
Original Articles: Case Study

**SPIRITUAL SUPPORT FOR SYNOVIAL SARCOMA WITH GRIEF AND LOSS:
BARGAINING PHASE**

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Email: millogalieleo@gmail.com**Keywords:**

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Page Number: 94-103**Abstract**

Background: *Synovial sarcoma* is a rare high-grade soft tissue tumor, which is about 5% to 10% of the total soft tissue sarcoma and can occur at various ages. The prognosis in patients with synovial sarcoma is influenced by many characteristics of the disease, namely tumor size, invade locality, histologic type, presence of metastases and lymph node involvement, and successful surgery. Surgery can have an impact, namely the problem of grieving in sufferers. Spirituality is an important indicator of quality of life and an aspect that reduces the negative impact of an ineffective grieving process. In helping patients cope with grieving responses, spiritual support is provided not only by religious practices. Spiritual support also refers to activities that provide a calm atmosphere, provide entertainment, listen to patients, provide and respect privacy, and support patients' search for meaning and purpose in life.

Objective: The aim of the research was to apply nursing care which includes assessment, determination of diagnoses, interventions based on evidence-based practice, implementation and evaluation of nursing.

Methods: The research methods used are interviews, observation and documentation studies. The design of this research is a case study with synovial sarcoma patient respondents who were given spiritual support nursing interventions.

Result: Based on the results of the nursing evaluation, there was a decrease in the level of grieving in patients after being given spiritual support.

Conclusion: Thus, the patient's care plan is continued by the ward nurse and encourages the patient and family to use spiritual support as a step to overcome feelings of grief.

INTRODUCTION

Synovial sarcoma is a rare high-grade soft tissue tumor, which is about 5% to 10% of the total soft tissue sarcoma and can occur at various ages. Synovial sarcoma is a group of non-rhabdomyosarcoma soft tissue sarcoma which is more common at a young age, 58% of cases occur at the age of 10-40 years and as many as 77% occur before the age of 50 years (Nirmawati et al., 2021). The age-adjusted incidence is 0.81/1000000 in children and 1.42/1000000 in adults with approximately 1000 patients diagnosed with synovial sarcoma in the United States each year. Synovial sarcoma is

unique from other STS in that it presents at a younger mean age of onset and is more common in adolescents and young adults (median age 39 years at diagnosis) and affects both sexes equally (Aaron et al., 2021).

Synovial sarcoma in the head and neck area was first described by Jernstrom in 1954, and Ambleetal, showing that 9% of these tumors occur in the head and neck area (Arun Priya, 2017). The prognosis in patients with synovial sarcoma is influenced by many characteristics of the disease, namely tumor size, invade locality, histologic type, presence of metastases and lymph node involvement, and successful surgery. Tumor diameter exceeding 5 cm has a higher risk of metastases. Cases with the poor cell differentiation type are considered to have a poorer prognosis than the other types. Tumor cells that spread to body tissues and cannot be treated also have a poor prognosis (Nirmawati et al., 2021).

The main treatment for localized synovial sarcoma is surgery to remove the entire tumor with tumor tissue-free incisions whenever possible. Wide surgical excision can be combined with radiotherapy either before or after surgery. Chemotherapy treatment tends to be limited in response to synovial sarcoma that has metastasized. Chemotherapy can sometimes lead to disease response and stability but therapeutic toxicity and disease progression are complicating factors, this condition encourages the need for new therapeutic modalities (Nirmawati et al., 2021). Radiotherapy is a treatment for synovial sarcoma cancer to eliminate all cancer cells in the tissue. The goal of radiotherapy is to give a number of doses of radiation to cancer cells without damaging the surrounding healthy tissue (Hermawan et al., 2021).

Based on research by Harissya et al., (2023) loss of body parts in a person directly has a psychological impact as a result of loss of physical function. Emotional reactions can appear in the form of sadness, anger, loss of hope, regret, and not accepting the situation. Other research conducted Puspita et al (2014) who explains that the act of lifting the eye can cause it to be difficult for the patient to reconcile with his situation, to feel embarrassed and insecure because the patient feels he is not perfect anymore, and needs time to adjust to be able to accept the current condition. Losing a limb can cause grief and sadness for the patient. Based on research by Puspitasari and Pujiastuti (2018) Client responses during grieving include bereavement, which is a subjective response during a grieving period which can usually cause various health problems and mourning, which is a period of acceptance of loss and grieving events and can be influenced by social, cultural, and habitual factors.

Spirituality is closely related to the grieving process in patients. Losing or decreasing the meaning of spirituality is a risk factor for the grieving process to be ineffective. Spiritual needs that are met can improve individual coping to deal with difficult situations (Vibriyanti, 2020). In helping patients cope with grieving responses, spiritual support is provided not only by religious practices. Forms of spiritual support that can be given to patients include increasing social interaction, reading the holy book, supporting patients for worship activities, and providing time to have time to get closer to God (Ratnaningsih et al., 2022). Spirituality is an important indicator of quality of life and is an aspect that reduces the negative impact of an ineffective grieving process. Spiritual strengthening is needed as

an effort to anticipate an ineffective grieving process. Interventions aimed at increasing spirituality need special attention (A'la et al., 2013).

METHODS

Study Design

The methodology for writing this final scientific paper uses a descriptive method using a case study approach.

Settings

The process of nursing care starting from assessment, diagnosis, nursing plan, implementation to nursing evaluation was carried out on 09 February – 06 March 2023 in a hospital in Malang City.

Research subject

Respondents in this final scientific work are Mrs. M (49 years) who was treated at a hospital in Malang City with a medical diagnosis of Synovial Sarcoma and grieving nursing problems.

Instruments

The tools used in writing this final scientific work were in the form of assessment format and documentation of psychosocial nursing care.

Data collection

The tools used in writing this final scientific work were in the form of assessment format and documentation of psychosocial nursing care. Before collecting research data, the researchers first explained the objectives of the research, research implementation procedures, and the rights of respondents in this research. After that, the researchers asked for informed consent as the respondent's agreement to participate in this research process.

Data Analysis

Descriptive methods are used to analyze and present facts in a systematic and structured manner to make it easier to understand and conclude.

Ethical Consideration

Before collecting research data, the researchers first explained the objectives of the research, research implementation procedures, and the rights of respondents in this research. After that, the researchers asked for informed consent as the respondent's agreement to participate in this research process. This research has also received permission and supervision from the Department of Nursing, Faculty of Health Sciences, Brawijaya University.

RESULTS

The initial case study was conducted on February 9, 2023 at a hospital in Malang City, an assessment was carried out on Mrs. M (49 years) with female sex. The general condition of the patient is compos mentis. The patient said a protrusion in the area of his head had occurred since January 2022 with the initial sign of a small protrusion near the eye and getting bigger over time. When it first

appeared, the patient thought it was not a serious disease and did not see a doctor. After the tumor develops, the condition interferes with the patient's activities. Every time the patient leaves the house, he always covers the head area using a head covering or cloth. The patient said he was worried about his condition because his eyes suddenly started bleeding in the morning. Physical examination showed a tumor lump in the left eye and head area with a diameter of about 15x15 cm, the left eye was bleeding and was bandaged using gauze, the right eye had preptosis. Anatomical pathology laboratory investigation results showed that the patient had synovial sarcoma. The patient underwent medical action in the form of surgical removal of sarcoma tissue and left eye. TTV examination results: BP 127/86 mmHg, pulse 76x/minute, temperature 36.3°C, RR 20x/minute, weight 48 kg, height 150 cm. The patient is worried about his current health and condition. Patients often cry because they feel sad about their current illness. Anatomical pathology laboratory investigation results showed that the patient had synovial sarcoma. The patient underwent medical action in the form of surgical removal of sarcoma tissue and left eye. TTV examination results: BP 127/86 mmHg, pulse 76x/minute, temperature 36.3°C, RR 20x/minute, weight 48 kg, height 150 cm. The patient is worried about his current health and condition. Patients often cry because they feel sad about their current illness. Anatomical pathology laboratory investigation results showed that the patient had synovial sarcoma. The patient underwent medical action in the form of surgical removal of sarcoma tissue and left eye. TTV examination results: BP 127/86 mmHg, pulse 76x/minute, temperature 36.3°C, RR 20x/minute, weight 48 kg, height 150 cm. The patient is worried about his current health and condition. Patients often cry because they feel sad about their current illness.

Psychosocial assessment was carried out to assess self-concept, social-spiritual relationships, anxiety, loss, and coping mechanisms for Mrs. M. The results of the loss assessment indicated that there was a problem in grieving nursing. Enforcement of nursing diagnoses based on subjective and objective data obtained during the assessment. The patient's subjective data says that currently they feel sad because they suffer from an illness like this and are worried about their condition. The client says his left eye hurts and he can't see anymore. Until now, the client still does not believe that his left eye must be removed and hopes that his eye can be saved. Until now, the client still cannot accept the fact that happened and hopes that he can turn back time and this disease will not befall him.

Nursing diagnoses that are enforced based on assessment of the patient include grieving, disturbed body image, acute pain, impaired skin integrity, disturbed sleep patterns, and risk of infection.(Tim Pokja SDKI DPP PPNI, 2016). Nursing interventions for grieving diagnoses to address grieving nursing problems for Mrs. M was prepared with the aim that after nursing intervention for 1 month (4x meetings) it was hoped that the level of grieving would decrease with the criteria for the results of verbalization of receiving loss increasing, verbalizing hope increasing, verbalizing feelings of usefulness increasing, verbalizing and feeling sad decreased, and crying decreased (Tim Pokja SLKI DPP PPNI, 2018).

The nursing actions given to patients with grief diagnoses are related to loss of limbs, namely spiritual support which includes identification of feelings of worry, loneliness, and helplessness, identification of perspectives regarding the relationship between spirituality and health, identification of the patient's wishes and abilities, identification of adherence to religion, giving time to express assumptions about illness and death, ensuring that nurses are willing to provide support during times of helplessness, providing privacy and time for spiritual activities, discussing beliefs about the meaning and purpose of life, facilitating worship activities, encouraging socializing with family, and facilitating visits with clergy (Tim Pokja SIKI DPP PPNI, 2018).

DISCUSSION

Assessment Analysis

Nursing assessment is the initial stage of the nursing process to collect data as a basis for identifying the patient's health status. A thorough and structured assessment according to the facts on the patient is useful for formulating nursing problems and providing interventions according to the patient's condition (Olfah & Ghofur, 2016).

Patient Mrs. M is in the stage of bargaining grieving by showing protective actions or delaying the awareness of the loss and wants to turn back time and hope that this illness does not happen to him. According to Harissya et al., (2023) Loss of body parts in a person directly has a psychological impact as a result of loss of physical function. Emotional reactions can appear in the form of sadness, anger, loss of hope, regret, and not accepting the situation. Other research conducted Puspita et al (2014) who explains that the act of lifting the eye can cause it to be difficult for the patient to reconcile with his situation, to feel embarrassed and insecure because the patient feels he is not perfect anymore, and needs time to adjust to be able to accept the current condition. Losing a limb can cause grief and sadness for the patient.

Nursing Diagnosis Analysis

Nursing diagnosis is an act of using critical thinking to classify signs and symptoms in assessment, identify characteristics, draw conclusions about the needs and potential of the patient and identify nursing diagnoses that are appropriate to the patient's condition (Pardede et al., 2022). Based on the results of data analysis, there were seven nursing diagnoses for Ny. M. In this study the authors focused on nursing diagnoses of grieving patients.

Grief diagnosis is an individual condition that occurs after experiencing loss. Grief can affect all aspects of life and is one of the most emotional responses. This situation causes a person to only focus on his feelings and cannot carry out normal activities before the loss. Grief reactions that are not resolved will cause deep sadness, slow the individual through the grieving process, and can even last for years (Susanto et al., 2023). Normal grieving reactions can be brief or anticipated in advance. Grief usually subsides within 6-12 months and deep grieving may continue for up to 3-5 years (Dewi et al.,

2013).

Research shows that it is very important for individuals with chronic or terminal illnesses to go through the stages of grieving, if this condition is not resolved then it is certain that it will cause disturbances and impacts on their physical and psychological conditions which lead to delays in the clinical improvement process which results in treatment failure and leads to complications (Sandhi et al., 2023). In this process the nurse identifies descriptions of the response and influence of grieving on individual behavior and provides support in appropriate attitudes and actions accompanied by a sense of empathy (Erita et al., 2019). Spiritual support will form an adaptive coping mechanism for individuals against an event that affects health and threatens survival (Suhaelah & Hidayah, 2022).

Nursing Intervention Analysis

Nursing intervention is the process of developing a nursing care plan for each patient's nursing diagnosis. Critical thinking at this stage is important to apply knowledge and attitudes and standards in having the most appropriate nursing interventions (Novieastari et al., 2020). Interventions given to patients with a diagnosis of grief related to loss of limbs include identification of feelings of worry, loneliness, and helplessness, identification of perspectives regarding the relationship between spirituality and health, identification of the patient's wishes and abilities, identification of religious observance, giving time to express assumptions about illness and death, ensuring that nurses are willing to provide support during times of helplessness, providing privacy and time for spiritual activities, discussing beliefs about the meaning and purpose of life, facilitating worship activities, encouraging socializing with family, and facilitating visits with clergy (Tim Pokja SIKI DPP PPNI, 2018).

Spiritual support for overcoming grieving issues prioritizes strengthening faith, providing hope and meaning in life so as to improve quality of life. Clients need spiritual support from family, friends, religious leaders, and health workers (Sugiyanto et al., 2018). Health workers can facilitate increased patient worship in the hope of helping patients through the stages of grieving (Mujahidah & Hamid, 2015). Spiritual support or religious belief can increase patient acceptance of the condition they are experiencing. The achievement of self-acceptance is an important milestone for individuals who have been diagnosed with a chronic condition. A person who has experienced a sense of peace can help one to effectively manage and deal with feelings of grief and loss (Li et al., 2018; Rahmiwati & Syukri, 2023).

Nursing Implementation Analysis

Nursing implementation is the act of implementing plans that have been made in nursing interventions. Implementation given to patients requires a relationship that prioritizes caring to find beliefs about the meaning of illness and loss and its impact on the meaning and purpose of the patient's life. Understanding at this level facilitates providing care in a sensitive, creative and appropriate manner (Novieastari et al., 2020).

Implementation of nursing performed on Ny. M covers providing opportunities to express feelings about illness and death, ensuring that nurses will provide support during times of disability, providing privacy and time for spiritual activities, discussing beliefs about the meaning and purpose of life, facilitating worship activities, encouraging interaction with family, and facilitating visits with clergy.

Spiritual support given to patients can help patients through the grieving process. This is in line with research Rahmati et al., (2017) which explains spiritual support includes religious care (worship and pray with the patient, talking to God) and non-religious care (respecting the client, providing support & protecting the patient's privacy, therapeutic touch, listening to the patient, and helping the patient to understand the disease). Faith and spirituality can eliminate feelings of sadness so that patients who are in the process of grieving do not fall into a worse condition (Karger, 2014).

Nursing Evaluation Analysis

Evaluation of grieving is an evaluation process that depends on the relationship formed between the nurse and the patient and family members. Evaluation is an assessment of whether the expected results occur after management. Matters to be considered in the evaluation include signs and symptoms of the patient's grief, the ability of family members and closest people to provide care support, achievement of the patient's comfort level and disappearance of symptoms, the patient's or family's expectations of achieving treatment goals for the patient's condition (Pardede et al., 2022).

The evaluation given to Mrs. M according to the results of the implementation given to the diagnosis of grieving for 1 month. The evaluation results on the problem of grieving nursing were resolved after spiritual support interventions were carried out. Mrs. M said that now he was able to accept his situation, he always talked with his son so he wouldn't be sad, he always prayed even though he was in bed and he listened to the recitation of the holy verses of the Koran a lot. The patient seems calmer, can interpret life well, has appropriate life goals and has high hopes for recovery for the sake of her children, and the patient does not seem to cry anymore. The follow-up plan given is to educate the patient and family to use spiritual support as a step to overcome the grieving situation.

LIMITATION

There is no limitation in this research.

CONCLUSION

Based on the results and discussion, it can be concluded that the problem of grieving nursing in Ny. M resolved. These results are evidenced by the patient's grieving outcome criteria which show that verbalization of accepting loss increases, verbalization of hope increases, verbalization of feelings of usefulness increases, verbalization and feelings of sadness decrease, and crying decreases after being given spiritual support nursing interventions. Based on the results of the intervention, the authors

concluded that the patient's condition had improved compared to the previous condition. Thus, the patient's treatment plan is stopped and continued by the nurse in the room and independently by the patient or family according to the recommendations given.

AUTHOR CONTRIBUTION

Firdausan Miloni Wijanarko: Literature review, conceptualization, methodology, doing the nursing process, and manuscript drafting.

Ridhoyanti Hidayah: Literature review, conceptualization, methodology, and supervise.

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Firdausan Miloni Wijanarko : None.

Ridhoyanti Hidayah : None.

CONFLICT OF INTEREST

There is no conflict of interest in this study.

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