Jurnal Info Kesehatan
Vol. 23, No. 1, March 2025, pp. 38-50
P-ISSN 0216-504X, E-ISSN 2620-536X
DOI: *10.31965/infokes.Vol23.Iss1.1830*
Journal homepage: *https://jurnal.poltekkeskupang.ac.id/index.php/infokes*

RESEARCH **Open Access**

Reaching the 'New Normal': A Wish for Breast Cancer Patients in Palliative Care

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Received: 4 December 2024 Revised: 3 February 2025 Accepted: 15 February 2025

Abstract

More than 80% of breast cancer patients in Indonesia who are diagnosed are at an advanced stage. Advanced cancer treatment is directed at palliative care from the beginning of diagnosis. Patients undergoing palliative care must adjust to the changing needs that occur during palliative care in line with the decline in the condition of the disease and the impact of its treatment. It can affect changes in the patient's daily life patterns. This study was conducted to explore the unmet needs of breast cancer patients during palliative care in the context of the culture and healthcare system in Indonesia. This study utilized a descriptive qualitative phenomenological method. In-depth interviews with semi-structured interview guidelines were conducted on 14 breast cancer patients undergoing palliative care. The thematic analysis uses the Colaizzi approach. The results of this study obtained three specific themes of unmet needs in the study participants: 1) the need to achieve the 'New Normal' to return to activities with enthusiasm and hope, 2) the need for appreciation and recognition, and 3) Support to overcome the fear of death and the uncertainty of the future. Breast cancer patients want to return to their activities with enthusiasm and hope despite facing physical limitations and emotional challenges. In conclusion, achieving the 'New Normal' is an important aspect of this adjustment process, which involves physical, emotional, social, and spiritual support. This finding differs from previous research, where other publications did not explicitly mention the need to achieve the 'New Normal'. Therefore, the role of nurses in addressing unmet needs, both in the context of the 'New Normal' and more generally, is crucial in palliative care for breast cancer patients. This support enhances the patient's quality of life and gives greater meaning to the remainder of their lives.

Keywords: Breast Cancer, Palliative Care, Unmet Needs.

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1. INTRODUCTION

Breast cancer is the most common type of cancer in women worldwide in 2022 with a total of 2.3 million and a death rate of 670,000 from around the world (WHO, 2024). Data in Indonesia shows that breast cancer is the highest case of cancer with the number of new cases and deaths continuing to increase every year. More than 80% of patients with breast cancer in Indonesia that is diagnosed at an advanced stage so treatment efforts are difficult, more severe, require more costs, and a higher risk of death (Hutajulu et al., 2022; Rokom, 2024). Breast cancer requires palliative care from the beginning of diagnosis to the end of life (Sunilkumar, et al., 2021). According to data from the World Health Organization (WHO), as many as 34% of diseases that require palliative care are patients with cancer (WHO, 2024). Palliative care is an option to address the problems in the treatment of terminal condition breast cancer patients. Currently, palliative care in Indonesia still does not succeed in meeting the expectations of cancer patients. Research shows that many cancer patients, especially in the advanced stages, face a variety of complex challenges (Wang & Feng, 2022). Palliative care is provided by viewing the patient as a holistic being and not focusing only on the curative aspects throughout the disease course (Agustini et al., 2023). The main focus of palliative care is to improve the patient's quality of life through symptom control, psychosocial support, emotional support, and social and spiritual needs (Gouldthorpe et al., 2023).

Palliative care focuses on the patient's needs. However, there are still various aspects of unmet needs in palliative care. Studies show that these unmet needs include emotional, psychological, social, and spiritual support that is essential to the patient's well-being (Afolabi et al., 2021; Jang & Jeong, 2021). Not only do breast cancer patients face physical problems due to the disease and its treatment, but also experience a loss of control over life and autonomy, social problems with a life partner, difficulty speaking out about their illness, psychological problems, difficulty understanding the meaning of life and feeling meaningless, and financial disorders (Lewandowska et al., 2020). Unmet needs in breast cancer patients have a significant impact on their quality of life and end-of-life experience. The application of the theory of Peaceful end of life (PEOL) focuses on improving the quality of life with five main aspects to achieve a peaceful end of life. The five main aspects of PEOL are freedom from pain, comfort, feeling dignified and appreciated, feeling peaceful, and the presence of meaningful people (Zaccara et al., 2020).

A patient's needs should be a key focus in national cancer programs, so it is necessary to prioritize further development in palliative care strategies (Gayatri et al., 2021). The unique level of needs of multicultural breast cancer patients requires competent care to meet the patient's needs to enable more effective and appropriate treatment. In line with the theory of Transcultural Nursing from Leininger emphasizes the importance of cultural understanding in providing health care because it can influence how patients perceive their illness, receive care, and cope with death (Curcio et al., 2024). This study aims to explore the unmet needs of breast cancer patients during palliative care in the context of the culture and healthcare system in Indonesia. Thus, the results of this study are expected to provide deeper insights to improve palliative care practices and support health policies that are more responsive to the needs of breast cancer patients.

2. RESEARCH METHOD

The research design used in this study is qualitative with a descriptive phenomenological approach. This study involved 14 breast cancer patients undergoing palliative care at Dharmais Cancer Hospital who were selected with a purposive sampling technique with inclusion criteria, namely: 1) Breast cancer patients undergoing palliative care; 2) Patients can communicate well; 3) Willing to conduct an interview. The exclusion criteria in this study were breast cancer patients who underwent palliative care with a condition of decreased consciousness and were unable to communicate verbally. The instruments used are researchers, interview guidelines, voice recorders, and field notes. To ensure the objectivity and openness of the research process, the researchers employed bracketing, where personal assumptions, preconceptions, and experiences were set aside before data collection and analysis. This process helped the researchers to focus solely on the participants' lived experiences and minimize bias during the interpretation of the data.

The research begins by explaining the research to the participants, and if willing the participants are asked to fill in the signatures on the informed consent sheet. The researcher maintains confidentiality by only writing the initials of the participant's name and not discriminating between the participants. This research has received approval from the Research Ethics Committee of Dharmais Cancer Hospital with letter number DP.04.03/11.5/054/2024.

This research has been conducted March-June 2024. Data collection was carried out by conducting in-depth interviews with participants for 30-45 minutes in each meeting which was carried out 1-2 times. The data collection method uses in-depth interviews with semi-structured interview guidelines to obtain the necessary data to answer the research objectives. The interview was conducted at a time and place agreed upon with the participants. Researchers recorded interview conversations using voice recorders and documented non-verbal responses or body language that were not recorded on field notes.

Participants with physical weakness were given a short break after 20 or 30 minutes of interviews. During the interview, some participants were not strong enough to sit and sleep in one position for a long time, so the researcher gave time to arrange a comfortable position for the participants. Participants 3 and 10 need to reposition during the interview. The interview was declared complete because all questions had been answered by the participants. The researcher ended the meeting by thanking the participants for giving their time to participate in the research and work well together.

Data analysis in the phenomenological approach uses a systematic coding process and begins by listening to the conversation results of the interview and pouring it into the interview transcript which is then followed by the activity of reading the verbatim transcript repeatedly (Flick, 2022). The data analysis stage was carried out using the Colaizzi (1978) approach (Praveena & Sasikumar, 2021). Thematic analysis was carried out using the NVivo 12 application. The analysis began by entering 14 transcripts of participant interviews into the Nvivo 12 application, then a coding process was carried out on each significant sentence. Then each of these codes is grouped into several categories and formed into themes.

To ensure the reliability and credibility of the research findings, several steps were taken during the data collection and analysis process. Early, this study applies investigator triangulation by involving more than one researcher in the data collection and analysis process to reduce bias and ensure that data interpretation is more objective. In addition, the validity of the findings is strengthened through member checking, where feedback from participants is sought to ensure the consistency of the data interpretation that has been collected.

3. RESULTS AND DISCUSSION

The participants involved as many as 14 breast cancer patients undergoing palliative care according to predetermined inclusion criteria.

Table 1. Frequency Distribution of Participant Characteristics (n=14)

Variable	**Frequency (n)**	**Presentation (%)**
Age (years)		
21-31	1	7
32-42	5	36
43-63	8	57
Education		
Elementary School	1	7

Variable	Frequency (n)	Presentation (%)
Junior High School	1	7
Senior High School	10	72
Diploma	1	7
Bachelor	1	7
Marital Status		
Married	9	64
Divorce	3	22
Not Married	2	14
Occupation		
Housewives	7	50
Teacher	1	7
Private employees	3	22
Entrepreneurial	2	14
Student	1	7
Religion		
Islam	11	79
Protestant Christians	2	14
Catholic	1	7
Ethnic Group		
Batak	1	7
Betawi	2	14
Deli	1	7
Javanese	3	22
Manado	1	7
Malay	1	7
Sundanese	3	22
Ternate	1	7
Chinese	1	7
Diagnosis duration		
<1 year	4	29
1-5 year	8	57
>5 year	2	14

Table 1 presents the stages of cancer that the participants had ranging from IIB, III, and IV. The earliest length of palliative care is 2 months to a maximum of 11 years. The characteristics of most participants were 43 years old and above, had a high school education, were married, were Muslim, and were diagnosed with breast cancer for less than 5 (five) years.

In this study, 3 themes were obtained, namely: achieving the 'New Normal' to return to activities with enthusiasm and hope, the need for appreciation and recognition, and finally support to overcome the fear of death and uncertainty of the future.

Theme: Achieving the 'New Normal' to return to activities with enthusiasm and hope.

Participants as social beings have hopes and desires to be able to carry out activities like other people. In this theme, it is explained that participants have unmet needs in carrying out activities in the current sick condition which will not be the same as before the illness. However, participants need to do activities with enthusiasm and hope to recover. This requires participants to know how to live with the new normal conditions. Participants stated that the changes that occurred had an impact on various aspects of their lives. Many limitations arise due to complaints and physical changes. Here are excerpts from participant interviews:

> *"Immediately the bone hurts if the pain is already disturbed... I can't focus on work." (P6)*
> *"I have always had a relationship with my husband. It hurts. So I can't do it." (P12)*

The activities that participants do during illness are very limited. Participants said that independence is necessary so as not to trouble the people around them. Here are excerpts from participant interviews:

> *"I'm so bored, I'm bored of sleeping, it's like if it's already night, I want to hurry up in the morning." (P9)*
> *"I'm just confused. Peeing is just a breeze, it's flowing directly if you don't wear diapers. So my body is not holy from ablution. I also went to the bathroom far away. If it's behind, there is a staircase, right? What is the difficulty of ablution? I also take a shower sometimes only once every two days." (P12)*

From these quotes, it can be concluded that the participant felt uncomfortable with his activities during the illness. Participants are limited in doing anything. Participants are also unable to do important things for themselves in fulfilling their needs to go to the toilet. The expectations of the participants were still high, all participants stated that recovery was the most important thing and the most important thing was desired. The hopes they have are not only for themselves, the participants also have great hopes for their families. Here are some examples of interview excerpts with participants:

> *"I want to get well quickly, yes I can walk quickly." (P8)*
> *"I hope I get better. That's the most important thing." (P11)*

From these quotes, it is obvious that the hope that breast cancer patients have is still very high to recover and return to activities. Breast cancer patients want to stay active and work. This makes it important to meet the needs of breast cancer patients in achieving a new normal life side by side with cancer.

In breast cancer patients undergoing palliative care, achieving the 'New Normal' is one of the main challenges in the adjustment process. Palliative care is often a phase where the main goal is to focus on controlling symptoms, improving quality of life, and providing psychosocial support. For many patients, this requires finding new ways to adapt to physical and emotional limitations while trying to maintain daily activities that are different from the conditions they were in before the illness.

Breast cancer patients have hope to escape from all the limitations that are currently faced due to cancer. Based on the results of the interview, some changes resulted in physical complaints experienced. The impact of physical problems and medication reduces ability and independence reduced. Based on the results of the interviews, there were also changes in the physical problems experienced, namely the inability to walk, disturbances in daily activities, changes in diet, decreased body condition, fatigue, and loss of desire to have sex. In line with research on breast cancer survivors by Tisnasari et al., (2023) which states that health problems of breast cancer survivors can cause problems in social, spiritual, and sexual relationships with their partners (Tisnasari et al., 2023).

The limited ability to walk makes breast cancer patients unable to carry out daily activities before the illness, such as walking to the toilet to shower or defecate. Emotionally, reaching 'New 'normal' often means accepting a change in the identity and social role of breast cancer patients. Patients feel a loss of independence or role in the family, which can lead to feelings of frustration and helplessness. Breast cancer patients feel that they are a burden to their families because they cannot do simple things even for themselves. Breast cancer patients also feel sorry for their families as caregivers because they have to give their time to take care of and take care of them in their respective busyness. Of this problem, there is a change in the role of cancer patients from before they were sick and when they were sick. Cancer patients know they have a disease that limits their lives, but often feel unprepared and depressed by the constant decline in independence, such as losing the ability to work, cook, or move around the house without assistance (Lewandowska et al., 2020).

From the experience of breast cancer patients, they hope to make their parents, husbands, and children happy. Patients feel frustrated because they are no longer able to complete tasks or support their partner as they used to do (Lewandowska et al., 2020). Breast cancer patients hope that their disease will recover quickly so that they can resume normal activities. Breast cancer patients also want to be able to carry out prayers that have been limited due to pain in their hands and feet. Some breast cancer patients have a strong desire to recover and return to work as before the illness. Dealing with cancer is a significant life-changing event for most individuals. For many people, this can be an opportunity to reduce regrets and set new priorities in their lives.

The specific theme of this study is the need to achieve the 'New normal'. Breast cancer patients want to return to their activities with enthusiasm and hope despite facing physical limitations and emotional challenges. Breast cancer patients struggle to adjust to their new condition and find a way for how to live a meaningful life. In contrast to previous research by Tisnasari et al., (2023) on psychological and sexual problems in breast cancer survivors, it reveals unmet needs, namely overcoming health problems, the need to access the best health services, and the need for women's information about cancer treatment and sexuality (Tisnasari et al., 2023).

The term 'New normal' or new normal in cancer patients according to National Cancer Institute is a situation where you face difficulties in adjusting to a new way of life in terms of living side by side with cancer. It feels like entering a new world where they have to adjust to new feelings, changes in social support, and a different perspective on life. New life conditions in cancer patients include plans or goals that are different from those before being diagnosed with cancer, changes in current diet, new or different sources of support, the presence of permanent scars on the body, difficulties in performing activities that were previously easier, new routines, emotional wounds from experiencing many challenges and feelings of worry about body image or sexuality (National Cancer Institute, 2025).

Patients come from a variety of cultural backgrounds so the presence of culturally competent nurses can provide better and more effective care. Following the theory of Transcultural Nursing from Leininger in the process of adapting to new habits, both in everyday life and the context of work with patients with diverse cultural backgrounds (Curcio et al., 2024). Various factors influence nursing practice based on this theory, including cultural values, traditions, economics, technology, and health systems.

Theme: The need for recognition and appreciation.

Some participants revealed that in decision-making they tend to follow family decisions more. Some participants decide to seek treatment in a forced state because they follow their husbands, children, or the wishes of health workers. Some participants also said that their hopes had not been achieved with their current sick condition. Here are some examples of interview quotes from participants:

> *"We just follow. Keep asking my husband too." (P8)*
> *"I was forced by my son to seek medical treatment, actually I didn't want to" (P9)*

From these quotes, it can be seen that the participants felt that family decisions were the most important above their decisions. However, the participants are indeed inseparable from their families. This makes participants sometimes feel that every decision must be asked of other family members.

Participants emphasized the importance of being open with others. Participants realize that honesty is important, but some things make participants not open up because of the nature of their husbands or people around them. This happened because the participants did not want to offend others. Participants also sometimes harbor their feelings because they feel that there is no solution if it is still conveyed. Here are some examples of interview quotes from participants:

> *"I don't want to insist on that, I'm like that, that's the term for hidden savings, as for the time of the problem, I don't want to say, yes, I just kept it in my heart." (P1)*
> *"I am most afraid of the commotion. It's like offending that person is the most afraid. Even though my condition is still sick, even though my ears already hurt my head. No, you can't. I cried the most by myself. So, in my heart, I was really upset. I can't say it right away... So at a glance, this is it. As long as people don't take offense. As long as we don't offend people." (P13)*

From the results of this quote, it can be seen that the participants feel that what they convey is sometimes useless and meaningless. Participants were also afraid to ask questions and express feelings because they would offend others or might be scolded. Participants also stated some of the achievements that they still want to obtain. Participants have not fulfilled the achievement of their expectations and ideals. Here are some examples of interview quotes from participants:

> *"I want it to still be useful for many people... I want if anyone needs help..." (P1)*
> *"So a better human being, that's what you want. Even though we don't have anything, we have energy. If you want to be a good person, that's what you want to be." (P3)*

These quotes show that participants still want to be useful to others and still have self-achievement that they want to realize. Participants expressed strong hopes to be independent and not burden others.

The expectations and self-achievement of breast cancer patients also have an impact while undergoing palliative care. Breast cancer patients tend to think that this disease is an obstacle to their achievement. Breast cancer patients of working age express an inability to work, and the unmarried have hope of meeting someone willing to accept their current situation. This becomes the mind of a breast cancer patient, the need to achieve his expectations. Breast cancer patients hope how to achieve their expectations with this disease condition so that they feel more valuable.

Similar to dreams, breast cancer patients also have the right to autonomy in decision-making. Patients generally do not make decisions related to cancer or important health care without discussing them with their support system, which often consists of close family or friends (Symmons et al., 2023). Breast cancer patients also express feelings that they want to be heard. From the results of interviews, breast cancer patients said that they often harbor feelings to keep other people's feelings from being offended. So, breast cancer patients are afraid to ask questions or just convey their wishes to their families or health workers.

In reality, family members sometimes hide important news or information about the illness from the patient, this is often triggered by the family's desire to maintain the physical and psychological well-being of their loved ones (Shah et al., 2023). This is contrary to the theory of Peaceful end of life by Ruland and Moore in the aspect of the need to feel dignified and valued. Individuals have autonomy, and their existence is valued by involving patients in the selection of decisions regarding treatment, respecting the patient's opinions and wishes, and providing a sense of empathy and care so that the patient feels dignified and valued (Zaccara et al., 2020). The family conceals information about the disease or asks the doctor to explain the progress of treatment to the family to protect the sick family member from negative thoughts (Shah et al., 2023).

Theme: Support to overcome fear of death and uncertainty of the future.

Participants are aware of fears and doubts in their hearts even about death and uncertain conditions. Participants had their own opinions about the meaning of their illness based on the experiences of each participant. This meaning affects participants in living life. Here are excerpts from participant interviews:

> *"... Yes, I was surprised. Yes, how can a disease like this be affected." (P8)*
> *"I didn't expect why I got cancer like this, I thought this was a supernatural disease sent by my second husband's wife. I saw it in my dream that black danger haunted me, so this is a disease of people who hate me." (P10)*

From these quotes, it can be seen that the meaning of the disease is diverse for every breast cancer patient. Participants felt different experiences and meanings. Participants said they had doubts and fears in living their lives. Participants also said they did not want to and were ready to face death. Here are excerpts from participant interviews:

> *"Not to mention that it takes a long time for this treatment, how do I think it can be endured, admitted." (P6)*
> *"If you work outside like that, you can't do it. I can't hold on to this kind of work anymore. I'm afraid I can't do it anymore. I'm afraid I won't be able to use it anymore because I can't work fast." (P13)*

From this quote, it can be concluded that the participants have indeed understood the awareness of death, but to face it at this time is not sincere and not ready because of the various hopes that they have. The disease is something that makes participants understand who is always present in any condition. Participants said that after the illness they were abandoned by their lovers or husbands. Here are excerpts from participant interviews:

> *"So when I was sick like cancer which gave me a lot of things. Like I can explore. I feel like I know the friends I can invite when I'm like this. Then if my friends who may just be happy with me... Showing which people are in difficult times." (P6)*
> *"It's each of them. Ahh if my husband doesn't know where hehe." (P5)*

From these quotes, it is found that the unmet needs are how to deal with the loneliness and loneliness of breast cancer patients when they need the presence of meaningful people. The participants stated that social support concerns social interaction, family support, and the surrounding environment. Here are excerpts from participant interviews:

> *"...The name of the household is just a problem, not from outside, from neighbors, not from friends, there were also happy with other women." (P1)*
> *"The support is for the family." (P8)*
> *"It's more fun to see children. They also want to live here. But one is in the village. There is no one to take care of it in the village. Mommy is here." (P10)*

Participants said that the presence of the closest people is a source of strength and also strength from God in undergoing palliative care. Here are excerpts from participant interviews:

> *"I want strength. I want health. Focus on health." (P10)*
> *"Children are important. Yes, it was because of them that I survived... Their most beautiful treasure." (P11)*

Breast cancer patients in this study also expressed fear about the worsening of the disease condition in line with Legese et al., research (2021), which revealed that breast cancer patients urgently need information about the possibility of cancer spreading to other parts of the body and the side effects of treatment. Patients are worried about treatment information such as procedure procedures, treatment side effects, and preoperative preparation based on 94% of the research (Lu et al., 2020). This shows the importance of support for breast cancer patients, especially from their family or loved ones in dealing with worries and treatment. There are cultural factors where family members as people bear the burden of care felt by patients, such as the culture in Jordan considers the importance of the role of family in times of illness (Zeilani et al., 2022).

Based on data presented in Table 1, most patients were in the age range of 43-63 years (57%), and most were married (64%). This condition indicates that the patient has a high social and family responsibility. It indicates that patients generally have a role in the family as a wife or mother who may face additional psychosocial pressures, such as worries about the family's economic condition, inability to carry out the same role as before, as well as anxiety about the future of their children. In addition, half of the patients were housewives (50%), who may have important responsibilities and roles in the family and had moderate to severe and higher levels of anxiety compared to working patients (Alagizy et al., 2020).

The lack of clear information and communication regarding their condition and further treatment options often adds to the confusion and uncertainty that patients experience (Hui, Heung, & Bruera, 2022). The needs of breast cancer patients in palliative care refer to a holistic and multidimensional approach related to the suffering of patients and families as a result of unmet physical, psychological, social, and spiritual needs (Afolabi et al., 2021). However, the stigma about palliative care is the main reason for delayed palliative care referrals (Hui, Heung, & Bruera, 2022). Perceptions of breast cancer patients and their families are influenced by culture, which according to Leininger, culture is a major force that is profoundly influential on every aspect of human life and includes how individuals perceive health, disease, and death (Curcio et al., 2024). In this study, breast cancer patients came from diverse cultures, namely Betawi, Deli, Javanese, Manado, Malay, Sundanese, Ternate, and Chinese. Breast cancer patients have different views on the disease and its condition. Breast cancer patients argue that their current condition and cancer are something scary. It is also in line with research by Tisnasari et al., (2022) that breast cancer patients experience stigma related to the cancer diagnosis they suffer from (Tisnasari, Nuraini, & Afiyanti, 2022). One of the breast cancer patients also has the view that the disease is the result of the mystical or supernatural.

The principles applied to palliative care are how to provide support to patients and their families so that patients remain active according to their condition until the end of their lives and prepare family support during the period of grief (Bouleuc et al., 2019). In theory, the Peaceful end of life by Ruland and Moore has positive outcomes that are expected to include preventing and controlling physical discomfort by facilitating the need for rest, relaxation, satisfaction, and preventing disease complications as much as possible. Comfort in this aspect also adopts the theory of comfort according to Kolcaba (1991), which is a feeling of relief, comfort, and satisfaction that makes life easier and more enjoyable (Alligood, 2021).

Cancer patients and their families have the principle that a complete cure from cancer must be fought to the end, so the topic of death is still taboo to talk about including fear of the effects of opioid drugs and financial problems (Tampubolon, Fatimah, & Hidayati, 2021). So maximum treatment must be strived for until recovery.

Breast cancer patients are afraid about death because they think about their roles as children, mothers, and wives. Patients in this study reported changes in women's roles as children, mothers and wives. As part of Indonesian culture, being a child is filial piety to parents and taking care of parents in old age. Women as housewives are responsible for taking care of children, while when women become wives, they act as companions to their husbands (Surbakti, 2021). However, these roles change during cancer diagnosis and treatment. Cancer patients tend to want to make their families happy and watch them grow and succeed. Cancer patients' views on their disease also vary, including that this disease is a mystic, disease a test that bleaches sin. In general, breast cancer patients need support during treatment and feel comfortable with the existence of family. Family support provides comfort and a feeling of not being alone.

Although all humans will experience death, the concept of death and how we respond to the problem of death and the process of dying varies greatly across different cultures (Fatola, 2023). Fear of death and uncertainty of the future are significant emotional problems for breast cancer patients in palliative care. Addressing these issues requires holistic and integrated support. Counseling and psychological therapy are essential to help patients manage anxiety, depression, and fear of death (Anggorowati & Ismail, 2023). The fear of death is a natural part of the human experience, but for cancer patients, this fear is often exacerbated by uncertainty about the future and the effects of illness on the lives of their loved ones. In this study, most of the patients were Muslim (79%), followed by Protestant Christians (14%) and Catholics (7%). In a palliative context, spiritual needs are often an important part of dealing with chronic and terminal illnesses. Patients may need support from religious leaders, spiritual groups, or psychosocial guidance to help them in the acceptance process and deal with illness-related anxiety and future uncertainty. The spiritual needs of breast cancer patients in palliative care are important to be met in achieving improved quality of life for patients in palliative care (Forouzi et al., 2017).

For many patients, spiritual support plays an important role in overcoming the fear of death. Spiritual or pastoral counseling, as well as religious and meditative practices, can provide a sense of peace and acceptance (Amalia & Listia, 2020). Discussions about end-of-life planning, including living wills and treatment decisions, can help patients feel more in control of their future (Wahyuni et al., 2023). In this study, the discussion of end-of-life planning has not been explored. This planning is necessary to reduce anxiety about uncertainty and provide a sense of security for patients and their families. Cancer patients and their families are going through difficult times in their lives and require quality health care and the attitudes of caring nurses. Cancer patients and their families hope to get adequate attention and support from healthcare providers to reduce the burden of suffering they experience during illness (Nuraini, Novieastari, & Yetti, 2019).

The support needed in dealing with worry and fear of death can be provided by providing social support through support from meaningful people such as family and partners. In line with the theory of Peaceful end of life by Ruland & Moore who provide meaningful close-person support for breast cancer patients during palliative care (Alligood, 2021). In this case, breast cancer patients need support in the form of mentoring during the process towards the end of life in the face of future uncertainty.

The specific theme of this study is the need to achieve the 'New normal'. Breast cancer patients want to return to their activities with enthusiasm and hope despite facing physical limitations and emotional challenges. Breast cancer patients struggle to adjust to their new condition and find a way for how to live a meaningful life. In contrast to previous research by Tisnasari et al., (2023) on psychological and sexual problems in breast cancer survivors, it reveals unmet needs, namely overcoming health problems, the need to access the best health services, and the need for women's information about cancer treatment and sexuality (Tisnasari et al., 2023).

4. CONCLUSION

Breast cancer patients undergoing palliative care face difficulties in adjusting to a new way of life when it comes to living side by side with cancer. Achieving the 'new normal' includes adapting to the physical and emotional limitations caused by cancer and its treatment. Patients often experience a decrease in independence, either in daily activities such as moving freely around the house or carrying out their social roles. This adjustment process requires significant support to help patients stay motivated and excited about their daily lives. New life conditions in cancer patients include plans or goals that are different from those planned before being diagnosed with cancer. An integrated, patient-focused approach is essential in providing effective palliative care for breast cancer patients. By addressing physical issues, providing accurate information, and offering emotional, social, and spiritual support, the role of nurses is crucial in helping patients achieve a 'New Normal' by returning to activities with enthusiasm and hope. Nurses can also play an important role in offering appreciation and recognition for patients' achievements, as well as providing psychological support to overcome the fear of death and uncertainty about the future. Through this approach, patients feel valued and supported, which ultimately enhances their quality of life and allows them to live the rest of their lives with greater meaning and hope.

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