Journal of Public Health Sciences
Vol. 5, No. 01, pp. 139-155
journal.iistr.org/index.php/JPHS
DOI: 10.56741/IISTR.jphs.001339

Nurses' Support for Women with Breast Cancer Undergoing Chemotherapy in Indonesia: A Qualitative Study

[1]Inggriane Puspita Dewi*, [1]Anggriyana Tri Widiyanti, [2]Medina Hutami
Corresponding Author: * *inggriane.puspita@unisa-bandung.ac.id*
[1] Universitas 'Aisyiyah, Bandung, Indonesia
[2] Al-Islam Hospital, Bandung, Indonesia

ARTICLE INFO

Article history
Received 23 August 2025
Revised 8 December 2025
Accepted 13 January 2026

ABSTRACT

Women with breast cancer experience multiple biopsychosocial and spiritual challenges during chemotherapy, yet supportive care from nurses in Indonesia remains underexplored. This study aimed to explore nurses' experiences in providing supportive care to women with breast cancer undergoing chemotherapy in Indonesia. A descriptive qualitative design was applied. Six oncology nurses were recruited through purposive sampling in a referral hospital in Bandung, Indonesia. Data were collected using semi-structured interviews and were analyzed thematically following SRQR guidelines. Seven themes with 21 subthemes emerged: (1) psychological support (affirmation, active listening), (2) information and health system support (care pathways, health education, prognosis communication), (3) support for physical needs and daily living (symptom management, activity guidance, collaboration), (4) sexual and intimacy support (partner encouragement, alternatives for sexual needs), (5) spiritual support (facilitating worship, spiritual interventions, clergy guidance), (6) social support (family, community, end-of-life preparation), and (7) barriers (patient/family resistance, lack of training, limited clergy, inadequate facilities). Findings highlight the central role of nurses in delivering holistic supportive care, consistent with Dossey's holistic nursing theory. Addressing gaps in palliative training, spiritual resources, and healthcare infrastructure is critical to strengthening supportive care in Indonesia. Results underscore the need for integrating spiritual and palliative care training into nursing curricula, enhancing interprofessional collaboration, and formulating institutional policies to ensure equitable, holistic cancer care.

Keywords
Breast Cancer
Chemotherapy
Holistic Nursing
Indonesia
Supportive Care

This is an open-access article under the CC–BY-SA license.

Introduction

Breast cancer is the most common cancer among women globally, with over 2.3 million new cases diagnosed in 2020, and projections indicating a rise to 4.4 million by 2070 [1]. In Indonesia, breast cancer represents 30.1% of all new cases of cancer among women, making it the most prevalent cancer and a significant public health issue [2]. In addition to the physical burden, chemotherapy frequently causes fatigue, nausea, hair loss, and other side effects that significantly disrupt women's psychological, social, and spiritual well-being [3].

Supportive care has become increasingly important in cancer management, focusing on needs that extend beyond just medical treatment and aiming to improve quality of life. Nurses often play a key role in delivering this type of care. They provide psychological support, assist patients in navigating treatment options, manage symptoms, facilitate communication, and address spiritual and intimacy concerns [4], [5], [6]. Previous studies from Iran, Australia, and Singapore have shown how nurses provide psychosocial support, health education, and spiritual care for women with breast cancer [7], [8], [9], [10].

In nursing, supportive care is often framed within holistic nursing theory, particularly Dossey's model, which highlights the interconnectedness of body, mind, and spirit [11], [12], [13], [14]. This theoretical lens is highly relevant in the Indonesian context, where spirituality and family-centered values strongly influence health-seeking behavior and coping strategies. Supportive care, therefore, extends beyond symptom management to include psychological encouragement, spiritual facilitation, family engagement, and advocacy within the healthcare system [15], [16]. Nurses are positioned at the frontline of this holistic approach [17], yet their voices and perspectives remain underexplored in Indonesia.

While international studies have examined nurses' supportive roles in countries such as Australia, Singapore, and Iran [7], [8], [9], [10]. These findings may not fully capture the unique Indonesian context, where religious practices, community ties, and limited palliative infrastructure influence care delivery [15], [18], [19]. To address this gap, an explorative qualitative approach is appropriate, as it enables a rich description of nurses' lived realities and uncovers dimensions of supportive care that may be overlooked in structured or quantitative designs [20].

Therefore, this study aimed to explore the experiences of nurses in providing supportive care to women with breast cancer undergoing chemotherapy in Indonesia, using a descriptive explorative qualitative design grounded in holistic nursing theory.

Literature Review

Breast cancer is not just a clinical diagnosis; it affects the physical, psychological, social, and spiritual aspects of life. While chemotherapy is essential for survival, it often leads to fatigue, nausea, hair loss, and immunosuppression, which can impact self-image, family roles, and emotional well-being [3], [21]. Addressing these challenges necessitates a comprehensive framework that combines symptom control with psychosocial and spiritual support.

Supportive care needs encompass physical, psychological, informational, and spiritual aspects throughout the cancer continuum. Systematic reviews reveal increased needs during chemotherapy, particularly for symptom relief, emotional support, and issues related to intimacy [5], [22]. Nurse-led interventions, including symptom management, patient education, and emotional counseling, enhance adherence and quality of life [6].

Recent studies demonstrate the benefits of integrative interventions. Exercise-based programs improve muscle function and alleviate fatigue during chemotherapy. Early multidisciplinary approaches focusing on diet and physical activity enhance treatment tolerance and quality of life [23]. Innovative approaches, like harnessing virtual reality for emotional regulation, are proving to be highly effective and transformative [24] and auricular acupressure for neuropathy [25] Supportive care should develop in parallel with biomedical treatment.

Understanding patient-centered perspectives is crucial. Women report significant unmet needs concerning side effects, information gaps, and communication with their healthcare providers [26], [27]. Research from Chile, Indonesia, China, and Pakistan shows that socio-cultural contexts affect coping strategies, decision-making, and caregiving roles.. [28], [29], [30], [31]. These findings highlight the need to customize supportive care based on local values, family dynamics, and community networks.

Holistic and spiritual care frameworks provide additional grounding. Dossey's Integral Nursing Theory, which emphasizes the unity of body, mind, and spirit across personal (“I”), biological (“It”), social (“We”), and systemic (“Its”) dimensions, has been applied in nursing education, survivorship care, and palliative settings [32]. In Indonesia, spirituality and family ties significantly influence health-seeking behavior. Supportive care often goes beyond symptom relief to include the facilitation of prayer, provision of spiritual resources, and family involvement in end-of-life preparations [16]. Mindfulness-based models promote awareness and resilience among nurses, which aligns with the principles of holistic practice [11].

Despite progress, significant gaps remain. Young women and elderly patients have unique supportive care needs that are frequently overlooked [10], [33]. Survivorship studies highlight ongoing challenges related to autonomy, anxiety about recurrence, and unmet informational needs [10], [21]. Cross-cultural comparisons point to disparities in communication, navigation, and emotional support among racial and ethnic groups [27].

The existing literature highlights that supportive care is not merely an addition but a fundamental aspect of cancer management. It requires an integrative, culturally sensitive, and interdisciplinary approach that treats patients as whole individuals. This study contributes to this expanding field by using a qualitative lens to explore how nurses in Indonesia offer supportive care during chemotherapy. In this context, spirituality, family involvement, and resource limitations distinctly influence nursing practices.

Material and Methods

A. Study design and setting

Nurses caring for women with breast cancer used a descriptive qualitative explorative approach. The current manuscript adheres to the guidelines outlined in the Standards for Reporting Qualitative Research (SRQR) [34]. The research was carried out in the oncology unit of a Hospital in Bandung, Indonesia. The oncology unit provides care for patients presenting with diverse cancer diagnoses and undergoing chemotherapy treatment, with an average monthly volume of 150 chemotherapy patients. The unit is staffed by a total of 36 nurses in oncology care.

B. Participants

The sample for this study was selected using a purposive sampling technique. In the cancer unit at Hospital Cancer, there are a total of 36 nurses. Only six nurses met the inclusion criteria for this study, which are as follows: nurses providing care for breast cancer patients, willing to participate, and having experience in caring for women with breast cancer undergoing chemotherapy, with a minimum work period of 6 months. The exclusion criterion was being on a leave of absence. This resulted in a complete sample of all eligible nurses (100%), providing a focused and information-rich group. Although the sample size was small, data saturation was reached. By the fifth interview, no new codes appeared, and the sixth confirmed repetition, demonstrating both code and meaning saturation.

C. Data collection

Data collection methods in qualitative research involve conducting in-depth interviews using semi-structured formats, which allow researchers to delve into the informants' responses [20], [35]. The interview lasted approximately 30-45 minutes, and no participants declined to participate or withdrew from the discussion. The research team conducted the interviews. The researcher used various data collection instruments, including a modified

interview guide sourced from the Supportive Care Needs [36], [37], a voice recorder, writing tools, and a notebook. Semi-structured questions included:

1) What has been your experience with the requirement for supportive care for the psychological and spiritual needs of patients?
2) What has been your experience with the requirement for supportive care in patients' daily living activities?
3) What has been your experience with the requirement for supportive care in the Healthcare System and the information available?
4) What has been your experience with the requirement for supportive care in patient care and support?
5) What has been your experience with the requirement for supportive care in addressing the needs of patients regarding sexuality?
6) What has been your experience with the barriers in addressing supportive care for women with breast cancer?

D. Data Analysis

The researchers used thematic analysis to qualitatively analyze interview notes in line with the study's objectives. The process of data analysis begins with transcribing the interview data. Then, small units of meaning, known as "codes," are identified. These codes are further categorized into primary categories. Those primary categories are then grouped into secondary categories based on their relationships. Next, any emerging themes are noted. Finally, the themes are analyzed to extract meaningful insights from the data [38] trustworthiness, suitability, and transferability [39]. The research maintained its credibility by employing semi-structured interview guides to ensure consistency, devoting ample time to gathering interview details, and analyzing cases that presented contradictions.

The interview transcripts were rigorously reviewed multiple times by the research team, who then independently analyzed the data and confirmed the extracted themes with those identified by experts, achieving an impressive 90% agreement in coding and theme extraction. To ensure the reliability and confirmability of the findings, a detailed guide was provided to the research team for collecting data and linking raw and coded data to themes and subthemes.

E. Member Checking

All six participants received summaries of their interview transcripts. Each confirmed that the interpretations accurately reflected their experiences, and no revisions were requested.

F. Credibility of the study

We acknowledge Reviewer 2's observation regarding the positionality of one author who works in the same institution and city as some of the study participants. Although this author

is employed as a nurse in the hospital, they were not involved as a participant in the study and had no supervisory or hierarchical relationship with any of the participants. To minimize potential bias, several strategies were implemented. First, data collection was conducted by a researcher with no professional connection to the institution, ensuring that participants felt safe sharing their perspectives freely. Second, the author affiliated with the hospital was not involved in participant recruitment or in the initial stages of data analysis. Third, the research team used reflexive journaling and peer debriefing to critically examine assumptions and interpretations throughout the analytic process. Finally, all coding decisions were reviewed collaboratively to ensure that the findings accurately reflected the participants' voices rather than the researcher's influence.

G. Ethical consideration

Autonomy in research involves informed consent, voluntary participation, and respect for decisions. Justice ensures fairness and equality in the selection of participants. Beneficence maximizes benefits and minimizes harm. Non-maleficence prevents harm by maintaining ethical sensitivity. Veracity demands truthful, honest, and accurate reporting for reliable research conclusions. The ethical clearance is obtained from Universitas Aisyiyah Bandung under Nomor: 737/KEP. 01/UNISA-BANDUNG/II/2024.

Results and Discussions

The research involved six participants, five females and one male, all of whom were Muslim and ranged in age from 33 to 56 years. Five participants hold a Diploma in Nursing, and one holds a Bachelor of Nursing degree. They all have permanent team members at the hospital, with work experience from 11 to 27 years. Each participant has experience in providing supportive care to chemotherapy patients, particularly those with breast cancer.

Themes were derived from participants' interview responses in the data collection process. Seven themes and their sub-themes were generated in alignment with the research objectives.

A. Theme 1: Support of psychological needs

Participants have demonstrated an outstanding commitment to addressing the psychological needs of patients. The support involves offering motivation through positive affirmations and actively listening to patients undergoing chemotherapy, as well as their families. Participant statements regarding the support of psychological needs were as follows:

1. Positive affirmations and motivation

As nurses, we must provide unwavering, positive, and motivational support to ensure that all patients are enthusiastic about their therapy, including chemotherapy. We must consistently offer words of encouragement to motivate every single patient. (P1)

Give positive words as you undergo chemotherapy, and remember to stay patient, calm, and sincere. Keep your spirits high, and trust that everything will pass by God's grace. You are not alone in this journey. (P2)

2. Active listening

It is essential to listen to patients' experiences and understand the challenges their families face, such as financial hardship and a lack of support. (P2) *Some patients are left to cope independently, without their family's assistance, and may face marriage difficulties.* (P3)

B. Theme 2: Support of information and health system needs

Participants within this domain are responsible for disseminating pertinent information to patients and their families, encompassing the full spectrum of chemotherapy processes, ranging from initial enrollment to ongoing monitoring. They are also tasked with providing health education and updates on prognostic advancements. The statements made by the participants regarding the communication of pertinent information and the requirements of the healthcare system are as follows:

1. Chemotherapy patient care pathway

Families can complete the registration process online, allowing patients to avoid long queues and arrive at a specified time, streamlining the process. (P5).

Prior to the administration of chemotherapy, newly enrolled patients are typically presented with relevant information and requested to provide their consent for scheduling. (P6).

Upon their arrival, some individuals exhibited signs of denial or distress. It is within the scope of our responsibilities as nurses to explain the medical procedure, describe its various stages, and outline potential side effects. (P2).

2. Health Education

We offer health education to empower individuals to take care of themselves, including the importance of not overexerting yourself, staying consistent with your medication, prioritizing rest, seeking help for severe pain, and paying special attention to your nutrition if you have undergone chemotherapy. (P1).

Even if the patient is nauseous, it is crucial to eat while undergoing chemotherapy. Failing to eat properly can worsen blood values and reduce the effectiveness of chemotherapy. Good nutrition is essential to support the treatment. (P3).

For regular health check-ups, the topics could vary. For instance, discussions might include cancer and other relevant health issues. The topics usually change weekly, but for individuals with cancer, they occur monthly. This information is often provided through TV for early detection. (P4).

3. Provide information and communication on the progress of the prognosis

The patient initially could not do anything but gradually improved, eventually regaining the ability to walk. The medicine is effective, and the patient is responding well. Keep me updated on the progress. (P4).

After completing chemotherapy and undergoing medical tests, I explained to my patients and families that I had not received the results yet. I reassured her that I would support her and expressed my hope for a positive outcome, emphasizing that I hoped there were no signs of cancer spreading. I also mentioned that the final prognosis would typically be provided by the attending doctor at a later stage. (P6)

C. Theme 3: Support of physical activity in daily life needs

This assessment evaluates the need to manage physical symptoms, treat side effects, and perform daily activities at home. The satisfaction provided by nurses is directly related to their ability to manage patient complaints, such as pain, fatigue, nausea, vomiting, and sleep disorders. Nurses also guide meeting activity needs and collaborate with other healthcare professionals. Participant statements regarding meeting physical and daily life needs are as follows:

1. Symptom management

Chemo side effects such as nausea, vomiting, and dizziness may disrupt the patient's activities for up to 3 days. (P1) *Once these subside, it is important to resume the patient's usual routine as soon as possible*. (P2).

Drinking a small amount of warm water and avoiding overeating is also advisable to help reduce nausea and vomiting. (P4)

2. Provide suggestions for meeting activity needs

Small activities, such as washing dishes, can help patients feel better. Support these light activities. (P6).

Patients undergoing chemotherapy should try to maintain normal activities. They should be treated normally, except for expected nausea and vomiting around three days post-chemotherapy. Encourage daily medication adherence and approach the patient with a focus on wellness, not just illness. (P4)

3. Collaboration with other health workers

When considering nutrition, individuals with cancer, diabetes, or high blood pressure should refer to qualified nutritionists to address their dietary needs. (P4) *We involve the hospital clergy in religious activities during chemotherapy to meet patients' spiritual needs*. (P5).

D. Theme 4: Support of sexual and intimacy needs

Support needs about patients' sexual relations, encompassing changes in emotions and sexual activity, as well as the provision of information about sexual functionality for cancer

patients undergoing chemotherapy. The statements provided by participants relating to the support of sexual and intimacy needs are as follows:

1. Partner support

The husband should show enthusiasm for his wife so that she does not feel inferior. (P2) *The partner must be encouraging, such as accepting her; for example, if his wife is ill, he should support her in caring for her wounds to prevent them from becoming infected.* (P1)

2. Doing alternatives for sexual needs

To address women with breast cancer's sexual needs, it is important to provide alternative support by recommending relevant literature and affirming that sexual relations between spouses are completely normal. (P5).

Suggest wearing a bra to reduce embarrassment (P3). *Alternatively, keep wearing the top of your clothes to cover your chest*. (P4).

E. Theme 5: Support of spiritual needs

Feelings of anxiety and fear can lead to chaos, and it is often through spirituality that the most incredible calm can be found. Supporting the patient's spiritual needs is necessary to provide them peace. This support can involve facilitating worship needs and providing assistance to clergy. Here are some participant statements regarding meeting spiritual needs:

1. Facilitate worship

It is important to note that a significant number of our patients are of the Muslim faith. We are committed to accommodating their religious practices by providing a suitable environment for prayer. (P1).

We also announce when it is time for the midday or Asr prayer, and patients can perform tayammum using dust. (P6). Other religions usually ask to bring their holy books or encourage reading books. (P5).

2. Provide spiritually-based interventions

We actively encourage patients to recite the Quran together, and patients have the option to recite the Quran either independently or with the support of Muslim nurses. (P3).

Assisting Muslim patients in reciting the Asmaul Husna through MP3 during chemotherapy, promoting a sense of tranquility and relaxation. (P2).

The provision of personally enjoyable music that the patient prefers. (P4).

Provides books about religion and life encouragement. (P6).

3. Guidance and assistance by clergy

One important point is that spiritual lectures or advice can motivate all women with breast cancer and encourage the patient's spirituality. (P1) (P2) *This can help the patient sincerely accept their breast cancer diagnosis.* (P5) (P6).

F. Theme 6: Social support

Nurses play a crucial role in involving family members in the care of patients with breast cancer, providing concrete support at home, and educating families about respecting life and understanding death as a natural process. The following are statements from participants about meeting care and support needs.

1. Support from family members

The family's ability to encourage the patient by providing motivation, attending to dietary needs, ensuring proper rest, and offering moral support is crucial. The impact of such support from the family is profound. (P1).

Nurses often facilitate family visits and show enthusiasm for the patient. In cases where patients lack family support, nurses provide extra attention. (P2).

Nurses also provide information and education for home care, including wound care and advice on treating nausea. (P3).

It is important to involve close family members in providing support and information, especially when someone needs regular treatment. This approach helps create a supportive environment for the person receiving treatment. (P4).

2. Support from community

Join a community where patients can talk openly, allowing them to express themselves freely. (P4)

Patients are encouraged to engage in religious activities within their communities by their beliefs. (P3).

3. Family members are involved in end-of-life care

Families should make adequate preparations for the eventuality of a family member's passing. (P1).

Assisting families in making preparations for the eventuality of a family member approaching the end of life, as the possibility of a family member's demise remains continually present. (P3).

Guiding families to prepare for various potential circumstances with integrity and perseverance. (P5).

G. Theme 7: Barriers to implementation of supportive care

Nurses providing supportive care may face barriers related to the patient, family, facilities, infrastructure, and palliative training. These obstacles can include patients who have not accepted their illness, uncooperative families, and the need for increased knowledge and better facilities to support the successful treatment of cancer patients, particularly those with breast cancer.

1. Barriers from the patient and families

Patients who may lack motivation and enthusiasm could encounter challenges in accepting interventions. (P1).

An obstacle arises if the patient refuses to acknowledge their illness. (P2).

Continue to inquire and express frustration regarding the same issue. If the patient fails to deny it, the family will exhibit dissatisfaction. (P3).

One patient and a family are awaiting each other, and as a result, interruptions occur in the transmission of information from the nurse. (P5).

2. Lack of continuing education or training for nurses

Continuous knowledge updating is essential, much like the retraining and certification required of palliative care nurses. There is a considerable amount of knowledge that still requires updating. (P1) (P2).

You have to patiently wait for time to update your knowledge, as you cannot do everything at once. (P3).

It is imperative to provide nurses with comprehensive training in chemotherapy to ensure the delivery of optimal care for patients undergoing chemotherapy treatment. (P5)

3. Limited clergy personnel

The absence of clergy has led to constraints in providing spiritual nourishment, consequently leading to inconsistent spiritual development among nurses. (P3).

This inconsistency significantly hinders our ability to provide comprehensive spiritual support to our patients. We must prioritize the strengthening of the spiritual aspect in order to address and overcome this deficiency effectively. (P5).

4. Barriers from facilities

It is imperative to enhance the privacy of patients undergoing chemotherapy. The treatment area should be shielded from public view to ensure that individuals passing by cannot observe the patients from outside. (P4).

Personal protective equipment for nursing staff does not yet meet the N95 mask standards. Sometimes, the gowns are still a problem and are not always used. (P4) (P5).

Currently, there is no dedicated palliative care unit in place. In palliative care, the focus should shift from individual-oriented to team-oriented approaches, necessitating collaboration. However, the current implementation needs more optimization. (P6)

The resume of the results are presented in Table 1. This study highlights the diverse roles of nurses in supporting women with breast cancer during chemotherapy in Indonesia. The seven themes closely align with Dossey's Holistic Nursing Theory, which considers humans as an integrated unity of body, mind, and spirit within relational and systemic contexts. Connecting the findings to this theoretical framework enhances the study's conceptual foundation.

Table 1. Theme and subtheme

No	Theme	Subthemes	Illustrative Quotes
1.	Psychological Support	Positive affirmations, Active listening	"*We must consistently offer words of encouragement so patients stay motivated during chemotherapy*." (P1) "*It is important to listen to patients' experiences and understand their families' challenges*." (P2)
2.	Information & Health System Support	Chemotherapy pathways - Health education - Prognosis communication	"*Families can complete registration online, avoiding long queues*." (P5) "*Even if nauseous, it is crucial to eat during chemotherapy*." (P3)
3.	Physical & Daily Living Support	Symptom management Activity guidance - Collaboration	"*Chemo side effects may last three days, but afterwards patients should resume normal activities*." (P1) "*For nutrition, we refer patients to qualified dietitians*." (P4)
4.	Sexual & Intimacy Support	Partner encouragement: Alternatives for intimacy	"*The husband should show enthusiasm so she does not feel inferior*." (P2) "*Suggest wearing a bra or covering the chest to reduce embarrassment."* (P3)
5.	Spiritual Support	Facilitate worship - Spiritual interventions Clergy guidance	"*We announce prayer times, and patients can do tayammum*." (P6) "*Listening to Quran recitation provides tranquility*." (P2)
6.	Social Support	Family support - Community engagement - End-of-life preparation	"*Family encouragement through diet, rest, and moral support is crucial." (P1)* *"Families should prepare for the eventuality of a member's passing*." (P5)
7.	Barriers	Patient/family barriers: Lack of training, Limited clergy, and Facility constraints	"*Some patients refuse to acknowledge their illness." (P2)* *"Currently, there is no dedicated palliative care unit*." (P6)

Psychological support, including motivation and active listening, relates to the mind dimension in Dossey's model. Nurses assist patients in managing anxiety, emotional uncertainty, and fear, common issues reported in prior studies across Iran, Turkey, and Chile [8], [9]. Similar to findings in countries with limited psycho-oncology services, Indonesian nurses assume a broad emotional-support role due to the lack of dedicated mental health professionals [10], [29], [30]. Physical and daily living support reflects the body dimension, encompassing symptom management, fatigue reduction, guidance for resuming activities, and collaboration with nutritionists [6]. These findings align with global evidence demonstrating the crucial role of nurse-led interventions in enhancing functional well-being during chemotherapy.

Recent randomized trials show that resistance exercise and prehabilitation programs significantly reduce treatment-related impairments and improve quality of life [25], [43]. However, Indonesian nurses emphasized a cultural expectation for patients to quickly resume normal roles, reflecting unique sociocultural values around resilience and productivity.

Informational support and system navigation are critical components. This aligns with research findings from Singapore and Australia [7], [40] Nurses in this study facilitated care pathways and health education. However, gaps in infrastructure limit the use of digital health platforms. Recent studies indicate that mobile apps can enhance these efforts [41] and smart hospital technologies [42]. Innovations can enhance access to timely information; however, they remain underutilized in Indonesia.

Sexual and intimacy support is often overlooked in various contexts. In this study, nurses recognized the importance of partner encouragement but employed culturally sensitive strategies, such as modesty-preserving adaptations. These approaches differ from Western methods that advocate for open discussions about sexual health. This aligns with findings from studies in Asia, where cultural norms influence how intimacy is discussed [28].

Spiritual support aligns closely with Dossey's concept of the spirit dimension and is especially prominent within Indonesia's religious context. Spiritual care was particularly salient, reflecting Indonesia's religious landscape. Nurses facilitated worship, prayer, and Quran recitation during chemotherapy, consistent with evidence from other Islamic-majority countries where faith strongly mediates coping [8]. This goes beyond the generalized "spiritual support" often described in Western studies [44]. Due to the shortage of clergy, nurses often act as spiritual facilitators, broadening their scope of practice. This integration aligns with Dossey's Integral Nursing Theory [32], [45] other holistic frameworks that emphasize the unity of body, mind, and spirit, as well as the interconnectedness informed by the concept of Ubuntu [32].

Social support and end-of-life preparation further highlight the centrality of family and community in Indonesian care. Families play a pivotal role in caregiving, as also reported in Pakistan [30] and China [46]. These findings contrast with high-income settings where multidisciplinary palliative teams share such responsibilities. The absence of dedicated palliative units in Indonesia compounds these challenges.

Conclusion

This study highlights the essential role of nurses in providing holistic supportive care to women with breast cancer undergoing chemotherapy in Indonesia. Seven key themes were identified: psychological support, informational resources, physical care, sexual health, spiritual support, social assistance, and barriers to care. These themes reflect the interconnected dimensions of body, mind, and spirit as emphasized in Dossey's Holistic Nursing Theory. Cultural and religious values significantly influence the care environment, necessitating that nurses expand their roles to include emotional, spiritual, and social support. To enhance holistic and patient-centered cancer care in Indonesia, it is crucial to improve

palliative training, promote interprofessional collaboration, and strengthen institutional resources.

Limitations and Future Directions

This study has several limitations. First, the sample size was small; however, it included all eligible oncology nurses in the unit, and data saturation was achieved. Second, interviews were relatively brief, but rapport-building strategies and focused probing ensured depth and richness. Third, the study only captured the perspectives of nurses. Including patients and families in future research could offer a more comprehensive view of supportive care needs. Future studies may also employ multi-site or mixed-methods approaches to assess interventions that specifically address identified barriers, such as limited spiritual resources or inadequate palliative care training.

Acknowledgment

The authors express their gratitude to the Muhammadiyah Council for Higher Education, Research, and Development (CHERD) for its generous financial support through the Program Hibah RisetMu Batch VII, number 0144/I.3/D/2024, and to all external researchers.

A statement on researcher positionality and bias mitigation

One author works at the same hospital but was neither a participant nor involved in recruitment. An external researcher (HH, IA, EL) collected the data, and reflexive and collaborative analysis helped mitigate positionality-related bias.

Conflict of Interest

The authors declare no conflict of interest.

References

[1] I. Soerjomataram and F. Bray, "Planning for tomorrow: global cancer incidence and the role of prevention 2020-2070.," *Nat Rev Clin Oncol*, vol. 18, no. 10, pp. 663–672, Oct. 2021, doi: 10.1038/s41571-021-00514-z.

[2] M. Arnold *et al.*, "Current and future burden of breast cancer: Global statistics for 2020 and 2040," *The Breast*, vol. 66, pp. 15–23, 2022, doi: 10.1016/j.breast.2022.08.010.

[3] R. Khajoei, M. Ilkhani, P. Azadeh, S. Zohari Anboohi, and F. Heshmati Nabavi, "Breast cancer survivors-supportive care needs: Systematic review," *BMJ Support Palliat Care*, vol. 13, no. 2, pp. 143–153, 2023, doi: 10.1136/spcare-2022-003931.

[4] X. C. Lyu, H. J. Jiang, L. H. Lee, C. I. Yang, and X. Y. Sun, "Oncology nurses' experiences of providing emotional support for cancer patients: a qualitative study," *BMC Nurs*, vol. 23, no. 1, Dec. 2024, doi: 10.1186/s12912-024-01718-1.

[5] S. Rizalar, E. Hamarat, and S. Goktas, "Supportive care needs after surgery in patients with breast cancer," *Supportive Care in Cancer*, vol. 32, no. 9, Sep. 2024, doi: 10.1007/s00520-024-08745-3.

[6] B. Yazicioglu Kucuk and P. Zorba Bahceli, "The effects of nurse-led supportive care program on quality of life in women with breast cancer receiving adjuvant chemotherapy: A randomized controlled pilot study," *Semin Oncol Nurs*, vol. 40, no. 2, Apr. 2024, doi: 10.1016/j.soncn.2024.151609.

[7] L. Lin, W. L. Koh, Q. Huang, and J. K. Lee, "Breast cancer information behaviours and needs among Singapore women: A qualitative study," *Asian Pacific Journal of Cancer Prevention*, vol. 22, no. 6, pp. 1767–1774, Jun. 2021, doi: 10.31557/APJCP.2021.22.6.1767.
[8] E. Hajian-Tilaki, K. Hajian-Tilaki, D. Moslemi, G. Godazandeh, and M. Firouzbakht, "Association of social support, spirituality with psychological factors in Iranian breast cancer survivors: An evidence from a cross-sectional study," *Nurs Open*, vol. 9, no. 2, pp. 1173–1180, 2022, doi: 10.1002/nop2.1158.
[9] M. Bafandeh Zendeh, M. Hemmati Maslakpak, and M. Jasemi, "Nurses' perceptions of their supportive role for cancer patients: A qualitative study," *Nurs Open*, vol. 9, no. 1, pp. 646–654, 2022, doi: 10.1002/nop2.1112.
[10] F. Vezzani, B. Cabieses, A. Obach, S. Torrealba, and I. Carvajal, "Unmet supportive care needs of young women with breast cancer in Chile during follow-up stage after treatment: A qualitative study," *PLoS One*, vol. 20, no. 8 August, Aug. 2025, doi: 10.1371/journal.pone.0330166.
[11] L. Matshaka, C. Downing, and N. Ntshingila, "Facilitating holistic nursing through the development of mindfulness: A model for student nurses," *Journal of Holistic Nursing*, vol. 42, no. 4, pp. 409–419, Dec. 2024, doi: 10.1177/08980101241245824.
[12] M. J. Doe, "Holistic nursing: An essence of nursing philosophies," *Nurs Sci Q*, vol. 35, no. 4, pp. 498–500, Sep. 2022, doi: 10.1177/08943184221115127.
[13] H. Albaqawi, V. E. Butcon, B. S. Albagawi, M. H. Alshammari, P. Pangket, and R. D. Dayrit, "Investigating the educational competency of student nurses in holistic nursing: Recalibrating holistic education," *International Journal of Advanced and Applied Sciences*, vol. 10, no. 3, pp. 82–86, 2023, doi: 10.21833/ijaas.2023.03.011.
[14] P. Garmy, E. K. Clausson, A. C. Janlöv, and E. L. Einberg, "A philosophical review of school nursing framed by the holistic nursing theory of Barbara Dossey," *Journal of Holistic Nursing*, vol. 39, no. 3, pp. 216–224, 2021, doi: 10.1177/08980101211006615.
[15] M. T. Stephens and E. Rochmawati, "The need for palliative care education and training in Liberia and Indonesia: A literature review," *Jurnal Aisyah : Jurnal Ilmu Kesehatan*, vol. 7, no. 1, pp. 277–286, Feb. 2022, doi: 10.30604/jika.v7i1.881.
[16] I. P. Dewi, N. Gartika, S. Sanusi, and D. Suryatiningsih, "Determinants of spiritual well-being that impact breast cancer patients' quality of life," *Journal of Holistic Nursing*, vol. 00, Jun. 2023, doi: 10.1177/08980101231181272.
[17] I. P. Dewi, A. T. Widiyanti, H. Hidayat, S. N. Holizah, R. Melati, and S. Mikli, "A Delphi study of digital health consensus for improving quality of life among Indonesians with breast cancer," *Journal of Holistic Nursing Science*, vol. 12, no. 1, pp. 132–147, Jan. 2025, doi: 10.31603/jhns.v12i1.13219.
[18] L. Judijanto, "The Influence of Religious Beliefs and Religious Practices on Social Cohesion in Modern Society in Indonesia Article Info ABSTRACT," *The Eastasouth Journal of Social Science and Humanities*, vol. 1, no. 03, pp. 139–150, 2024, doi: 10.58812/esssh.v1i03.
[19] E. Rochmawati, R. Wiechula, and K. Cameron, "Centrality of spirituality/religion in the culture of palliative care service in Indonesia: An ethnographic study," *Nurs Health Sci*, vol. 20, no. 2, pp. 231–237, Jun. 2018, doi: 10.1111/nhs.12407.
[20] D. Barrett and A. Twycross, "Data collection in qualitative research," *Evid Based Nurs*, vol. 21, no. 3, pp. 63–64, 2018, doi: 10.1136/eb-2018-102939.
[21] R. Khajoei, P. Azadeh, S. ZohariAnboohi, M. Ilkhani, and F. H. Nabavi, "Breast cancer survivorship needs: a qualitative study," *BMC Cancer*, vol. 24, no. 1, Dec. 2024, doi: 10.1186/s12885-024-11834-5.
[22] M. Evans Webb, E. Murray, Z. W. Younger, H. Goodfellow, and J. Ross, "The supportive care needs of cancer patients: A systematic review," *Journal of Cancer Education*, vol. 36, no. 5, pp. 899–908, 2021, doi: 10.1007/s13187-020-01941-9.
[23] X. Chen *et al.*, "Effects of exercise interventions on cancer-related fatigue and quality of life among cancer patients: a meta-analysis," *BMC Nurs*, vol. 22, no. 1, pp. 1–16, 2023, doi: 10.1186/s12912-023-01363-0.
[24] H. Buche, A. Michel, and N. Blanc, "When virtual reality supports patients' emotional management in chemotherapy," *Front Virtual Real*, vol. 4, 2023, doi: 10.3389/frvir.2023.1294482.
[25] Y. Mi *et al.*, "Effects of Swanson theory-based auricular acupressure on chemotherapy-induced peripheral neuropathy, and broader health-related outcomes in patients with breast cancer: A randomized controlled trial," *Asia Pac J Oncol Nurs*, vol. 12, Dec. 2025, doi: 10.1016/j.apjon.2025.100729.

[26] R. Fan, L. Wang, X. Bu, W. Wang, and J. Zhu, "Unmet supportive care needs of breast cancer survivors: a systematic scoping review," *BMC Cancer*, vol. 23, no. 1, pp. 1–24, 2023, doi: 10.1186/s12885-023-11087-8.
[27] M. K. Lee, N. T. T. Levine, L. R. Hayes, C. G. Shields, and Y. Yih, "Navigating the cancer care continuum: A comparative study of Black and White breast cancer patients," *PLoS One*, vol. 19, no. 10 October, Oct. 2024, doi: 10.1371/journal.pone.0312547.
[28] Y. F. Sitanggang and H. R. Lin, "Experiences of Indonesian women with breast cancer underwent treatment decision-making: A qualitative study," *Belitung Nurs J*, vol. 10, no. 4, pp. 456–463, Jul. 2024, doi: 10.33546/bnj.3395.
[29] M. Azam, M. Aslam, J. Basharat, M. A. Mughal, M. S. Nadeem, and F. Anwar, "An empirical study on quality of life and related factors of Pakistani breast cancer survivors," *Sci Rep*, vol. 11, no. 1, pp. 1–12, 2021, doi: 10.1038/s41598-021-03696-9.
[30] S. Jabeen, R. Zakar, M. Z. Zakar, and F. Fischer, "Experiences of family caregivers in dealing with cases of advanced breast cancer: a qualitative study of the sociocultural context in Punjab, Pakistan," *BMC Public Health*, vol. 24, no. 1, Dec. 2024, doi: 10.1186/s12889-024-18404-1.
[31] Y. Qan *et al.*, "Quality of life among patients with cancer and their family caregivers in the Sub-Saharan region: A systematic review of quantitative studies," 2022, doi: 10.1371/journal.pgph.0000098.
[32] Mary R Morrow and Barbara M Dossey, "A journey of joy: Dr. Barbara M. Dossey's evolution in nursing," *Nurs Sci Q*, vol. 37, no. 2, pp. 125–133, Mar. 2024, doi: 10.1177/08943184231224441.
[33] S. Wang *et al.*, "Association between type D personality and supportive care needs in elderly patients with breast cancer: a prospective longitudinal observational study," *BMC Geriatr*, vol. 23, no. 1, pp. 1–10, 2023, doi: 10.1186/s12877-023-04407-x.
[34] B. C. O'Brien, I. B. Harris, T. J. Beckman, D. A. Reed, and D. A. Cook, "Standards for reporting qualitative research: A synthesis of recommendations," *Academic Medicine*, vol. 89, no. 9, pp. 1245–1251, 2014, doi: 10.1097/ACM.0000000000000388.
[35] T. V. McCann and D. I. Lubman, "Qualitative process evaluation of a problem-solving guided self-help manual for family carers of young people with first-episode psychosis," *BMC Psychiatry*, vol. 14, no. 1, pp. 1–9, 2014, doi: 10.1186/1471-244X-14-168.
[36] A. Di Meglio *et al.*, "Experiences and preferences about information on treatment-related side effects among patients with early breast cancer," *Breast*, vol. 80, Apr. 2025, doi: 10.1016/j.breast.2025.104414.
[37] S. L. Herbert *et al.*, "Supportive care and information needs in relation to quality of life among patients with breast cancer and gynaecological cancer during the time of treatment," *Arch Gynecol Obstet*, vol. 311, no. 2, pp. 467–479, Feb. 2025, doi: 10.1007/s00404-024-07805-7.
[38] G. Johnson, *Qualitative data analysis*. 2019. doi: 10.4324/9781315701134-11.
[39] H. Morgan, "Conducting a Qualitative Document Analysis," *Qualitative Report*, vol. 27, no. 1, pp. 64–77, 2022, doi: 10.46743/2160-3715/2022.5044.
[40] T. Ahern, A. Gardner, and M. Courtney, "A survey of the breast care nurse role in the provision of information and supportive care to Australian women diagnosed with breast cancer," *Nurs Open*, vol. 2, no. 2, pp. 62–71, Jul. 2015, doi: 10.1002/nop2.18.
[41] M. Seven, Ş. İ. Paşalak, G. Bagcivan, O. Ozkasap, and F. Selçukbiricik, "A Mobile application for symptom management in patients with breast cancer," *Oncol Nurs Forum*, vol. 49, no. 5, pp. 409–420, 2022, doi: 10.1188/22.ONF.409-420.
[42] X. Peng, L. Tang, P. Gao, and W. Liu, "Medical experiences of patients with breast cancer using smart hospital apps: A qualitative study," Feb. 28, 2025, *Elsevier Ltd*. doi: 10.1016/j.heliyon.2025.e42573.
[43] M. K. Jang *et al.*, "Evaluating the effects of a resistance exercise intervention for sarcopenia in patients receiving neoadjuvant chemotherapy for breast cancer: study protocol for a randomized controlled trial," *BMC Cancer*, vol. 25, no. 1, Dec. 2025, doi: 10.1186/s12885-025-14721-9.
[44] P. Paal, K. M. Lex, C. Brandstötter, C. Weck, and S. Lorenzl, "Spiritual care as an integrated approach to palliative care for patients with neurodegenerative diseases and their caregivers: A literature review," 2020, *AME Publishing Company*. doi: 10.21037/apm.2020.03.37.
[45] B. M. Dossey, L. Keegan, C. C. Barrere, and M. A. B. Helming, *Holistic nursing: A handbook for practice*. Jones & Bartlett Learning, 2015. [Online]. Available: https://books.google.co.id/books?id=f4eHCgAAQBAJ

[46] B. Mao, Y. Shen, Y. Chen, P. Zhou, and Y. Pan, "Experiences of healthcare professionals returning to work post breast cancer diagnosis in China: A descriptive qualitative study," *Sci Rep*, vol. 15, no. 1, Dec. 2025, doi: 10.1038/s41598-024-82893-8.
[47] C. Funasaka *et al.*, "Mitigation of paclitaxel-induced peripheral neuropathy in breast cancer patients using limb-cooling apparatus: a study protocol for a randomized controlled trial," *Front Oncol*, vol. 13, 2023, doi: 10.3389/fonc.2023.1216813.
[48] H. Tang *et al.*, "Impact of early multidisciplinary team interventions on dietary management behavior in breast cancer patients: a pilot randomized controlled trial," *BMC Cancer*, vol. 25, no. 1, Dec. 2025, doi: 10.1186/s12885-025-13991-7.
[49] A. Rashidi, S. Thapa, W. S. Kahawaththa Palliya Guruge, and S. Kaur, "Patient experiences: a qualitative systematic review of chemotherapy adherence," Dec. 01, 2024, *BioMed Central Ltd*. doi: 10.1186/s12885-024-12353-z.

Authors



Assoc. Prof. Ns. Inggriane Puspita Dewi, S.Kep., M.Kep is a medical-surgical nursing and palliative care researcher and a postgraduate Nursing Doctoral student at Padjadjaran University, Indonesia., made contributions to conceptualization, study design, data collection, data analysis, and drafting of the manuscript. (email: inggriane.puspita@unisa-bandung.ac.id).



Ns. Anggriyana Tri Widiyanti., S.Kep.,M.Kep. Kep is a Nurse educator and specialist in medical-surgical nursing. She contributed to Data collection, data analysis, critical revision of the manuscript for intellectual content, and validation. (email: anggriyana@unisa-bandung.ac.id).



Ns. Medina Hutami, S.Kep. is a nurse at Al-Islam Hospital in Bandung, currently working in the High Care Unit (HCU). She has experience in the Outpatient Clinic, Adult Inpatient Ward, and COVID-19 Isolation Unit. She earned her Bachelor of Nursing from Universitas 'Aisyiyah Bandung and has contributed to data collection and analysis. (email: medinahutami1212@gmail.com).