Gratitude, 4) Happy, productive and contributive with SEHAT.

Analysis: Changes in coping strategy variables were analyzed by the Wilcoxon Range Test. Changes in immunologic response of cortisol levels were analyzed by T test at a confidence level of 95% with alpha $\alpha=0.05$. If the results of the statistical test (p-value) are less than equal to $\alpha=0.05$.

Ethical consideration: This research has passed the ethical review and obtained an Ethical Approval certificate with No. 17 / Panke.KKE / 1 / 2015 issued by the Health Research Ethics Committee of Dr. Soetomo Hospital Surabaya.

Results

Table 1. Respondents in both the treatment and control groups aged between 51-60 years (50%). Almost all respondents in both the treatment group (86%) and the control group (72%) were married. 86% of the treatment group respondents and 43% of the control group were at the secondary education level. The work of respondents in the treatment group was on average as private workers and housewives (43%), while in the control group most of them worked as private employees (57%). In the treatment group most were in stage III (57%) while in the control group almost half were in stage II (43%). Table 2. The treatment group almost entirely used emotional-focused coping (79%). Table 3. Most control groups also used coping in the face of stress (71%). Table 4. The treatment group experienced stress differences before and after intervention in all three aspects, namely 1) physical aspects $p=0.003$; 2) psychological aspects $p=0.002$; 3) social aspects $p=0.003$. There were no significant differences in the control group in every aspect, namely 1) physical aspects $p=0.414$; 2) psychological aspects $p=0.914$; 3) social aspects $p=0.453$ but overall there were significant differences ($p=0.001$) on total changes in stress in breast cancer patients. This shows that there is an effect of giving SEHAT psychospiritual care therapy to total changes in stress in breast cancer sufferers. Table 5. Almost all treatment groups experienced a decrease in cortisol levels. The difference in cortisol levels between before and after given the

intervention provides evidence that there is an effect of SEHAT psychospiritual care therapy, but this does not occur in respondent number 8. In number 8 respondents obtained data that there was an increase in cortisol levels after intervention. Table 6. The control group almost all experienced elevated cortisol levels. In the control group, data were obtained that respondents number 22 and 27 actually experienced a decrease in cortisol levels. This is because respondents get family support and sufferers have good coping.

Table 7. There were differences in cortisol levels in breast cancer patients between before and after the intervention, both in the treatment group ($p=0.004$) and the control group ($p=0.013$). There was a decrease in the difference in the average value of cortisol levels by (-4.5057) in

the treatment group and an increase in the difference in mean values of (0.503) in the control group. Noting the range of normal values of cortisol examination that for the morning sampling time the normal value range is 62-194 ng / ml, whereas for the afternoon sampling time the normal value range is 23-119 ng / ml. All respondents were taken blood samples for cortisol examination in the morning, thus all results of the cortisol examination of respondents in both the treatment group and the control group all experienced changes in both increases and decreases. Figure 1. Eustress to coping is 0.000 or 0% which means eustress does not affect coping elections. Coping to cortisol is 0.05 or 5%, which means that the effect of coping to cortisol is 5% while 95% is another factor.

Table 1. Characteristics of breast cancer respondents

No	Characteristics	Treatment		Control	
		n	%	n	%
1	Socio Demography				
	Ages				
	31 – 40 years	1	7	2	14
	41 – 50 years	6	43	5	36
	51 – 60 years	7	50	7	50
	Total	14	100	14	100
	Marital status				
	Married	12	86	10	72
	Widow	2	14	3	21
	Not married	0	0	1	7
	Total	14	100	14	100
	Education Levels				
	Junior High School	1	7	5	36
	Senior High School	12	86	6	43
	University	1	7	3	21
	Total	14	100	14	100
	Work				
	Farmer/Fisherman/Private	6	43	8	57
	Housewife	6	43	5	36
	PNS/TNI	2	14	1	7
	Total	14	100	14	100
2	Having breast cancer				
	Stage I	0	0	2	14
	Stage II	4	29	6	43
	Stage III	8	57	5	36
	Stage IV	2	14	1	7
	Total	14	100	14	100

Table 2. Data on coping strategies for breast cancer patients in the treatment group in RSUD One Roof Polyclinic Dr. dr. Soetomo Surabaya in 2015

Respondents	Groups	Total		Mean		Modus		Coping Strategy
		PFC	EFC	PFC	EFC	PFC	EFC	
1	Treatment	28	47	1.272727	1.740741	1	2	EFC
2	Treatment	29	48	1.318182	1.777778	2	2	EFC
3	Treatment	30	54	1.363636	2	2	2	EFC
4	Treatment	35	56	1.590909	2.074074	2	2	EFC
5	Treatment	44	58	2	2.148148	2	2	EFC
6	Treatment	34	50	1.545455	1.851852	2	2	EFC
7	Treatment	32	54	1.454545	2	2	3	EFC
8	Treatment	27	30	1.227273	1.111111	2	1	PFC
9	Treatment	30	29	1.363636	1.074074	2	1	PFC
10	Treatment	43	55	1.954545	2.037037	2	2	EFC
11	Treatment	29	47	1.318182	1.740741	2	2	EFC
12	Treatment	32	50	1.454545	1.851852	2	2	EFC
13	Treatment	32	34	1.454545	1.259259	2	1	PFC
14	Treatment	28	42	1.272727	1.555556	2	2	EFC
Treatment	PFC			Total				3
				%				21
	EFC			Total				11
				%				79

Table 3. Data on coping strategies for breast cancer patients in the control group in RSUD One Roof Polyclinic at Dr. Soetomo Surabaya in 2015

Respondents	Groups	Total		Mean		Modus		Coping Strategy
		PFC	EFC	PFC	EFC	PFC	EFC	
1	Control	38	39	1.727273	1.444444	2	2	PFC
2	Control	28	34	1.272727	1.259259	2	1	PFC
3	Control	41	53	1.863636	1.962963	2	2	EFC
4	Control	31	50	1.409091	1.851852	2	2	EFC
5	Control	40	42	1.818182	1.555556	2	2	PFC
6	Control	29	53	1.318182	1.962963	1	2	EFC
7	Control	32	50	1.454545	1.851852	2	2	EFC
8	Control	28	45	1.272727	1.666667	2	2	EFC
9	Control	29	45	1.318182	1.666667	1	2	EFC
10	Control	30	47	1.363636	1.740741	0	3	EFC
11	Control	33	46	1.5	1.703704	3	2	EFC
12	Control	30	47	1.363636	1.740741	1	2	EFC
13	Control	24	43	1.090909	1.592593	1	2	EFC
14	Control	33	39	1.5	1.444444	0	0	PFC
Control	PFC			Total				4
				%				29
	EFC			Total				10
				%				71

Table 4. Data on stress responses on physical, psychological and social aspects of breast cancer patients

No	Stress Aspects	Analysis	Treatments	Control
1	Physical aspects	Pre test	3.0714±1.07161	2.2143±1.18831
		Post test	1.2857±0.1125	2.3571±0.84190
		Wilcoxon Sign Rank Test	0.003	0.414
2	Psychological aspects	Pre test	3.2857±1.13873	2.1429±0.94926
		Post test	1.3571±0.63332	2.1429±0.66299
		Wilcoxon Sign Rank Test	0.002	0.914
3	Social aspects	Pre test	3.0714±1.26881	2.0000±1.03775
		Post test	1.0714±0.26726	2.2143±0.97496
		Wilcoxon Sign Rank Test	0.003	0.453
4	Total of stress changes	Pre test	66.4286±21.79172	47.2857±17.33573
		Post test	27.0000±7.49359	47.7857±10.90645
		Mann Whitney Test	0.001	0.9245

Table 5. Cortisol levels of breast cancer patients in the treatment group

Respondents	Group	Pre Test	Post Test	Difference	Difference
1	1	19.49	10.12	9.37	Decreased
2	1	9.55	5.66	3.89	Decreased
3	1	17.71	14.17	3.54	Decreased
4	1	21.09	18.34	2.75	Decreased
5	1	19.17	12.64	6.53	Decreased
6	1	10.19	8.5	1.69	Decreased
7	1	20.19	17.1	3.09	Decreased
8	1	5.3	8.77	-3.47	Increased
9	1	13.31	7.44	5.87	Decreased
10	1	19.57	16.86	2.71	Decreased
11	1	10.85	6.59	4.26	Decreased
12	1	13.69	10.55	3.14	Decreased
13	1	12.2	10.38	1.82	Decreased
14	1	21.08	3.19	17.89	Decreased
		Decreased	Total	13	
			%	93%	
		Increased	Total	1	
			%	7%	

Table 6. Cortisol levels of breast cancer patients in the control group in the RSUD One Roof Polyclinic Dr. dr. Soetomo Surabaya before and after treatment in 2015

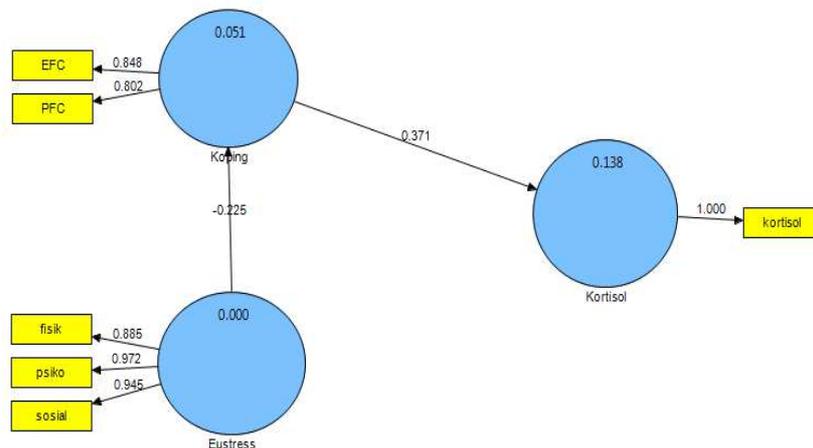
Respondents	Group	Pre Test	Post Test	Difference	Difference
1	Control	0.82	4.01	-3.19	Increased
2	Control	5.56	14.12	-8.56	Increased
3	Control	6.21	9.53	-3.32	Increased
4	Control	8.27	11.28	-3.01	Increased
5	Control	6.59	7.33	-0.74	Increased
6	Control	12.12	20.4	-8.28	Increased
7	Control	19.82	21.3	-1.48	Increased
8	Control	8.72	8.47	0.25	Decreased
9	Control	3.93	6.05	-2.12	Increased

10	Control	3.11	5.35	-2.24	Increased
11	Control	3.75	9.19	-5.44	Increased
12	Control	4.36	9.45	-5.09	Increased
13	Control	11.63	5.68	5.95	Decreased
14	Control	4.04	5.65	-1.61	Increased
		Decreased	Total	2	
			%	14%	
		Increased	Total	12	
			%	86%	

Table 7. Differences in cortisol levels in breast cancer patients in the treatment and control groups before and after SEHAT psychospiritual care

Groups	Total	Pre test	Post test
Treatments	Max	21.09	18.34
	Min	5.30	3.19
	Mean	15.2421	10.7364
	Sstandard Deviation	5.13293	4.56920
	Average Difference		-4.5057
	Paired t test		0.004
Control	Max	19.82	21.30
	Min	0.82	4.01
	Mean	7.0664	9.8436
	Sstandard Deviation	4.87081	5.37415
	Average Difference		0.50334
	Paired t test		0.013
Independen t test		0.004	0.013

Figure 1. PLS Path Analysis relationships between variables



Discussion

Cancer diagnosis is a condition that causes a great stress pressure in patients with breast cancer. Breast cancer makes sufferers become anxious, panic, fear of death, unable to care for children properly so that the patient becomes

irritable. Someone who experiences psychic stress/tension requires personal ability and support from the environment in order to reduce stress, the way that individuals use to reduce stress is what is called coping.

The spiritual approach is an experience, a person's belief in interpreting the life experienced by an individual and is part of the strength that is in itself (Hamid, 2009). The human spiritual approach is a multidimensional, namely 1) existential dimension, focusing on the purpose and meaning of life, applied in a horizontal relationship between a person with oneself, others and the environment, 2) the dimension of religion, focusing on one's vertical relationship with God Creator. In another opinion, it is stated that spiritual is a personal view and behavior that expresses a sense of connection to the transcendental dimension or for something greater than the self (Asy'arie, 2012). The aspects of the spiritual aspect according to (Bakar *et al.*, 2017) describe aspects of aspects of spirituality as follows 1) Facing something unknown or uncertain in life; 2) Search for meaning and purpose of life; 3) Be aware of and able to draw resources and strength from within yourself; 4) Having a feeling of connection with yourself and with God or the Creator.

The Psychospiritual care approach is a stimulus by providing knowledge and experience of the importance of being grateful in all conditions and always believing that God gives is the best so that it can change perceptual stress in breast cancer patients. Signal stimulation through the psychospiritual care approach is captured by individuals visually by N.II (optic nerve) and auditory by N.VIII (vestibulococcal nerve) and then into the cerebral cortex, especially in the pre frontal cortex. The pre frontal cortex functions in the meaning of life which then forms a positive perception stress. In this study shows that the approach of psychospiritual care can change the stress of perception to be positive. (Putri, Hamid and Priscilla, 2017) states perception is defined as the process of receiving, selecting, organizing, interpreting, testing, and reacting to stimuli or stimuli. Factors that influence perceptual stress are subject characteristics (self-concept, cognitive complexity, experience), stressor characteristics, and situation/social characteristics. The period of spiritual development in the final adult stage is used to introspect and reexamine the spiritual dimension, at this stage spiritual needs increase.

In the treatment group discussion phase, respondents who experienced distress had manifestations of cognitive distress (in the form of pessimistic and fearful thinking) and emotional/feeling categories (in the form of

feeling uneasy and anxious). There were also respondents who experienced severe distress had a cognitive category (in the form of pessimistic and fearful thinking), emotional/feeling categories (in the form of calm and very anxious), behavioral categories of sleepless nights and physical tension and muscle strength. After a psychospiritual care approach respondents felt a lot of changes in the form of reducing sleep difficulties at night, feeling more optimistic, not easily agitated and reducing tense muscles. In the cognitive response that comes after being given a psychospiritual care approach in the form of optimistic thinking remains grateful that whatever God gives to His servants is definitely the best. God gives breast cancer pain to His servants there must be wisdom so that His servants remain patient and always grateful. In the behavioral response that emerged after being given a psychospiritual care approach in the form of a reduction in sleep difficulties at night.

In the emotional response that arises after being given a psychospiritual care approach in the form of feeling not easily agitated. Physical responses or body sensations that appear after being given psychospiritual care approach include a reduction in muscle tension. The response experienced by respondents increased in intensity when it was longer and routine in performing Duha prayer, afternoon prayer to pray to Allah, read the Quran and always thank Allah's blessings by writing in the description of the blessings of Allah that should be thankful in the guide. External factors that influence perception are intensity, contrast, replication and something new (Chen and Chang, 2012).

Some studies show a positive relationship between spiritual, mental and physical health. Various types of models have been tried to explain this relationship by focusing on various kinds of factors that mediate the relationship between religion, mental and physical health. Several factors include: 1) Relaxation (Hussain, 2010). 2) Health behavior (Stefanic *et al.*, 2015). 3) Social Support (Hussain, 2010). 4) The meaning of life (You *et al.*, 2018). 5) Religion Coping (Maulina and Bahri, 2016). 6) Positive psychological status religion or spirituality (Min *et al.*, 2013).

The series of interventions in this study were respondents doing rituals of worship in the form of Duha prayer, reading the Koran, praying

morning and evening so that the sufferer continued to show gratitude in any condition to the Creator God. Rituals are spiritual manifestations in the form of structured, systematic, repetitive actions, involving motoric, cognition and affection aspects which are carried out according to a particular procedure with the aim of bringing an individual to certain conditions, especially to enter into spiritual experience. For Islam, this includes prayer, alms, prayer, dhikr and so on. Basal ganglia have a major role in ritual activities. Rituals always involve emotions, motor movements and the conscious mind. Healthy basal ganglia are associated with conscious ritual execution, and not as mere routine activities.

There was a relationship between the basal ganglia, limbic system, and cerebellum. While the temporal lobe plays an important role in the use of specific language in ritual activities. Prayers spoken in certain languages or specific ritual rituals with certain utterances are associated with the function of this temporal lobe. The intervention carried out in this study is that in addition to ritual activities respondents also express positive emotions through the modules that have been distributed. Positive emotions are manifestations of spirituality in intrapersonal relationships where one understands the dynamics of life and problems in the context of being grateful, patient and sincere in facing every event in this life. In this manifestation of positive emotional expression, the conscious mind controls every expression displayed by an individual. The limbic system in the brain plays a role in the expression of positive emotions. Healthy limbic systems are generally associated with healthy emotions. This healthy limbic system occurs when the limbic system works dynamically with the pre-frontal cortex (Maulina and Bahri, 2016).

All respondents to this study were women. (Asy'arie, 2012) revealed that the results of the study showed that the average size of the limbic system in women was greater than that of men. Therefore, women are more easily touched and generally easier to express their feelings than men. They are better able to form bonds and relationships with others. The larger limbic system makes women more vulnerable to depression, especially when there are significant hormonal changes, such as early puberty, before menstruation, after childbirth and at menopause (Svensson *et al.*, 2016).

Understanding life by always thanking God by writing the grateful of God's blessings to be grateful for in the guide is an exercise so that respondents become accustomed to interpreting life by always giving thanks to Allah the Creator. The meaning of life is a spiritual manifestation in social relations (interpersonal), where a person is useful, inspires, and inherits something of value to human life, as well as a way to get a unique existence as a human. The pre-frontal cortex plays a major role in achieving the meaning of life. Prayers, prayers and requests for forgiveness to Allah, are all ways of relief that will restore the calm and tranquility of the soul to those who do it (Ohayon and Braun, 2010).

Positive emotional can avoid stress reactions. The flow of the Hypothalamus Pituitary Adrenal Axis (HPAA) and the autonomic nervous system is proven to be a very important pathway in emotional reactions (positive-negative-stress). And all of this is directly related to the immune response. Thus, it can be concluded that if cortisol secretion decreases, the production of an immunologic response increases. Measures that indicate the quality of the body's resistance are immunologic parameters (McClure *et al.*, 2010).

Psychospiritual care helps breast cancer sufferers to always love God so that they can improve spiritual intelligence. If emotional and spiritual intelligence is good then logic is perceived to be healthy. Cancer is not a frightening disease but it will motivate the patient to always think positively, get closer to God and interpret life well. Psychospiritual care approach which emphasizes a series of spiritual activities with a therapeutic communication approach can improve the meaning of life, positive emotions in breast cancer patients and feel close to God so that the quality of spiritual life gets better. The application of psychospiritual care changes the perception of distressed breast cancer patients to eustress who are able to adapt and achieve a balance of brain performance which ultimately can control the body's response to be adaptive. Breast cancer sufferers who have stable emotions, patience every time they face problems by always thanking God who is Creator and able to interact with the environment conductively to increase the body's immunity to breast cancer patients.

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