



SPIRITUAL CARE IN PATIENT WITH CANCER PAIN: LITERATURE REVIEW

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ABSTRACT

Spiritual care for cancer pain is an intervention to address the spiritual needs of patients with cancer in managing pain. Despite numerous studies conducted in this area, the diversity of spiritual care interventions for cancer pain remains a challenge. Objective: This literature review aimed to identify spiritual care interventions for cancer patients in managing pain. Method: The database used Scopus, Pubmed, Proquest, Science Direct, and Google Scholar. The keywords used were “spiritual care” OR “spiritual therapies” OR “spiritual healing” OR “faith healing” OR “spiritual intervention” OR “religious intervention” AND “cancer pain” OR “cancer-related pain” OR “neoplasm-related pain” OR “oncology pain. The search was limited to articles published between 2011 and 2021, resulting in the identification of 6642 articles, which only 10 met the inclusion criteria. The selected articles underwent critical appraisal using JBI tools. Results: This literature review showed that the types of spiritual care interventions consist of yoga, psychoreligious intervention, mindfulness, music therapy, and therapeutic touch, and the primary outcomes of spiritual care are pain levels. Conclusions: This literature review showed the interventions were very diverse in all types of cancer. Therefore, a spiritual care intervention study on managing pain with a specific type of cancer is needed.

Keywords: cancer pain; cancer patient; spiritual care

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INTRODUCTION

Cancer, which is classified as a chronic illness, rises globally, both in incidence and mortality rate, and is expected to increase by 2025 worldwide and also in Indonesia. Data from the Global Cancer Observatory (2021) showed that there were about 19.3 million new cases of cancer and about 9.96 million deaths, making cancer the leading cause of global mortality. It is estimated that in 2025, the global incidence rate of cancer will potentially reach 21.9 million cases, with a corresponding death rate of 11.4 million cases. In Indonesia, the incidence rate will be about 397 thousand individuals in 2020, with a mortality rate of 235 thousand people. It is estimated that in 2025, the incidence of cancer in Indonesia will increase to around 458 thousand, with a mortality rate of around 276 thousand (The Global Cancer Observatory, 2020). This indicates that the number of cancer cases is increasing and is predicted to increase in both incidence and mortality around the globe and in Indonesia.

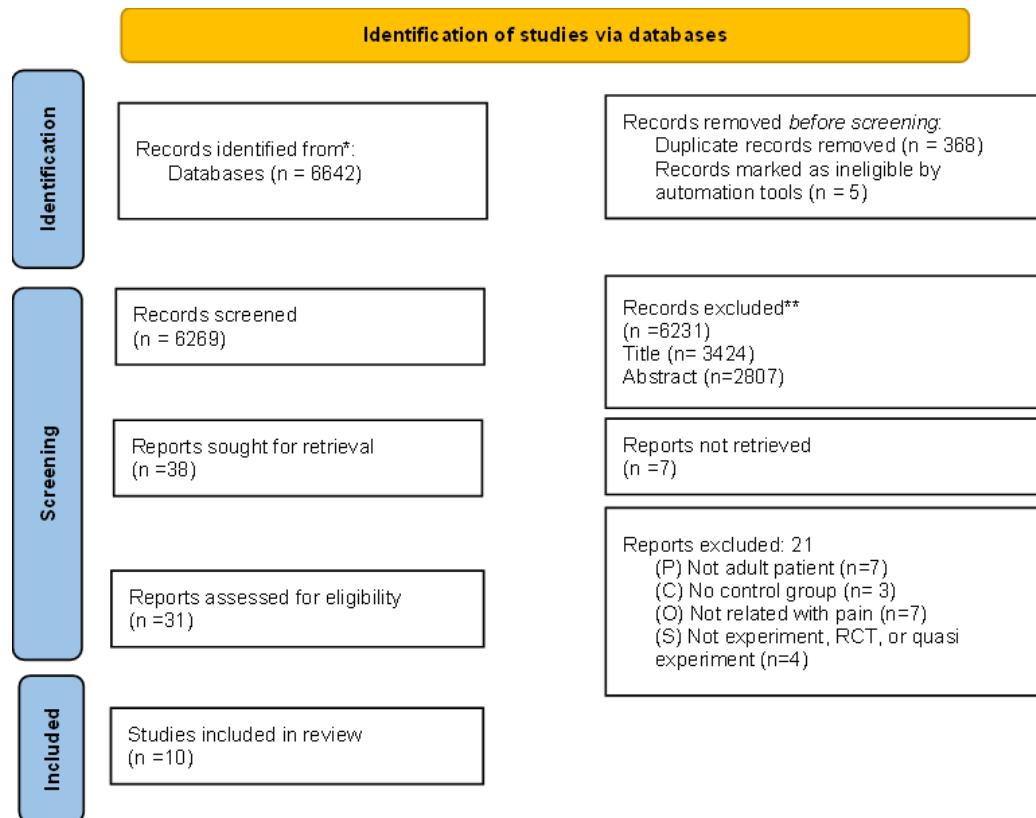
The impact of cancer on patients extends beyond the disease itself, and one significant consequence is pain. The International Association of the Study of Pain (2020) defines pain as an unpleasant sensory and emotional experience associated with actual or potential tissue damage. Cancer pain is a prevalent issue among individuals diagnosed with cancer,

particularly advanced or terminal cancer. Meta-analysis results from 122 studies showed that the pain prevalence rate was 39.3% after curative treatment, 55.0% during anti-cancer treatment, and 66.4% in advanced, metastatic, or terminal disease. 38.0% of all patients reported moderate to severe pain (numerical rating scale score >5) (Van Den Beuken-Van et al., 2016). Cancer-related pain, including neuropathic and nociceptive pain, arises from factors like infiltration of tissue, bone metastases, nerve compression, and diagnostic or therapeutic procedures. Pain can be affected by physiological, psychological, cognitive, sociocultural, and spiritual factors, impacting patients' well-being, hindering healing, and potentially contributing to the prolongation of depressive symptoms.

Cancer pain can affects various dimensions of spiritual well-being. Spirituality is the purpose and meaning of an individual's existence, involving personal search for meaning and purpose in life, connection to transcendent dimensions, and experiences and feelings related to this quest and connection (Bai et al., 2018). Cancer pain can disturb physical, social, psychological, and spiritual aspects, influencing patient's spiritual approaches. Cancer patients may turn to God to support, comfort, and healing, express anger or blame or a neutral stance in their spiritual reactions (Giddens, 2019). The physical and psychological changes causing from cancer and its treatment can lead patients to question the meaning and purpose behind their illness, contemplating whether it is a form of punishment. Cancer patients enduring pain require comprehensive care due to their susceptibility to significant emotional and spiritual distress (Puchalski et al., 2020). Recognizing the need for spiritual intervention in managing pain, this literature review aims to identify and discuss spiritual care interventions for cancer patients with pain.

METHOD

The literature search strategy used five databases, including Scopus, Pubmed, Proquest, Science Direct, CINAHL, and Google Scholar. The keywords used were "spiritual care" OR "spiritual therapies" OR "spiritual healing" OR "faith healing" OR "spiritual intervention" OR "religious intervention" AND "cancer pain" OR "cancer-related pain" OR "neoplasm-related pain" OR "oncology pain. The inclusion criteria were defined as adult patients with cancer, a randomized controlled trial (RCT), or an experiment, or a quasi-experiment, year of publication (2011-2021) and using the English and Indonesian language. The selection of articles is shown below in the figure. 1



RESULTS

The selected articles came from several countries, mostly on the Asian continent, namely Indonesia (4 articles) and Iran (2 articles), while the other articles came from the United States (2 articles) and Turkey (2 articles). The design of the articles mostly used quasi-experiments. The participants were adult persons who met the criterion of having cancer pain associated with various forms of cancer and who were subjected to spiritual intervention in the experimental group. Below is a summary of the results of the study.

Table 2.
The Summary of Study Results

Authors (Year)	Design & Sample	Cancer Type	Intervention	Duration	Outcome
Bilgiç & Acaroğlu (2017)	Quasi-experimental study 70 participants in Turkish Hospital	All type of cancer	I: Relaxation therapy” music C: Routine care	20-30 minutes, 3 days per week	Pain level
Eyigor et al. (2018a)	A randomized, controlled, single-blind trial 42 participants in Türkiye. I: 22 C: 20	Breast cancer	I: Yoga C: Routine care	1 hour, 2 days per week, for 10 weeks	Pain level
Eilami et al. (2019)	Semi-experimental study 76 participants in Yesuj, Iran	All type of cancer	I: Spiritual intervention C: No intervention		Mental health and pain level
Suwardi & Rahayu	Quasi-Eksperimental Study	All type of cancer	I: Classical music therapy, murottal music therapy	15 minutes, twice a	Pain level

Authors (Year)	Design & Sample	Cancer Type	Intervention	Duration	Outcome
(2019a)	75 participants Semarang, Indonesia		C: Routine care	day, for 21 days	
Carson et al. (2017a)	Randomized Controlled Trial 60 participants in United States	Breast Cancer Stadium IV	I: Mindful yoga therapy C: No intervention	120 minutes per week, for 8 weeks	Pain, weakness, sleep quality, psychological distress, functional capacity
Mondana ro, Sara, Thachil, Pranjić, Rossetti, Sim, et al. (2021)	Randomized Controlled Trial 175 participants in New York United States	All type of cancer	I: Music therapy; vocal intervention I: instrumental intervention C: No intervention	20 minutes each session	Pain level
Priyanto et al. (2020a)	Quasi-Eksperimental Study 36 patients (20-60 years old) in Semarang, Indonesia	Bone cancer	I: psychoreligious intervention (Listening Qur'an murattal, Ar-rahman) C: standard care	20 minutes	Pain level
Laely et al. (2018a)	Quasi-Eksperimental Study 33 patients in Semarang, Indonesia I: 16 C: 17	Nasopharyngeal Cancer	I: Mindfulness intervention C: standard care	6 sessions	Pain level
Hertanti et al. (2015)	Quasi Experiment- pre-test and post-test design with Comparison Group 46 cancer patients in Yogyakarta Indonesia	All type of cancer	I: SeLIMut (Self-selected Individual Music Therapy) C: No intervention	15 - 20 minutes, four times	Pain level
Tabatabae et al. (2016a)	A randomized clinical trial 90 male cancer patients in Iran	All type of Cancer	I : Therapeutic Touch (TT)	7 sessions for 4 weeks	Pain level

Note: I = Intervention Group, P = Placebo, C = Control Group

Based on literature review, spiritual interventions were classified into five categories: yoga, psychoreligious intervention, mindfulness therapy, music therapy, and therapeutic touch. Below is a summary of the types of spiritual care interventions.

DISCUSSION

Yoga

Yoga is a mind-body exercise program consisting of breathing, flexibility, and relaxation exercises (Culos-Reed et al., 2012). Research explains that yoga has a positive effect on the psychological health of breast cancer patients (Cramer et al., 2012). Yoga is practiced by following the predetermined body postures, namely mountain posture (tadasana), chair posture (utkatasana), long triangle posture (utthita trikonasana), beside angel posture (utthita parshvakonasana), knight 1 (virabhadrasana 1), knight 2 (virabhadrasana 2), and triple stance (vrikshasana) (Eyigor et al., 2018). This holistic approach combines relaxing music during sessions and provides a comforting environment at the conclusion of each session (Eyigor et al., 2018).

Moreover, the flexibility of yoga emphasized adaptation into mindful yoga, a fusion of meditation practices, breathing exercises, philosophical study, interaction with yoga practitioners, and the application of mindfulness techniques in daily life (Carson et al., 2017). Mindful Yoga's efficacy in pain reduction has been proven to reduce pain, enhance sleep quality, reduce psychological distress, and improve functional capacity (Carson et al., 2017). This proved that yoga can be used as a spiritual intervention. Yoga, whether in its traditional form or mindful yoga, provides comprehensive intervention to address the symptoms of cancer, particularly cancer pain. The integration of physical posture, breathing, and mindfulness aligns with the holistic nature of spiritual care, which can enhance the well-being of cancer patients with pain.

Psycho religious Intervention

The relationship between religious and spiritual coping for cancer patients is evidenced in the literature, which shows a reduction in stress, anger, anxiety, and social isolation (Puchalski et al., 2020). Spiritual well-being extends beyond religious practice; religion serves as a method for enhancing spiritual well-being (Chimluang et al., 2017). Spiritual well-being is also defined as a multidimensional concept involving wisdom and mental state shaped by the religious perspectives that contributes to peace, happiness, and enlightenment (Chimluang et al., 2017). This literature found religious-based spiritual interventions. A study conducted in Thailand found interventions based on basic Buddhist principles consisting of moral behavior training, concentration training, and wisdom training (Chimluang et al., 2017). Another study based on religion is a psycho-religious intervention, an Islamic intervention by listening to a murattal of the Al-Quran by Surah Ar-Rahman for 20 minutes on bone cancer patients (Priyanto et al., 2020). The findings of these interventions showed the importance of tailoring a psycho religioius approach to diverse cultural and religious contexts.

Moreover, psychospiritual interventions study using a comperensive approach, involving session structure with self-introduction, trust-building, story telling about of the Prophet Ayyub, sharing complaints, providing interventions about pain and the wisdom of pain, and praying and reciting dhikr for remembering Allah (Aini et al., 2020). This intervention showed the variety of the psycho-religious approach to addressing not only physical pain but also the spiritual and emotional dimensions of cancer pain. This literature showed the significance of integrating religious and spiritual dimensions into holistic care for cancer patients with pain. These interventions, based on diverse religious practices, contribute to a deeper understanding of the role of spiritual intervention in reducing pain, and enhancing the well-being and spiritual resilience of cancer patients with pain.

Mindfulness therapy

Mindfulness therapy is a therapy that focuses on cultivating direct attention to unfolding experiences in a non-judgmental manner (Johannsen et al., 2016). This therapeutic modality instructs individuals on connecting with bodily sensations and navigating emotional discomfort with heightened levels of acceptance and openness. The philosophy of mindfulness is living in the present moment. Mindfulness practices strengthen the connections of the mind, body, and spirit to reduce pain and anxiety (Giddens, 2019). The principle of mindfulness is the ability to alter consciousness by integrating the realms of the mind, body, and soul. These facilitate the acceptance stage, proving to be an affective coping strategy to achieve adaptive state. The literature showed the efficacy of mindfulness-based interventions, particularly mindfulness interventions. The implementation of mindfulness therapy has three meetings with six sessions. Commencing with introductory and experiential exploration sessions. Subsequent sessions start from the second to sixth, learning about emotional and sensory mindfulness training. This comprehensive approach represents the systematic and holistic

nature of mindfulness therapy, encompassing both theoretical understanding and experimental engagement to facilitate mindfulness.

Music Therapy

The literature review showed the therapeutic value of music as an impactful intervention in addressing the spiritual dimensions of cancer care. The studies report that music therapy emerges as a holistic approach that not only resonates with patients but also provides benefits in reducing anxiety, pain, and fatigue in cancer patients (Bradt et al., 2016). A study conducted by Mondanaro et al. (2021) showed music therapy reduced the pain level of cancer patients. The intervention employed the structure format, starting with participants completing a questionnaire about their experiences related to music and their preferences. Following a brief five-minutes to warm-up period, select their preferred, engaging in 10 minutes of listening to the music. Subsequently, they were encouraged to share and reflect on their emotional impact of responses and experiences following the music session (Bilgiç & Acaroğlu, 2017; Mondanaro et al., 2021; Suwardi & Rahayu, 2019). The interactive and participants-centric approach to music therapy in line with the holistic nature of spiritual care. This offers individuals a means to connect with their emotions and inner selves through the medium of music. The integration of reflective components post-listening contributes to a deeper understanding of the emotional impact of music on the individual, fostering a sense of introspection and emotional expression.

Therapeutic Touch

The type of pain management strategy consists of three main categories: invasive measures, non-invasive measures, and drug therapy. One of the non-invasive methods that can be used is complementary and alternative medicine (CAM). Therapeutic touch is a CAM method that focuses on energy repair mechanisms to reduce pain (Tabatabaee et al., 2016). The procedure involves an approach where the patient put in a quiet environment and then is guided to close their eyes, breathe slowly and deeply, and clear their mind. The therapist focuses and engages to explore the energy field and aura around the patient's body, identifying the imbalance and applying a deep cleaning process to restore equilibrium. The next stage is to transfer the positive energy to a specific area of the body (Tabatabaee et al., 2016). The integration of therapeutic touch into pain management emphasizes the importance of the holistic approach, and energy, and well-being. The use of energy imbalance and promoting positive energy flow can prove that therapeutic touch, a holistic approach, can be used to manage cancer pain.

The scope of spiritual nursing interventions is unlimited. Nurses, as professional, has a vital role in meeting the spiritual needs of patients. Nurses can meet patients' spiritual needs by facilitating the practice of their religious, supporting patients in making health care decisions based on their spiritual beliefs, encouraging patients to recognize positive meanings about their health, promoting a sense of hope and peace, and providing spiritual resources when requested (Moorhead et al., 2023). Nursing therapy can improve a patient's spiritual health by providing presence, talking about spirituality, supporting religious practices, helping patients with prayer, and referring patients for spiritual counseling (Berman et al., 2017). Spiritual nursing interventions are to address patient's spiritual problems. Spiritual problems include suffering related to an impaired ability to experience meaning in life through connection with oneself, others, the world, or superior beings. By resolving this spiritual issue, the patient can integrate a sense of meaning and purpose in life through relationships with themselves, others, art, music, literature, nature, and a high power (Martins et al., 2020). The studies above are proven the efficacy of this spiritual interventions to address the patient's spiritual problem.

Limitations of a Literature Study

The limitations experienced were the heterogeneity among the articles obtained due to differences in design, sample characteristics, clinical conditions of cancer patients, measuring instruments used, and the results assessed. Therefore, the differences in study results create limitations in drawing conclusions. The second limitation is that there are database restrictions, so it is possible that there are still some relevant articles that have other interventions and are not included in this literature study.

CONCLUSION

Spiritual care encompasses a range of nursing interventions that are centered on the ideas of spirituality. Its objective is to explore the significance and purpose of life by fostering connections with others, nature, and a high power. Based on a comprehensive analysis of ten scholarly articles that satisfy the specified criteria pertaining to spiritual care interventions for patients experiencing cancer-related pain, several key findings can be derived. The identified types of spiritual care interventions encompass yoga, psycho-religious intervention, mindfulness, music therapy, and therapeutic touch.

REFERENCES

Aini, N., Dewi, N. K., & Mashfufa, E. W. (2020). The effect of psychospiritual intervention on the level of spiritual inpatients.

Bai, J., Brubaker, A., Meghani, S. H., Bruner, D. W., & Yeager, K. A. (2018). Spirituality and quality of life in black patients with cancer pain. *Journal of Pain and Symptom Management*, 56(3), 390–398.

Berman, A., Snyder, S., Levett-Jones, T., Burton, T., & Harvey, N. (2017). Skills in clinical nursing. Pearson Australia.

Bilgiç, Ş., & Acaroğlu, R. (2017). Effects of listening to music on the comfort of chemotherapy patients. *Western Journal of Nursing Research*, 39(6), 745–762.

Bradt, J., Dileo, C., Magill, L., & Teague, A. (2016). Music interventions for improving psychological and physical outcomes in cancer patients. *Cochrane Database of Systematic Reviews*, 8.

Carson, J. W., Carson, K. M., Olsen, M. K., Sanders, L., & Porter, L. S. (2017). Mindful Yoga for women with metastatic breast cancer: design of a randomized controlled trial. *BMC Complementary and Alternative Medicine*, 17, 1–10.

Chimluang, J., Thanasilp, S., Akkayagorn, L., Upasen, R., Pudtong, N., & Tantitrakul, W. (2017). Effect of an intervention based on basic Buddhist principles on the spiritual well-being of patients with terminal cancer. *European Journal of Oncology Nursing*, 31, 46–51.

Cramer, H., Lange, S., Klose, P., Paul, A., & Dobos, G. (2012). Yoga for breast cancer patients and survivors: a systematic review and meta-analysis. *BMC Cancer*, 12, 1–13.

Culos-Reed, S. N., Mackenzie, M. J., Sohl, S. J., Jesse, M. T., Zahavich, A. N. R., & Danhauer, S. C. (2012). Yoga & cancer interventions: a review of the clinical significance of patient reported outcomes for cancer survivors. *Evidence-Based Complementary and Alternative Medicine*, 2012.

Eilami, O., Moslemirad, M., Naimi, E., Babuei, A., & Rezaei, K. (2019). The effect of religious psychotherapy emphasizing the importance of prayers on mental health and pain in cancer patients. *Journal of Religion and Health*, 58, 444–451.

Eyigor, S., Uslu, R., Apaydin, S., Caramat, I., & Yesil, H. (2018). Can yoga have any effect on shoulder and arm pain and quality of life in patients with breast cancer? A randomized, controlled, single-blind trial. *Complementary Therapies in Clinical Practice*, 32, 40–45.

Giddens, J. F. (2019). Concepts for Nursing Practice E-Book. Elsevier Health Sciences.

Hertanti, N. S., Setiyarini, S., & Kristanti, M. S. (2015). Pengaruh self-selected individual music therapy (SeLIMuT) terhadap tingkat nyeri pasien kanker paliatif di RSUP Dr. Sardjito, Yogyakarta. *Indonesian Journal of Cancer*, 9(4), 159–165.

IASP. (2020). Definition of Pain. <https://www.iasp-pain.org/publications/iasp-news/iasp-announces-revised-definition-of-pain/>

Johannsen, M., O'Connor, M., O'Toole, M. S., Jensen, A. B., Højris, I., & Zachariae, R. (2016). Efficacy of mindfulness-based cognitive therapy on late post-treatment pain in women treated for primary breast cancer: a randomized controlled trial. *J Clin Oncol*, 34(28), 3390–3399.

Laely, A. J., Prasetyo, A., & Ropyanto, C. B. (2018). Effect of mindfulness intervention on the intensity of pain and anxiety in nasopharyngeal cancer patients. *J. Medical Health Scien*, 12, 1392–1396.

Martins, H., Dias Domingues, T., & Caldeira, S. (2020). Spiritual well-being in cancer patients undergoing chemotherapy in an outpatient setting: a cross-sectional study. *Journal of Holistic Nursing*, 38(1), 68–77.

Mondanaro, J. F., Sara, G. A., Thachil, R., Pranjić, M., Rossetti, A., Sim, G. E., Canga, B., Harrison, I. B., & Loewy, J. V. (2021). The effects of clinical music therapy on resiliency in adults undergoing infusion: a randomized, controlled trial. *Journal of Pain and Symptom Management*, 61(6), 1099–1108.

Moorhead, S., Swanson, E., & Johnson, M. (2023). Nursing Outcomes Classification (NOC)-e-book: Measurement of health outcomes. Elsevier Health Sciences.

Priyanto, P., Kamal, A. F., & Dahlia, D. (2020). The Effectiveness of Psychoreligious Intervention: Murottal Al-Quran on Pain and Stress Level of Bone Cancer Patient. *Indonesian Journal of Global Health Research*, 2(4), 375–384.

Puchalski, C., Jafari, N., Buller, H., Haythorn, T., Jacobs, C., & Ferrell, B. (2020). Interprofessional spiritual care education curriculum: A milestone toward the provision of spiritual care. *Journal of Palliative Medicine*, 23(6), 777–784.

Sung, H., Ferlay, J., Siegel, R. L., Laversanne, M., Soerjomataram, I., Jemal, A., & Bray, F. (2021). Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. *CA: A Cancer Journal for Clinicians*, 71(3), 209–249. <https://doi.org/10.3322/caac.21660>

Suwardi, A. R., & Rahayu, D. A. (2019). Efektifitas Terapi Murottal Terhadap Penurunan Tingkat Nyeri Pada Pasien Kanker. *Jurnal Keperawatan Jiwa*, 7(1), 27–32.

Tabatabaee, A., Tafreshi, M. Z., Rassouli, M., Aledavood, S. A., AlaviMajd, H., & Farahmand, S. K. (2016). Effect of therapeutic touch on pain related parameters in patients with cancer: a randomized clinical trial. *Materia Socio-Medica*, 28(3), 220.

Van Den Beuken-Van, M. H., Hochstenbach, L. M. J., Joosten, E. A. J., Tjan-Heijnen, V. C. G., & Janssen, D. J. A. (2016). Update on prevalence of pain in patients with cancer: systematic review and meta-analysis. *Journal of Pain and Symptom Management*, 51(6), 1070–1090.

Aini, N., Dewi, N. K., & Mashfufa, E. W. (2020). The effect of psychospiritual intervention on the level of spiritual inpatients.

Bai, J., Brubaker, A., Meghani, S. H., Bruner, D. W., & Yeager, K. A. (2018). Spirituality and quality of life in black patients with cancer pain. *Journal of Pain and Symptom Management*, 56(3), 390–398.

Berman, A., Snyder, S., Levett-Jones, T., Burton, T., & Harvey, N. (2017). Skills in clinical nursing. Pearson Australia.

Bilgiç, Ş., & Acaroğlu, R. (2017). Effects of listening to music on the comfort of chemotherapy patients. *Western Journal of Nursing Research*, 39(6), 745–762.

Bradt, J., Dileo, C., Magill, L., & Teague, A. (2016). Music interventions for improving psychological and physical outcomes in cancer patients. *Cochrane Database of Systematic Reviews*, 8.

Carson, J. W., Carson, K. M., Olsen, M. K., Sanders, L., & Porter, L. S. (2017). Mindful Yoga for women with metastatic breast cancer: design of a randomized controlled trial. *BMC Complementary and Alternative Medicine*, 17, 1–10.

Chimluang, J., Thanasilp, S., Akkayagorn, L., Upasen, R., Pudtong, N., & Tantitrakul, W. (2017). Effect of an intervention based on basic Buddhist principles on the spiritual well-being of patients with terminal cancer. *European Journal of Oncology Nursing*, 31, 46–51.

Cramer, H., Lange, S., Klose, P., Paul, A., & Dobos, G. (2012). Yoga for breast cancer patients and survivors: a systematic review and meta-analysis. *BMC Cancer*, 12, 1–13.

Culos-Reed, S. N., Mackenzie, M. J., Sohl, S. J., Jesse, M. T., Zahavich, A. N. R., & Danhauer, S. C. (2012). Yoga & cancer interventions: a review of the clinical significance of patient reported outcomes for cancer survivors. *Evidence-Based Complementary and Alternative Medicine*, 2012.

Eilami, O., Moslemirad, M., Naimi, E., Babuei, A., & Rezaei, K. (2019). The effect of religious psychotherapy emphasizing the importance of prayers on mental health and pain in cancer patients. *Journal of Religion and Health*, 58, 444–451.

Eyigor, S., Uslu, R., Apaydin, S., Caramat, I., & Yesil, H. (2018). Can yoga have any effect on shoulder and arm pain and quality of life in patients with breast cancer? A randomized, controlled, single-blind trial. *Complementary Therapies in Clinical Practice*, 32, 40–45.

Giddens, J. F. (2019). Concepts for Nursing Practice E-Book. Elsevier Health Sciences.

Hertanti, N. S., Setiyarini, S., & Kristanti, M. S. (2015). Pengaruh self-selected individual music therapy (SeLIMuT) terhadap tingkat nyeri pasien kanker paliatif di RSUP Dr. Sardjito, Yogyakarta. *Indonesian Journal of Cancer*, 9(4), 159–165.

IASP. (2020). Definition of Pain. <https://www.iasp-pain.org/publications/iasp-news/iasp-announces-revised-definition-of-pain/>

Johannsen, M., O'Connor, M., O'Toole, M. S., Jensen, A. B., Højris, I., & Zachariae, R. (2016). Efficacy of mindfulness-based cognitive therapy on late post-treatment pain in women treated for primary breast cancer: a randomized controlled trial. *J Clin Oncol*, 34(28), 3390–3399.

Laely, A. J., Prasetyo, A., & Ropyanto, C. B. (2018). Effect of mindfulness intervention on the intensity of pain and anxiety in nasopharyngeal cancer patients. *J. Medical Health Scien*, 12, 1392–1396.

Martins, H., Dias Domingues, T., & Caldeira, S. (2020). Spiritual well-being in cancer patients undergoing chemotherapy in an outpatient setting: a cross-sectional study. *Journal of Holistic Nursing*, 38(1), 68–77.

Mondanaro, J. F., Sara, G. A., Thachil, R., Pranjić, M., Rossetti, A., Sim, G. E., Canga, B., Harrison, I. B., & Loewy, J. V. (2021). The effects of clinical music therapy on resiliency in adults undergoing infusion: a randomized, controlled trial. *Journal of Pain and Symptom Management*, 61(6), 1099–1108.

Moorhead, S., Swanson, E., & Johnson, M. (2023). *Nursing Outcomes Classification (NOC)-e-book: Measurement of health outcomes*. Elsevier Health Sciences.

Priyanto, P., Kamal, A. F., & Dahlia, D. (2020). The Effectiveness of Psychoreligious Intervention: Murottal Al-Quran on Pain and Stress Level of Bone Cancer Patient. *Indonesian Journal of Global Health Research*, 2(4), 375–384.

Puchalski, C., Jafari, N., Buller, H., Haythorn, T., Jacobs, C., & Ferrell, B. (2020). Interprofessional spiritual care education curriculum: A milestone toward the provision of spiritual care. *Journal of Palliative Medicine*, 23(6), 777–784.

Sung, H., Ferlay, J., Siegel, R. L., Laversanne, M., Soerjomataram, I., Jemal, A., & Bray, F. (2021). Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. *CA: A Cancer Journal for Clinicians*, 71(3), 209–249. <https://doi.org/10.3322/caac.21660>

Suwardi, A. R., & Rahayu, D. A. (2019). Efektifitas Terapi Murottal Terhadap Penurunan Tingkat Nyeri Pada Pasien Kanker. *Jurnal Keperawatan Jiwa*, 7(1), 27–32.

Tabatabaei, A., Tafreshi, M. Z., Rassouli, M., Aledavood, S. A., AlaviMajd, H., & Farahmand, S. K. (2016). Effect of therapeutic touch on pain related parameters in patients with cancer: a randomized clinical trial. *Materia Socio-Medica*, 28(3), 220.

Van Den Beuken-Van, M. H., Hochstenbach, L. M. J., Joosten, E. A. J., Tjan-Heijnen, V. C. G., & Janssen, D. J. A. (2016). Update on prevalence of pain in patients with cancer: systematic review and meta-analysis. *Journal of Pain and Symptom Management*, 51(6), 1070–1090.