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Building Holistic Well-Being: Islamic Physical, Psychological, and Spiritual Experiences in Breast Cancer Survivors

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ABSTRACT

Breast cancer is a leading cause of death for women in most countries in Indonesia. Breast cancer survivors are the primary subjects of most studies, but little attention is paid to the impact of the procedure, especially the post-mastectomy experience. We examined the physical, psychological, and Islamic spiritual aspects of breast cancer survivors who have undergone mastectomy. In this qualitative study, we recruited 21 women with breast cancer who had undergone mastectomy in a community in West Java Province. Participants were interviewed, recorded, and transcribed verbatim. Thematic analysis was conducted using Atlas-ti7. The main themes that emerged identified physical issues such as pain, fatigue, swelling, numbness, and stiffness at the surgical site; psychological issues such as loss of femininity, low self-esteem, sadness, worry, anxiety, and anger; Islamic spiritual issues such as complaining to Allah SWT, feelings of abandonment, and questioning Allah SWT's supreme power; and Islamic religious spiritual coping. Post-mastectomy breast cancer survivors experienced significant stress due to frequent hospital visits for check-ups and other procedures. We recommend including strategies for overcoming problems in the physical aspect with physical exercise, strategies for overcoming problems in the psychological aspect with breathing exercises, self-talk techniques, strategies for overcoming problems in the Islamic spiritual aspect with prayer, dhikr, and Islamic caring, and mindfulness for breast cancer survivors after undergoing mastectomy to improve the overall physical, psychological, and Islamic spiritual well-being.

Keywords
Breast Cancer Survivors
Coping Strategies
Islamic Religiousness
Mastectomy
Physical Psychospiritual
Well-Being

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Introduction

Breast cancer is the most prevalent cancer among women worldwide. According to the Global Cancer Observatory (GLOBOCAN), in 2022, women accounted for 23.8% of the 9.7 million new breast cancer cases, and 6.9%, or nearly 665,684, deaths from the disease, with 15.5% of these deaths occurring in women [1]. Breast cancer mortality rates are one of the targets of attention in global policies to address breast cancer issues, as outlined in the third target of the SDGs, Good Health and Well-Being, with one of the targets being to reduce mortality rates by improving mental health by 2030 [2].

In Indonesia, according to Globocan data in 2020, the prevalence of new cases and deaths from breast cancer in Indonesia was 68,858 people out of a total of around 396,914 people, or around 16.6%, and the number of deaths was more than 22,000 people [3]. In Indonesia, in 2020, there were more than 65,858 out of a total of 396,914 new cases of breast cancer, or around 16.6%, the highest incidence of breast cancer in women, namely 44/100,000, while the death rate was 22,430, amounting to 148.11/100,000 or 9.6%, the highest death rate in women, namely 44/100,000 [3].

Breast cancer incidence and mortality continue to rise, and survival rates are improving thanks to advances in diagnosis and treatment. However, the primary challenge faced by survivors is not only the treatment process, but also the physical, psychological, and spiritual adjustment after a mastectomy. Physically, post-mastectomy patients experience significant changes in body shape and decreased physical function, which can impact quality of life. Patients require education about wound care, rehabilitation exercises, and strategies to manage treatment side effects such as lymphedema and chronic pain [4].

Research studies state that 100% of women with breast cancer complain of pain after undergoing mastectomy [5]. Moreover, 52% experienced fatigue [6]. Appropriate and comprehensive education is crucial for survivors to be able to optimally carry out daily activities and reduce the risk of complications that may arise from ignorance or neglect of post-operative care.

In addition to physical issues, psychological aspects are also a significant concern. A cancer diagnosis and treatment often cause stress, anxiety, and depression in survivors.

Research studies show that 32% of women with breast cancer after mastectomy experience psychological distress in the first year and 60% in the following year [7]. Another study in 2024 stated that the average number of women with post-mastectomy breast cancer who experienced psychological distress was around 50-58% [8]. Conversely, meta-analyses and systematic reviews show that the prevalence of psychological distress in female breast cancer patients varies widely, ranging from 11.2% to 86.7%. Feelings of loss, fear of death, and changes in body image can add to their psychological burden, depending on the population, disease stage, measurement tool, and treatment phase used [9].

Studies show that 63% have low self-esteem, 51.8% have body image issues, 40% have anxiety symptoms [10], 40% symptoms of depression [11], other research states that 45,6% of people experience depression [12], all of which can worsen the patient's psychological condition. Therefore, education focused on psychological support and effective coping strategies is urgently needed to help survivors adjust and improve their mental well-being.

Furthermore, spiritual aspects play a crucial role in the healing and adjustment process for breast cancer survivors. In Muslim culture and beliefs, spirituality is often a source of strength and serenity in facing life's challenges, including serious illness. Treatments such as mastectomy can have significant physical and psychosocial impacts, one of which is spiritual distress. Spiritual distress is tension or conflict related to the patient's sense of meaning in life, beliefs, and spiritual connection [13].

Studies show that the level of spiritual distress in post-mastectomy breast cancer patients is relatively high, with prevalence varying between 30-60% depending on psychosocial factors and social support received [14],[15]. Education that integrates Islamic spiritual values can strengthen faith and provide hope, while helping them find inner peace. This approach supports the physical and psychological healing process and strengthens the spiritual resilience essential to their recovery journey.

However, in reality, many breast cancer survivors still lack access to comprehensive and integrated education. This lack of knowledge about the physical, psychological, and spiritual aspects of Islamic medicine leaves them feeling neglected and lacking the support they need. Therefore, healthcare professionals and communities must explore the physical, psychological, and spiritual aspects of Islam as a foundation for developing an integrated, Islamic-based education model. This allows educational programs to be tailored and effective in improving the quality of life for breast cancer survivors who have undergone mastectomy.

Increasing global cancer survival rates have resulted in a larger and more diverse population of survivors, making the need for a comprehensive post-treatment care approach encompassing physical, psychological, social, and spiritual aspects a priority in healthcare policy and practice.

Holistic well-being in breast cancer survivors encompasses the experience of residual physical symptoms, psychological distress such as anxiety and depression, and spiritual needs related to meaning, hope, and identity. All of these domains interact to determine the long-term quality of life [16].

A practical coping approach combines physical symptom prevention and management (rehabilitation, pain management, and lymphedema treatment), evidence-based psycho-oncological interventions (routine distress screening, cognitive-behavioral therapy, group counseling, and digital interventions), and integrated spiritual care that respects the patient's values and beliefs, all developed within a multidisciplinary care model and supported by survivorship policies at the national and institutional levels [17].

Recent studies highlight disparities in access to and implementation of psychosocial and spiritual services across regions, leading to recommendations for best practices that emphasize the integration of these services into national cancer control plans, cross-professional training, and outcome evaluation that is sensitive to the cultural and religious contexts of survivors [18].

Thus, research exploring the holistic experiences of breast cancer survivors within an Islamic framework contributes to the expansion of culturally relevant empirical evidence for designing interventions that are religiously sensitive, scalable, and adoptable within comprehensive survivorship programs [19].

Based on this, the purpose of this study is to explore in-depth the physical, psychological, and Islamic spiritual experiences of breast cancer survivors who have undergone mastectomy, thereby developing a holistic understanding of their well-being. The results are expected to contribute to the development of more humane, comprehensive, and Islamically compliant interventions to improve the quality of life of survivors.

Literature Review

The framework used in this study is the cognitive behavioral therapy (CBT) approach developed by Judith S. Beck in 2021 [20]. CBT is a mental health therapy that focuses on changing thoughts (cognitive) and behavior by considering the relationship between thoughts, emotions, and behavior [21]. In CBT, the response to a situation, whether emotional, feeling, or behavioral, is influenced by what one thinks and does [22]. CBT emphasizes that an event or occurrence we experience is not the source of our perceived stress, but rather the interpretation of the situation that stems from our thoughts. This is the foundation of the CBT approach, which is changing our thinking and behavior. The CBT framework encompasses situations, thoughts, behaviors, bodily sensations, and emotions [23].

Automatic thoughts are thoughts that arise spontaneously and unconsciously in response to a particular situation or event, such as a mastectomy. Because automatic thoughts

are brief and quickly overridden by the following emotions, it is challenging to become aware of them and evaluate whether they are realistic or negatively impact one's emotions (automatic emotions), behaviors (behaviors), and bodily sensations. The response (emotions, physical sensations, or behavior) to a situation is not only caused by the situation, but also by the perception (thoughts) of that situation.



Fig. 1. CBT Framework

The concept of CBT, developed by Aaron T. Beck [20], emphasizes the relationship between thoughts, feelings, and behavior. Beck argues that negative thought patterns can trigger emotional and behavioral problems. As it developed, CBT focused on negative thoughts and how individuals interact with their environment.

Material and Methods

A. Research Design

This study uses an exploratory descriptive qualitative research design, with a thematic analysis method. Thematic analysis of this research is a method for identifying, analyzing, reporting themes contained in a phenomenon, and systematizing and increasing the traceability and verification of the analysis [24]. The use of this qualitative method provides a wealth of information that helps understand the Islamic spiritual distress experienced by post-mastectomy breast cancer survivors. This study was conducted in the West Java Province community.

B. Population and Sample

The target population was breast cancer patients who had undergone mastectomy and were recruited through breast cancer survivor support groups, hospital oncology units, and local community organizations. The sampling technique used was purposive sampling with a maximum variance approach to ensure representation of variations in age, stage of treatment

(postoperative, adjuvant therapy, or long-term follow-up), and socioeconomic status. The inclusion criteria included: post-mastectomy breast cancer patients; able to provide informed consent; and age >18 years. Exclusion criteria included use of SSRI antidepressants at the time of the interview, severe cognitive/psychiatric impairment, or other malignancies that interfere with communication. A total of 21 participants were recruited, selected based on iterative analysis and consideration of data saturation. Transcripts were analyzed in parallel using thematic analysis; saturation was declared achieved when no new codes or themes emerged in three consecutive interviews. The saturation process and theme development were documented in a theme log per interview and discussed within the research team to ensure the robustness of the findings.

C. Research Ethics

Research ethics testing was conducted before the implementation of the study, with approval granted by the Health Ethics Committee of Aisyiyah University Bandung, Number: 1482/KEP. 01/UNISA-BANDUNG/VIII/2025, with the ethical requirements outlined in the Declaration of Helsinki having been met. The participants, who had been fully informed of the purpose of the study, were assured of confidentiality and were informed that they could withdraw at any time. They had obtained verbal and written consent. Alphabetic codes were used to identify the transcribed data.

The direct benefits of this research include identifying perceived Islamic spiritual problems or distress, increasing understanding and self-awareness regarding situations that cause spiritual stress, the tendency for spiritual interventions to be used in stressful situations, responses to stressors, and the influence of responses to stress. Meanwhile, the indirect or general benefits include contributing valuable information to knowledge, understanding, and references regarding the role of integrated Islamic spiritual education used in spiritually stressful situations in post-mastectomy breast cancer survivors.

D. Instruments

The interview guide is based on the following CBT framework:

1. Identify the impact of thoughts, emotions, behaviors, and physical sensations as a result of mastectomy surgery.

   Main question:

   "How are you feeling now after your mastectomy surgery?"

   Probing:

   - "How do you feel after your mastectomy surgery?"
   - "What are your thoughts after your mastectomy surgery?"
   - "What did you do after your mastectomy surgery?"
   - "What are your physical complaints after your mastectomy surgery?"

2. Identify risk and protective factors for the emergence of physical, psychological, and spiritual distress after your mastectomy.

   Main question:

   "What are the risk factors that cause physical, psychological, and spiritual distress after your mastectomy?"

   Probing:

   - "How do you perceive these risk factors as causing physical, psychological, and spiritual distress after your mastectomy?"
   - "What do you think about these risk factors as causes of physical, psychological, and spiritual distress after a mastectomy?"
   - "What do you do about these risk factors as causes of physical, psychological, and spiritual distress after a mastectomy?"

   Main question:

   "What are the protective factors that cause physical, psychological, and spiritual distress after a mastectomy?"

Problems:

1. "How do you feel about these protective factors as causes of physical, psychological, and spiritual distress after a mastectomy?"
2. "What do you think about these protective factors as causes of physical, psychological, and spiritual distress after a mastectomy?"
3. "What do you do about these protective factors as causes of physical, psychological, and spiritual distress after a mastectomy?"

The instruments used in this study were the researchers themselves, and an interview guide was developed based on three sources: an oncology surgeon, a health psychologist, a palliative care nurse, and an Islamic spiritual nurse. The interview guide had previously been expert-tested by two qualitative experts, namely palliative care and Islamic spiritual care, and the result was that the interview guide was suitable for data collection. Furthermore, a readability test was conducted with two post-mastectomy breast cancer survivors, with the result that the interview guide was easy to understand. This guide contains thirteen open-ended questions for post-mastectomy breast cancer survivors. Participants were recruited after agreeing to the information related to the study and agreeing to participate.

Interviews were conducted at a community center for post-mastectomy breast cancer survivors. Interviews lasted 30–60 minutes, while a research assistant reviewed the interview data and took notes. While the primary researcher conducted the interviews, the research assistant recorded the women's facial expressions and body language. Interviews were audio-recorded. Interviews ended when the collected data had little value and no new information

could be used as additional information. Data processing was performed using Atlas-ti 7 software.

E. Data analysis

Data analysis was conducted separately by the author and one research assistant. The research assistant transcribed the interviews verbatim using Google Docs voice typing software, then manually replayed the interviews by listening directly to the recordings and reviewing important and relevant field observation notes related to participant expressions. Findings were reviewed and discussed with the principal investigator. Transcripts were read repeatedly to gain an overall understanding and to create reflective notes.

The analysis began by highlighting key sentences and dividing them into meaning units. The meaning units were summarized and labeled with short codes in the second step. In the third step, codes were compared to identify similarities and differences. In the fourth step, categories were developed based on the codes encompassing the manifest content. Finally, the emerging categories were tested and revised through interview analysis in the fourth step. The results were discussed and modified to ensure reliability. Peer review, validation of emerging codes and categories, and debriefing by a research methods and subject matter expert were used to enhance credibility.

Trustworthiness testing in qualitative research uses the principles of credibility, certainty, dependability, and transferability. Credibility is achieved by interviewing participants with varying characteristics regarding age, status, education, and treatment, and by informing participants that the themes emerging from participant statements are appropriate. The results are discussed in a seminar where the other researchers participate. Confirmability is strengthened by using researchers who are experts in qualitative methods and by confirming with participants that the themes emerging from participant statements are appropriate. Using a tested interview guide, field notes, and separate analysis enhances dependability. Transferability is ensured by providing a thorough description of the content and methods.

Results

This study involved 21 post-mastectomy breast cancer survivors in West Java Province. All participants were women, Muslim, and Sundanese. Most of the respondents were between 36 and 45 years old. Fifteen (71%) of the patients were post-mastectomy women who were still undergoing follow-up visits to hospitals and community health centers. Six (29%) of the patients were women with breast cancer who had completed mastectomy, chemotherapy, and radiation treatment. Three (43%) of the patients had completed elementary school, five (24%) of the patients had completed junior high school, and 13 (62%) of the patients had completed high school. Five (24%) of the patients worked as private employees. Sixteen (76%) of the patients had an income of less than 2 million rupiah; the patients were housewives or

unemployed. Twenty-one (100%) patients had government health insurance for low-income communities. Fifteen (76%) patients had not received chemotherapy or radiotherapy, and 21 (100%) underwent the MRM method.

The research results identified four themes as problematic issues for post-mastectomy breast cancer survivors, namely: problems in the physical, psychological, spiritual, and Islamic religious coping aspects.

Derivation of in-depth interview themes for women with breast cancer after mastectomy based on the basic framework of CBT, as follows:

Table 1. In-depth Qualitative Interview Study Theme Derivation (Example of Quotes)

Quotes	Keywords	Category	Theme
"Feeling pain, swelling, and soreness in the surgical wound…". *"Feels pain on the surgical site…".* *"I experienced pain in my body after the surgery".*	Complaining of pain, complaining of pain, grimacing in pain, groaning in pain.	1. Pain and swelling	1. Physical issues after mastectomy
"…weak, tired…". *"After the operation, my body felt tired, a bit weary...".* *"…wanting to move feels weak, the body tires easily...".*	Complaining of tiredness, exhaustion, lethargy, and weakness.	2. Fatigue	
"…the body feels sore, there is a feeling of numbness, the operation site is stiff, I do not dare to move". *"…feeling numb and afraid to be moved…".*	Body aches, afraid to move, stiff arms.	3. Numbness and stiffness on the surgical side	
"...only one breast remains intact, it is no longer beautiful...". *"After surgery, breasts were removed, I felt incomplete as a woman...".*	Having only one breast, not being a perfect woman, and having a physical disability.	1. Thinking about the loss of femininity	2. Psychological issues after mastectomy
"…I only have one breast left, my body is ugly, I am embarrassed in front of my husband…". *"…after the operation, I was embarrassed in front of my husband, I felt ugly, I no longer had one breast…".*	My body is ugly, I do not want to meet other people, and I am ashamed of my husband.	4. Thinking low self-esteem	
"After the operation I was sad…". *"…I want to cry…".* *"It is sad to lose my breasts…".* *"…I was down, having my breasts removed was a shock…".*	Remember, family, that a gloomy expression, feeling sad, and crying easily are all signs of depression.	5. Sad emotions	
"…I was stressed, had to have surgery, sad…". *"…sad because I have to be treated, I remember my child, I remember my mother…".*	Excessive worry, trembling, cold sweats, sleeplessness, anxiety.	6. Worried emotions and anxiety symptoms	
"…now I am shaking, restless, after the operation, if I continue with chemotherapy, my hair will fall out…". *"After surgery, continuing treatment is not short; treatment can last up to three*	Self-blame, denial	7. Angry emotions	

Quotes	Keywords	Category	Theme
years or even a lifetime, and it is still not cured...".			
"...can only complain and ask for help from Allah SWT above...". *"Oh God, why do I have to be sick like this...".*	Why must I be sick like this? Complaining about not being able to worship correctly.	1. Complaining to Allah SWT	3. Problems of the spiritual aspects of Islam
"...I was initially worried, my worship was not yet correct, I still had many sins, was it because of my many sins that I was given this disease, was it because Allah SWT had left me, was this a warning for me...". *"...at first I felt alone, everyone abandoned me, ...I tried, tried to accept, and let go of everything...".*	Many sins have given me this disease. This is a warning for me. Everyone has abandoned me.	2. Feeling abandoned by Allah SWT	
"...with this disease, I surrendered, who can cure me, is there a supreme power that can cure me, finally realized, oh yes...there is Allah SWT as the supreme power, oh Allah...heal me, you who have the supreme power...heal me oh Allah...". *"...after I kept praying, worshipping, and getting closer to Allah SWT, when I went to the doctor, I was treated well... oh, so this is it, Allah SWT is the highest power that I have sometimes questioned...".*	Is there any ultimate power? Allah SWT is the highest power. I do not believe in the supreme power of Allah SWT. Feeling abandoned by Allah SWT.	3. Questioning the supreme power of Allah SWT	
"...what strengthens me is the support of my husband and children, if I have a complaint, I want my husband and children to help me, thank God my family supports me...". *"...there are many things to think and feel, I talk to my husband or children, all of them support me...".*	Support from husband and children, support from doctors and nurses, support from social groups	1. Psychological support	4. Islamic religious spiritual coping
"... yes, I have truly surrendered, Alhamdulillah, ask for peace, continue to pray to Allah SWT...". *"...surrendered to Allah, sincere, patient according to the teachings of Islam...".*. *"... believe Allah SWT will heal me ...".*	Seek help from Allah SWT, worship well, pray, surrender, be sincere, be patient, listen to the murottal, attend Islamic lectures, read Islamic religious books, and heed advice.	1. Islamic religious spiritual support	

Post-mastectomy breast cancer survivors described the complaints they experienced after undergoing a mastectomy. The theme identified was "physical problems." Participants provided limited answers when asked about how to adapt to the impact of mastectomy and physical care. This theme demonstrates the need for education on "patient adaptation to the impact of mastectomy and physical care." Participants also expressed a lack of understanding of how to mitigate physical problems. They took actions based on instinct, but not regularly,

and lacked understanding of their benefits. The theme identified as "physical problems" serves as material that needs to be developed for integrated education for breast cancer survivors. Participant expressions generated keywords that were grouped according to categories and themes. The theme identified was "psychological problems." Participants provided limited answers when asked about how to address psychological problems. This theme demonstrates the need for education on "psychological coping strategies." Participants stated that their thoughts were always negative, thinking they were ugly because one of their breasts was missing, thinking they were deformed, imperfect, and abnormal, and feeling ashamed of their husbands. They also refused to meet others, fearing others would look at their chests. To address psychological problems, several participants stated that they faced them by remaining silent, talking little, and sleeping. Positive efforts, such as accepting the loss of one breast, were not practiced correctly and appropriately. The theme of "psychological problems" is an important integrated educational material that is important to develop to reduce or alleviate distress in breast cancer survivors.

Based on the responses of 21 participants, problems related to Islamic spirituality were identified after undergoing a mastectomy. The theme identified was "problems with Islamic spirituality." Participants provided limited answers when asked about Islamic religious coping strategies after undergoing a mastectomy. This theme demonstrates the need for education on "Islamic religious coping strategies." Participants also expressed a lack of understanding of addressing problems related to Islamic spirituality. They acted instinctively, but irregularly, and lacked understanding of their benefits. The theme identified as "problems with Islamic spirituality" serves as material that needs to be developed for integrated education for post-mastectomy breast cancer survivors.

Based on participant responses, several Islamic spiritual and religious coping strategies are needed by breast cancer survivors who have undergone mastectomy. The theme identified was "Islamic spiritual and religious coping after mastectomy." Participants provided limited responses when asked about how to seek psychological and Islamic spiritual support. Participants expressed difficulty in speaking to or seeking help from family (husband and children), healthcare professionals, social/survivor groups, and Islamic spiritual experts. Participants revealed that husbands and children have provided support such as attention, affection, companionship, and assistance with their wives' chores. Participants also stated that doctors and nurses have helped with physical recovery. One participant's statement revealed psychological problems she experienced, and she did not know how to speak to or seek help from healthcare professionals. Participants also expressed a desire to hear the experiences of other breast cancer patients and social/survivor groups concerned with breast cancer regarding Islamic spiritual and religious coping.

Discussions

A. Problems in the physical aspects

The physical issues raised by breast cancer survivors indicate changes that make them less able to overcome the physical impact of mastectomy. Survivors' perceptions after mastectomy can influence their adaptation to physical changes. A mastectomy is a new experience for breast cancer survivors. It can be a happy experience, but it can also cause discomfort that triggers emotional instability, irritability, sadness, and crying. The loss of one or all of a breast can trigger physical complaints such as pain, swelling, numbness, stiffness in the arm and shoulder on the surgical site, fatigue, and limitations in daily activities [25]. Physical changes can affect hormonal changes in thinking and emotions, making you unstable, easily angered, offended, sad, and cry [26]. The study results state that physical changes after a mastectomy are a potent stressor that causes anxiety, stress, and depression [27].

The physical changes expressed by participants illustrate the understanding and interventions underlying the need for psychoeducation. Strategies for addressing physical issues include: recognizing the range of physical sensations, naming the range of physical sensations experienced by the patient, and practicing physical exercises that should be done regularly every day. Physical complaints are physical changes that can affect emotions and behavior [28]. Therefore, it is important to provide an understanding of the various physical issues and strategies for coping with the impact of physical changes experienced by breast cancer survivors who have undergone mastectomy. Physical complaints, such as pain and fatigue, impact the cognition of breast cancer survivors [29]. Recognition of the variety and strategies that emerge in patients is an active process that becomes a psychological issue in adapting to the impact of physical changes, according to the theory of Aaron T. Beck [20]. Variety and strategies will strengthen physical exercise practices in addressing physical changes.

The problem of physical changes will strengthen the practice of physical exercise, which can affect the hypothalamus. Neurotransmitters secrete the hormone serotonin, and a feeling of happiness appears, reducing pain [30]. The study results show that physical exercise is the basis for breast cancer survivors in overcoming physical sensation problems [31]. Breast cancer survivors can engage in intense physical exercise approximately two weeks after undergoing a mastectomy. Breast cancer survivors who engage in physical exercise show reduced pain and fatigue [32]. Reduction in pain and fatigue was associated with age, education, income, marital status, health insurance status, medical history, and surgical method [33]. Strategies for addressing physical complaints in breast cancer survivors are important to reduce pain and fatigue.

B. Problems in psychological aspects

Expressions of psychological issues, such as negative thoughts, among breast cancer survivors indicate changes that are less effective in addressing the psychological impact of mastectomy. Breast cancer survivors' thoughts about the impact of negative thoughts can influence their adaptation to changes in thinking and emotions [34]. A mastectomy is a new experience for breast cancer survivors. It can be a happy experience, but it can also cause discomfort that triggers negative thoughts, lack of confidence, withdrawal, and low self-esteem [35]. Losing one or all of a breast can trigger a decline in body image. This decline in body image can impact hormonal changes, leading to changes in thinking and emotions, instability, irritability, sadness, and crying. Studies have shown that post-mastectomy body image decline is a potent stressor that can lead to anxiety, stress, and depression [36].

The impact of negative thoughts expressed by participants illustrates the understanding and interventions that underlie the need for education. Strategies for addressing the impact of negative thoughts include: recognizing the various impacts of negative thoughts, identifying the various impacts of negative thoughts experienced by patients, and practicing self-talk techniques that need to be done routinely every day. Negative thoughts can influence emotions and behavior [37].

The self-talk technique, "My breasts are gone, but I still have all my limbs and can do my daily activities," is a phrase that can influence emotions and predict happiness in breast cancer survivors after undergoing a mastectomy. Therefore, practicing self-talk techniques that promote confidence in body image is important. Self-talk techniques can improve body image [38]. Positive thinking will strengthen the practice of self-talk techniques. Practicing positive self-expression can influence the hypothalamus, a neurotransmitter that secretes the hormone serotonin, which triggers feelings of happiness, thus leading to positive thoughts [39].

The research results show that self-talk techniques are the basis for breast cancer survivors in overcoming the impact of negative thoughts [39]. Breast cancer survivors can engage in intensive self-talk techniques approximately two weeks after undergoing a mastectomy. Breast cancer survivors who engage in self-talk techniques show improvements in self-identity, self-confidence, and self-concept [40]. Strategies to overcome the impact of negative thoughts on breast cancer survivors after mastectomy are important to improve body image [41].

In addition to expressing the impact of negative thoughts, survivors also revealed negative emotions that emerged. Breast cancer survivors showed changes that made them less able to manage the psychological impact after completing a mastectomy [42]. Breast cancer survivors' emotions related to the impact of negative emotions can influence their adaptation to emotional changes. Losing one or all of their breasts can also trigger emotional changes.

Studies indicate that emotional changes are a potent stressor that can lead to stress and depression [43].

The impact of negative emotions expressed by participants illustrates the understanding and interventions that underlie the need for education. Strategies for addressing the impact of negative emotions include: recognizing the various impacts of negative emotions, identifying the various impacts of negative emotions experienced by patients, and practicing breathing exercises that should be done routinely daily. Negative emotions can affect cognition and behavior [42]. Therefore, it is important to provide an understanding of the various impacts of negative emotions and the various strategies for coping with them in breast cancer survivors. Negative emotions such as worry, anger, sadness, fear, and crying can impact the cognition and behavior of breast cancer survivors. This variety and these strategies will strengthen the practice of breathing exercises in coping with the impact of negative emotions.

Breathing exercises can induce relaxation, increase blood flow, influence emotions, and predict feelings of happiness in breast cancer survivors [42]. Therefore, it is important to do breathing exercises that encourage relaxation and increase positive emotions, thereby reducing anxiety and depression [44]. Positive emotions will strengthen the practice of breathing exercises. Breathing exercises can influence the hypothalamus, a neurotransmitter that secretes the hormone serotonin, which triggers feelings of happiness, thus increasing positive emotions [45].

The results of the study show that breathing exercises are the basis for breast cancer survivors in overcoming the impact of negative emotions [45]. Breast cancer survivors can engage in intensive breathing exercises about two weeks after undergoing a mastectomy. Breast cancer survivors who engage in breathing exercises demonstrate emotional stability, patience, sincerity, and acceptance.

C. Problems in the spiritual aspects of Islam

Expressions of problems related to Islamic spirituality, such as complaining, feeling abandoned, and questioning the supreme power of Allah SWT, expressed by breast cancer survivors, indicate changes that are less able to address spiritual issues after undergoing mastectomy. Breast cancer survivors' thoughts about Islamic spirituality can influence their adaptation to changes in thinking and emotions.

Issues related to Islamic spiritual intervention are a crucial factor in the safety and comfort of post-mastectomy breast cancer survivors. Multilevel intervention, starting with the husband, who provides the closest emotional support, can provide calm, security, and comfort to breast cancer survivors [46]. Breast cancer survivors need others to support them and help them through their post-mastectomy situation. The spiritual aspect of Islam includes the spiritual comfort provided by family (husband and children), healthcare providers, and breast cancer

social groups. The positive impact of Islamic spirituality on breast cancer survivors is their adjustment to the post-mastectomy situation, which can have various physical and psychological impacts [47]. Although Islamic spiritual support can be obtained from health service providers and social groups, the most dominant influence on the safety and comfort of survivors comes primarily from their partners/husbands [48]. Expressions of need for spiritual intervention from breast cancer survivors indicate poorly understood changes in thinking and emotions after undergoing a mastectomy. Not knowing how to ask for help or seek assistance hierarchically can impact adaptation to physical and emotional changes [48].

The issues raised by participants regarding Islamic spirituality reflect the understanding and interventions underlying educational needs. Strategies for addressing these issues include recognizing the various spiritual impacts, identifying the various ways patients seek Islamic spiritual help, and practicing these methods of seeking Islamic spiritual help routinely. Seeking Islamic spiritual help is a strategy that can influence cognitive and behavioral outcomes [49]. Therefore, it is important to provide an understanding of the various spiritual impacts and strategies for seeking Islamic spiritual support that breast cancer survivors experience. Islamic spiritual support is multi-tiered, starting with the family: husband and children, healthcare providers, and the survivor's social group. This diversity and strategy will strengthen how individuals seek help and obtain Islamic spiritual support.

D. Islamic religious spiritual coping

Islamic religious coping strategies are an important factor in the safety and comfort of breast cancer survivors after mastectomy in the community. According to Gul and Jehangir [50], the core Islamic practice according to Sufism (a form of mysticism in Islam), is prayer and meditation. This spiritual practice has an important role in the healing and recovery process [50], [51]. The study results show that several general and nursing interventions can be carried out to address problems in the spiritual aspects of the Islamic religion, such as prayer, dhikr, Islamic caring, and mindfulness [52]. Islam-based psychospiritual interventions are becoming an increasingly popular approach in the context of psychological and religious health. This approach aims to improve an individual's psychological well-being and strengthen spirituality and faith, which can serve as a source of strength in facing life's challenges. Psychospiritual interventions based on Islamic values can increase an individual's psychological resilience by strengthening faith and dependence on God, thereby helping to reduce stress and anxiety levels.

Komariah's [52] research confirms that Islamic psychospiritual approaches such as prayer, dhikr, Islamic caring, and mindfulness can actively improve Islamic psychological and spiritual well-being and reduce Islamic spiritual distress, especially in breast cancer patients. Islamic mindfulness based on caring is the integration of spiritual aspects into psychological

interventions that can create a sense of inner peace and hope, which are important factors in the healing process [52].

In clinical applications, this intervention is typically delivered through spiritual counseling, Islamic-based group therapy, and religious education tailored to the patient's psychological needs. This approach is practical because it adapts to the participants' beliefs and culture, increasing engagement and therapeutic success. Therefore, the integration of Islamic psychospiritual aspects into mental health services deserves greater attention from professionals as part of a holistic approach to supporting patient recovery.

Prayer in Islam, particularly salat (prayer), involves physical movements of the body during worship and careful recitation of the Quran, which encompasses both supplication and faith. Through prayer, individuals can increase self-awareness, attain peace, and strengthen their relationship with God [50]. This close relationship with God can give rise to inner strength through spiritual energy [53], which can further help reduce fatigue [52]. In addition, prayer is also considered a form of light to moderate exercise that can increase energy in the body, so that the body becomes fresh, and fatigue can be minimized [54].

Meanwhile, dhikr meditation is a dhikr method that aims to increase awareness through belief and concentration, stimulate parasympathetic activity, and smooth the heartbeat, thus creating a state of relaxation [52]. In an Islamic context, nurses' care or attention is based on Islamic concepts and culture to heal patients. This approach emphasizes the importance of balance between spirit, body, and soul [52]. The faith of patients and caregivers is crucial to implementing Islamic caring practices to achieve harmony in patients' lives. Care is delivered by prioritizing values such as love, kindness, compassion, and trust, which help build caring and trusting relationships between caregivers and patients and their families.

In Islam, mindfulness can be achieved through prayer performed calmly, slowly, and with complete focus on God [52]. Concentration on God helps individuals control their emotions[50]. This study combines an Islamic care approach with prayer and dhikr meditation as an effort to care for patients undergoing chemotherapy, so that they remain connected to God and achieve full awareness to obtain optimal health outcomes, especially in reducing fatigue, which is the most disturbing symptom in chemotherapy patients [55].

Implications

A. Implications for Nursing Practice

The results of this study emphasize the importance of implementing a holistic nursing approach that focuses not only on the physical aspects but also addresses the emotional and spiritual needs of breast cancer patients. Nurses should integrate spiritual interventions based on Islamic values, such as prayer, dhikr (remembrance of God), and reflection on the meaning of illness, into their nursing care plans. This approach has been shown to increase acceptance,

inner peace, and adherence to medical therapy. Furthermore, nurses are expected to be facilitators in creating an empathetic care environment oriented toward the patient's overall well-being.

B. Implications for Psycho-Oncology

In the field of psycho-oncology, these findings suggest that the psychological well-being of breast cancer survivors can be improved through emotional support, religious counseling, and spirituality-based coping programs. Interventions that emphasize the integration of cognitive strategies, social support, and faith strengthening can reduce levels of anxiety, depression, and post-treatment stress. An Islamic values-based psycho-oncology approach can also serve as a culturally and contextually relevant model of psychospiritual care for Muslim patients in Indonesia.

C. Implications for Breast Cancer Survivors

For survivors, this study offers an understanding that recovery is not only about being free from disease but also involves redefining oneself, one's life, and spirituality. Internalizing the values of sincerity, gratitude, and trust in God can strengthen resilience and enhance the long-term quality of life. Survivors are encouraged to actively engage in spiritual support communities and participate in health education to maintain their ongoing physical, psychological, and spiritual well-being.

Conclusion

Breast cancer survivors who have undergone mastectomy have problems in physical, psychological, Islamic spiritual, and Islamic religious coping. Based on this, nurses as providers of nursing services, one of which is to provide holistic interventions, namely in physical, psychological, and spiritual aspects, need to identify integrated educational needs when providing nursing care. Based on the problem issues that have been identified, four holistic integrated educational needs have been identified, namely:

- strategies for overcoming problems in the physical aspect;
- strategies for overcoming problems in the psychological aspect; and
- strategies for overcoming problems in the Islamic spiritual aspect.

These integrated educational needs holistically require implementation needed by breast cancer survivors in the community in the form of ways or techniques to reduce spiritual distress, namely how to adapt to the impact of physical, psychological, and spiritual aspects, how to overcome problems in the physical aspect with physical exercise, how to overcome problems in the psychological aspect with breathing exercises and self-talk techniques, and how to overcome problems in the Islamic spiritual aspect with prayer, prayer, dhikr, Islamic caring, and mindfulness.

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Conflict of Interest

The authors declared no conflict of interest.

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