

RELIGIOUS COPING, RESILIENCE AND SPIRITUAL WELL-BEING AMONG WOMEN WITH BREAST CANCER; COMPARISON OF DIFFERENT AGE GROUPS AND DIFFERENT STAGES OF CANCER

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ABSTRACT

Objective: To find out differences in the level of religious coping, resilience and spiritual well-being in young, middle aged and older patients with breast cancer.

Methodology: This cross sectional survey was conducted on 60 women with breast cancer who were selected through purposive sampling technique. The age range of young participants was 20 to 35 years while that of middle age was 36 to 55 years and elderly were 56 to 70 years old. Connor-Davidson Resilience Scale, The Brief RCOPE Scale and Spiritual Index of Well-being were used for measuring the study variables.

Results: Older women scored significantly higher on spiritual well-being ($M=26.63$, $SD=10.22$) than middle aged ($M=21.08$, $SD=5.21$), and young women ($M=20.17$, $SD= 5.06$). However, the three age groups did not differ significantly on religious coping, $F(2, 57) = .90$, $p= 0.56$ and resilience, $F(2, 57) = 2.33$, $p= 0.10$. Women passing through stage 2 of breast cancer used more religious coping ($M=19.10$, $SD= 4.26$) than those at stage 3 ($M=16.85$, $SD= 3.36$) and 4 ($M=15.83$, $SD= 2.14$). Moreover, these patients had higher resilience at stage 2 ($M=29.50$, $SD=4.59$) as compared to those at stage 3 ($M=19.09$, $SD=7.81$) and 4 ($M=23.10$, $SD=9.30$).

Conclusion: Women at initial stage of breast cancer used more religious coping and resilience as compared to later stage. Moreover, older patients had higher spiritual wellbeing than young and middle-aged patients.

Key Words: Religious coping, Resilience, Spiritual wellbeing, Breast cancer

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INTRODUCTION

Breast cancer is a life threatening disease and its diagnosis is a stressful moment. Patients with breast cancer experience psychosocial issues which generally include depression, fear, anxiety, stress and body image changes and strained marital relations which can compromise their quality of life¹. Even the females who survive breast cancer experience severe psychosocial issues².

In order to cope with psychosocial problems associated with breast cancer, patients tend to use different cognitive and behavioral techniques. These coping strategies serve to minimize the negative effect of stressors and unfavorable life situations³. Religious coping serve as "protective coping process" for cancer patients and their relatives⁴. Using religious resources in the coping

procedure is prevalent during the early phases of breast cancer in the UK. The utilization of religious coping procedures is generally common⁵.

Resilience is another psychological resource which can affect well-being of breast cancer women⁶. It is a process of adapting well in crisis situations which may be related to one's physical health or psychological well being⁷. Chinese females in case of newly diagnosed breast cancer demonstrated low level of resilience⁸. Resilience was positively associated with educational level, family income, time span after diagnosis, social support, avoidance and hope, whereas, it was negatively related to age and body mass index⁹.

Use of religious coping and resilience as psychological resources may lead to spiritual well-being of patients with breast cancer. Spiritual well-being is a condition of

health that demonstrates the positive emotion, behavior and understandings of one's association with self, others, nature, and the superior existence¹⁰. Spiritual well-being is associated with cohesion in life, peace, appropriateness and harmony, feeling of close association with oneself, God, society, and the environment. The findings of a meta-analysis (350 investigations) demonstrated that individuals with spiritual well-being had healthier ways of life, were more optimistic, enjoyed more mental steadiness, and were happier with their life¹¹. Study conducted on cancer patients indicated that there was a significant positive impact of spiritual wellbeing on hope in cancer patients¹².

However, religious coping, resilience and spiritual wellbeing among young, middle aged and elderly women had yet not been investigated in context of breast cancer treatment. The current study will fill the gap by identifying the impact of religious coping, resilience, and spiritual wellbeing in various age groups of patients. It also aimed at examining how religious coping can help them to cope with illness in various stages of cancer. The rationale of this study was to highlight the significance of patients' involvement in religious activities as it serves as a mechanism of coping and a way forward towards the well-being especially at spiritual level.

Following hypotheses were formulated for this research;

Breast cancer women in different stages of cancer will differ significantly on religious coping, resilience and spiritual wellbeing.

Breast cancer women of different age groups will differ significantly on religious coping, resilience and spiritual wellbeing.

METHODOLOGY

This cross sectional survey was conducted on 60 women with breast cancer who were admitted in a cancer hospital and were selected via purposive sampling method. The age range of young women was 20 to 35, middle aged women was 36 to 55 and that of older

women was 56 to 70 years with different stages of cancer. Women suffering from physical ailments other than breast cancer were excluded from the study. The Brief RCOPE Scale¹³, Connor-Davidson Resilience Scale¹⁴ and Spiritual Index of Well-being¹⁵ were used for measuring the study variables. Urdu translated versions of all scales were used after the permission of authors.

Participants signed the informed consent which consisted of the overall objectives and brief description of the study. After collection of data, the scoring of data was done with the help of scoring key. Single factor ANOVA was applied to calculate differences in religious coping, resilience and spiritual well-being of patients.

RESULTS

Demographic characteristics are given in table 1. Majority of participants belonged to middle age group and were going through 3rd stage of cancer. Reliability analysis of the scales used in present study was computed to determine the psychometric properties of the instruments on the current sample. The Alpha reliability estimate of Connor-Davidson Resilience Scale ($\alpha = .88$) and Brief RCOPE ($\alpha = .72$) was high whereas it was moderate for Spiritual index of well-being ($\alpha = .60$).

Results of single factor ANOVA indicated that women passing through stage 2 of breast cancer used more religious coping ($M=19.10$, $SD= 4.26$) than those at stage 3 ($M=16.85$, $SD= 3.36$) and stage 4 ($M=15.83$, $SD= 2.14$). Moreover, breast cancer women had higher resilience at stage 2 ($M=29.50$, $SD=4.59$) as compared to those at stage 3 ($M=19.09$, $SD=7.81$) and stage 4 ($M=23.10$, $SD=9.30$) as shown in table 2.

Older women scored significantly higher on spiritual well-being ($M=26.63$, $SD=10.22$) than middle aged ($M=21.08$, $SD=5.21$), and young women ($M=20.17$, $SD= 5.06$). However, breast cancer women of three age groups did not differ significantly on religious coping, $F(2, 57) = .90$, $p= 0.56$ and resilience, $F(2, 57) = 2.33$, $p= 0.10$. as shown in table 3

Table 1: Demographics characteristics of sample (N = 60)

Variables	categories	f (%)
Age groups	Young	13 (21)
	Middle aged	35 (58)
	Elder	12 (20)
Stages of cancer	Stage 2	10 (16)
	Stage 3	34 (57)
	Stage 4	16 (26)

Table 2: Stage Related differences on religious coping, resilience and spiritual well-being in breast cancer patients

Variables	Stage 2 (n = 10)	Stage 3 (n = 34)	Stage 4 (n = 16)		
Variables	M(SD)	M(SD)	M(SD)	F(2, 57)	p
Religious coping	19.10 (4.26)	16.85 (3.36)	15.83 (2.14)	2.92	0.04
Resilience	29.50 (4.59)	19.08 (7.81)	23.10 (9.30)	5.06	0.01
Spiritual Well-being	20.17 (5.06)	21.08 (5.21)	26.63 (10.22)	3.01	0.04

Table 3: Age based differences on religious coping, resilience and spiritual well-being in breast cancer patients (N=60)

Variables	Young (n = 13)	Middle aged (n = 35)	Older (n = 12)		
Variables	M(SD)	M(SD)	M(SD)	F(2, 57)	p
Religious coping	16.06 (2.87)	16.03 (3.36)	17.75 (4.26)	.90	0.56
Resilience	22.27 (8.17)	19.82 (7.81)	26.62 (10.22)	2.33	0.10
Spiritual Well-being	20.17 (5.06)	21.08 (5.21)	26.63 (10.22)	3.90	0.02

DISCUSSION

The first hypothesis stated that stage of cancer will have significant impact on religious coping, resilience and spiritual well-being of women and the finding of our study supported this hypothesis. Results indicated that religious coping and resilience was higher in initial stages of cancer as compared to later stages. During initial stage, women who had breast cancer used religious coping to adapt with their illness. This finding is in line with a previous study which demonstrated that religious coping strategies were activated in early phases of the process with breast cancer^{16,17}. One possible explanation could be that the diagnosis of breast cancer proved to be a sudden shock and a great stressor for them which they tried to relieve through religious coping. Secondly, the onset of breast cancer might have made them realize about the mortality of their lives. Hence they diverted their attention towards religion to avoid disease related stress. They improved their psychological well-being by building strong connection with God and looked forward to Him to seek His love, care and mercy¹⁸. Moreover, resilience was also found higher in initial stage among the patients of breast cancer. This finding has also been supported in the past literature^{19,20}. One reason for this finding could be that the young breast cancer women have high spirits to fight with the disease. In addition to intrinsic motivation, key relatives also act as a source of extrinsic motivation for them. This study showed that religious coping had significant positive impact on spiritual well-being among breast cancer women. This study showed that patients managing their disease related stress through religious coping had better spiritual well-being^{21,22}.

The second hypothesis stated that age group of

breast cancer patients will have significant impact on religious coping, resilience and spiritual coping and findings of this study partially supported this hypothesis. Results showed that elderly women who experienced breast cancer scored higher on spiritual well-being. This finding is also in line with the past literature^{23,24}. Moreover, in our culture, old age group traditionally gets more attracted towards spirituality as compared to the younger age group. One reason for this finding might be age differences in the level of spirituality, which might be higher in older women. Another possibility for this result could be that elderly women might have a sense of accomplishment and satisfaction of their lives. Hence, they might have perceived meaning in their life and therefore they had felt better spiritual well-being. They might have the feeling of being free from their responsibilities as a parent. Whereas young women might be worried about future and well-being of their young children in danger of losing mothers.

The study had some limitations. The sample for this study was small and the data were collected only from one cancer hospital of Lahore. Moreover, questionnaires were administered verbally. It would be worthwhile to replicate this study by collecting data from larger sample and different hospitals of Pakistan.

This research has important implications for health care departments and counselling centers. There is a strong need to introduce the idea of behavioral medicine (resilience, spirituality) in the hospitals to increase the psychological wellbeing among breast cancer patients. Health policies need to be modified keeping in view the psychological perspective of physical diseases to provide better treatment plans for breast cancer patients. Counselors may increase the resilience and em-

phasize the spiritual development of cancer patients to promote the desire to live with more positive outlooks.

CONCLUSION

There were significant age and stage based differences in religious coping, resilience and spiritual well-being of women with breast cancer. Breast cancer women had higher level of religious coping and resilience in early stages than later stages. Moreover, elderly women having breast cancer had higher spiritual wellbeing than young and middle-aged women. Furthermore, religious coping emerged as a positive correlate and predictor of spiritual well-being in these women.

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CONTRIBUTORS

FA conceived the idea, wrote initial manuscript, made the plan, submitted the protocol to research ethics committee and followed up the project. NA helped in acquisition and interpretation of data, literature review, bibliography and writing of final draft of the manuscript. Both authors contributed significantly to the submitted manuscript.