



**RELIGIOUS/SPIRITUAL COPING IN CANCER PATIENTS UNDER TREATMENT**  
**COPING RELIGIOSO/ESPIRITUAL EM PACIENTES COM CÂNCER EM TRATAMENTO**  
**COPING RELIGIOSO/ESPIRITUAL EN PACIENTES CON CÁNCER EN TRATAMIENTO**

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**ABSTRACT**

**Objective:** verifying the existence of religious/spiritual coping in patients undergoing cancer treatment. **Method:** a descriptive, exploratory, cross-sectional study of a quantitative approach. Data were collected through a socio-demographic questionnaire and Coping Religious/Spiritual Scale (CRE) in the period from July to August 2013. The research project was submitted and approved by the Research Ethics Committee, CAAE 17658013.9.0000.0109. **Results:** the results showed that women are more spiritualized comparing to men and that most patients have religion and use the coping. **Conclusion:** it was concluded that the use of spirituality produces, somehow, on the psychological state of the patient, a higher positivity, compared to those without generating a higher/better way of coping with adversity and helping to better quality of life. It is noteworthy, therefore, the importance of spiritual purpose by nursing professionals so that there is a more complete care. **Descriptors:** Nursing; Spirituality; Oncology.

**RESUMO**

**Objetivo:** verificar a existência de coping religioso/espiritual em pacientes submetidos ao tratamento para o câncer. **Método:** estudo descritivo, exploratório, transversal de abordagem quantitativa. Os dados foram coletados através de um questionário sociodemográfico e Escala Coping Religioso/Espiritual (CRE) no período entre julho-agosto de 2013. O projeto de pesquisa foi submetido e aprovado pelo Comitê de Ética em Pesquisa, CAAE 17658013.9.0000.0109. **Resultados:** os resultados evidenciaram que as mulheres são mais espiritualizadas em relação aos homens e que a maioria dos pacientes possui religião e utilizam o coping. **Conclusão:** concluiu-se que a utilização da espiritualidade produz, de alguma forma, no estado psicológico do paciente, uma positividade maior, comparada aos que não possuem, gerando uma maior/melhor forma de enfrentamento a situações adversas e auxiliando para maior qualidade de vida. Ressalta-se, assim, a importância da valorização da espiritualidade pelos profissionais de enfermagem a fim de que haja uma assistência mais completa. **Descritores:** Enfermagem; Espiritualidade; Oncologia.

**RESUMEN**

**Objetivo:** verificar la existencia de adaptación religiosa/espiritual en los pacientes que reciben tratamiento contra el cáncer. **Método:** un estudio descriptivo, exploratorio, transversal de un enfoque cuantitativo. Los datos fueron recolectados a través de un cuestionario sociodemográfico y Escala de Adaptación Religiosa/Espiritual (CRE) en el período comprendido entre julio y agosto de 2013. Se presentó el proyecto de investigación, aprobado por el Comité Ético de Investigación, CAAE 17658013.9.0000.0109. **Resultados:** los resultados mostraron que las mujeres son más espiritualizadas que los hombres, y que la mayoría de los pacientes tiene religión y utiliza el coping. **Conclusión:** se concluye que el uso de espiritual produce, de alguna manera, al estado psicológico del paciente una positividad mayor en comparación con aquellos sin generar una mejor manera de hacer frente a la adversidad y ayudar a una mejor calidad de vida. Es de destacar, por lo tanto, la importancia del propósito espiritual por profesionales de enfermería de modo que sea un cuidado más completo. **Descriptores:** Enfermería; Espiritualidad; Oncología.

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## INTRODUCTION

With the growing number of elderly, the non-communicable chronic diseases (diabetes, cancer, cardiovascular and respiratory diseases) have become responsible for the major cause of death worldwide and a major global health problem. Before this problem in 2008 the World Health Organization launched a strategic plan to be undertaken to prevent and control this problem.<sup>1</sup>

In Brazil the situation is no different; between the years 1998-2011, the population aged 60 or over almost doubled, rose from 12.704.310 to 20.742.226. Despite technological advances in treatment, the cancer also achieved a prominent position, as it showed an increasing mortality, representing the second cause of death in Brazil, behind diseases of the cardiovascular system.<sup>2</sup>

Cancer is seen by society as synonymous with suffering and death, and patients may have different feelings before the diagnosis. Some may have difficulty in expressing their feelings; others attribute the origin of the disease as being the organism itself, while others say that cancer is a particular mission by God. Seeking to attribute meaning to the health-disease process, the very survival, minimize suffering or get hope of cure during treatment, patients may cling to faith and seek spirituality as a way of coping<sup>3</sup>, as shown in previous studies.<sup>3-5</sup>

In this sense, the religious coping has emerged as an important element that contributes to treatment adherence, in facing the problem, in reducing stress and anxiety and the search for meaning for the present situation.<sup>5</sup> Religious people tend to project their fears, anxieties, expectations and answers in God<sup>4</sup>; however, it is worth noting that non-religious people also deal with fundamental issues of spiritual meaning, value and relationship, especially in those moments when a serious illness raises profound issues, such as suffering, death or even the very meaning of life.<sup>6</sup>

This is how it happens that the Coping Religious/Spiritual (CRE), a type of confrontation that can be used through the Coping Religious/Spiritual Positive (CREP) or Coping Religious/Spiritual Negative (CREN).<sup>7</sup>

Religious people often have greater willingness to deal with adverse circumstances of life through the use of CREP<sup>8</sup>; however, some patients before a disease can present CREN and have a vision of God as distant and indifferent, or even, as He punishes them for their own transgressions or of their ancestors.<sup>6</sup>

Nurses should be trained to assess and diagnose phenomena related to spirituality<sup>9</sup>, but what is observed is that nursing students<sup>10</sup>, and nurses<sup>11</sup>, are not prepared to deal with the theme and strategy as has been pointed out that the topic spirituality the curricula.<sup>10,12</sup> A search at the database Medical Literature Analysis and Retrieval System Online (MEDLINE) with the keywords "spirituality" and "religiosity" and "nursing" resulted in production of 58 articles, however, of these, only two had as Brazilian nurses authors. In the database Latin American Literature in Health Sciences (LILACS) the search resulted in only seven studies, all having as authorship Brazilian nurses.

Despite the issue of relevance is evidenced insignificant contribution of nurse researchers, as well as the need for the approach to the topic in academia. Given the above, the objective of this study is:

- Checking for religious/spiritual coping in patients undergoing cancer treatment.

## METHOD

Text drawn from the Work Course Conclusion << **Religious/spiritual coping in cancer patients undergoing treatment** >> submitted to the collegiate nursing course at the Paranaense University.

A descriptive, exploratory, cross-sectional study of a quantitative approach performed at the Association of Special-APDE disease carriers, in the municipality of Paranavai with oncology patients treated at this institution. The APDE is a charitable association in order to provide full assistance to needy people with cancer in the municipality and districts. It is maintained by groups of volunteers who do patient visits; referrals to medical appointments and treatments; transports patients to cities where they have the appropriate cancer treatment; provides basic food baskets monthly; additional and special food; medicines; laboratory, complementary and specific tests.

We requested that institution permission for the development of research and the names and addresses of patients with cancer for subsequent home visit. Data collection took place between July and August 2013, where two questionnaires were used: a sociodemographic and Religious Coping Scale/Spiritual (CRE) composed of 87 items, validated for use in Brazil.<sup>7</sup> On this scale, the answers are given by a Likert scale of five points, ranging from 1 (not at all) to 5 (very much) and receive a score that enables the analysis and understanding of the data. Positive religious coping (CREP) is evaluated

by the average of 66 questions and negative spiritual religious coping (CREN) by the average of 21 questions. The higher average values of the CREP or CREN, the greater the CREP or CREN used by the individual. The parameter used to analyze the averages of the CRET was none or negligible (1 to 1,5), low (1,51 to 2,5), medium (2,51 to 3,5), high (3,51 to 4,50) and high (4,51 to 5). The reliability of the items the CRE scale was performed using the Cronbach's alpha coefficient which showed a great level of internal consistency (0,97).<sup>7</sup>

The inclusion criteria previously established for this study was for patients treated at this institution, 18 years, and exclusion, debilitated patients who receive high or that they would die during the period of data collection. Patients after accepted the invitation to participate in the study and signed the Informed Consent and Informed were interviewed individually in their home.

The analysis was performed using descriptive statistics in Statistica 8.0 software. For comparisons of the differences of the means of CRE values for different variables, the Mann-Whitney test for

dichotomous variables and Kruskal-Wallis test for those containing more than two categories. As predictor variables, there were used these indicators of patients under treatment: gender, age, marital status, education, retired, reason of retirement, approximate household income, who lives with, and has religion. In all tests the level of significance was set at  $p \leq 0,05$ , with a 95% confidence interval for all testing.

The research project was approved by the Research Ethics Committee according to Resolution no. 466/2012 of the National Council on opinion no. 300.970/2013 protocol CAAE: 17658013.9.0000.0109.

RESULTS AND DISCUSSION

At the beginning of data collection had 124 patients over 18 years old registered in APDE treatment; however, during the data collection period, 31 died, 26 were discharged, 13 were well debilitated, resulting in the end of 54 population individuals. Of these, participated in this study, 47 subjects aged between 25 and 87, with an average age of 58,64 and standard deviation of 14,55.

**Table 1.** Sociodemographic characteristics of cancer patients under treatment (n= 47).  
Paranavai- PR, 2013.

Variables	n	%
Gender		
Female	28	59,6
Male	19	40,4
Age (in years)		
25 - 30	1	2,13
31 - 40	4	8,51
41 - 50	6	12,77
51 - 60	16	34,04
61 - 70	8	17,02
71 - 80	7	14,89
>80	5	10,64
Marital Status		
Single	3	6,4
Married	29	61,7
Widow	8	17,0
Divorced	7	14,9
Schooling		
Illiterate	5	10,64
Incomplete elementary school	17	36,17
Elementary school	9	19,15
High school	11	23,40
Higher education	5	10,64
Retired		
Yes	28	59,6
No	19	40,4
Cause of retirement		
Time of work	15	31,9
Illness/disability	13	27,7
Pension for death of spouse	1	2,1
Does not have	18	38,3
Approximate household income		
1 salary	11	23,4
1 to 3 salaries	26	55,3
4 to 5 salaries	7	14,9
Between 5 and 10 salaries	3	6,4
Lives with who		
Alone	5	10,64
Family	42	89,36
Religion		
Yes	42	89,4
No	5	10,6
Religion		
Catholic	28	59,6

Evangelical	12	25,5
Spiritist	2	4,3
None	5	10,6
Scores of CRET		
Low	5	10,64
Middle	27	57,45
High	15	31,91

Most respondents were female (59,6%), aged between 51-60 years old (34,04%), married (61,7%), with incomplete primary education (36,17%), retired (59,6%), of reason for length of service (31,9%), family income between one and three minimum wages (55,3%), living with family (89,36%), the majority of catholic (89,4%). It is observed that the most affected age group was above 50 years old, corresponding to 76,59% of all cases studied. There prevailed patients who had a mean score of CRET (57,45%) as shown in Table 1.

Table 2. Mann-Whitney test to compare the differences of the averages of the values of religious/spiritual coping in relation to the studied variables. Paranavai, PR, 2013.

CRE		Variables				
		Gender			Have a religion	
			Average	P-value		Average
CREP	Female		3,42	0,0187	Yes	3,23
	Male		2,93		No	1,62
CREN	Female		2,96	0,0020		
	Male		2,33			
CRET					Yes	3,26
					No	2,65

The averages of CRE values were: CREP = 3,23 (SD = 0,77); CREN = 2,71 (SD = 0,78); CRET = 3,26 (SD = 0,46). The average ratio of CREN/CREP was equal to 0.89 (SD = 0,35). In Table 2 shows that the CRE was associated with the variables sex and religion have. Women had average CREP and CREN higher than that of men (Figure 1). Study similar to this corroborated this result.<sup>13</sup> Another study in order to describe religious involvement in a random sample of the population showed that the female was correlated with higher levels of religiosity.<sup>14</sup> These results demonstrate that women are more religious or spiritualized compared to men.

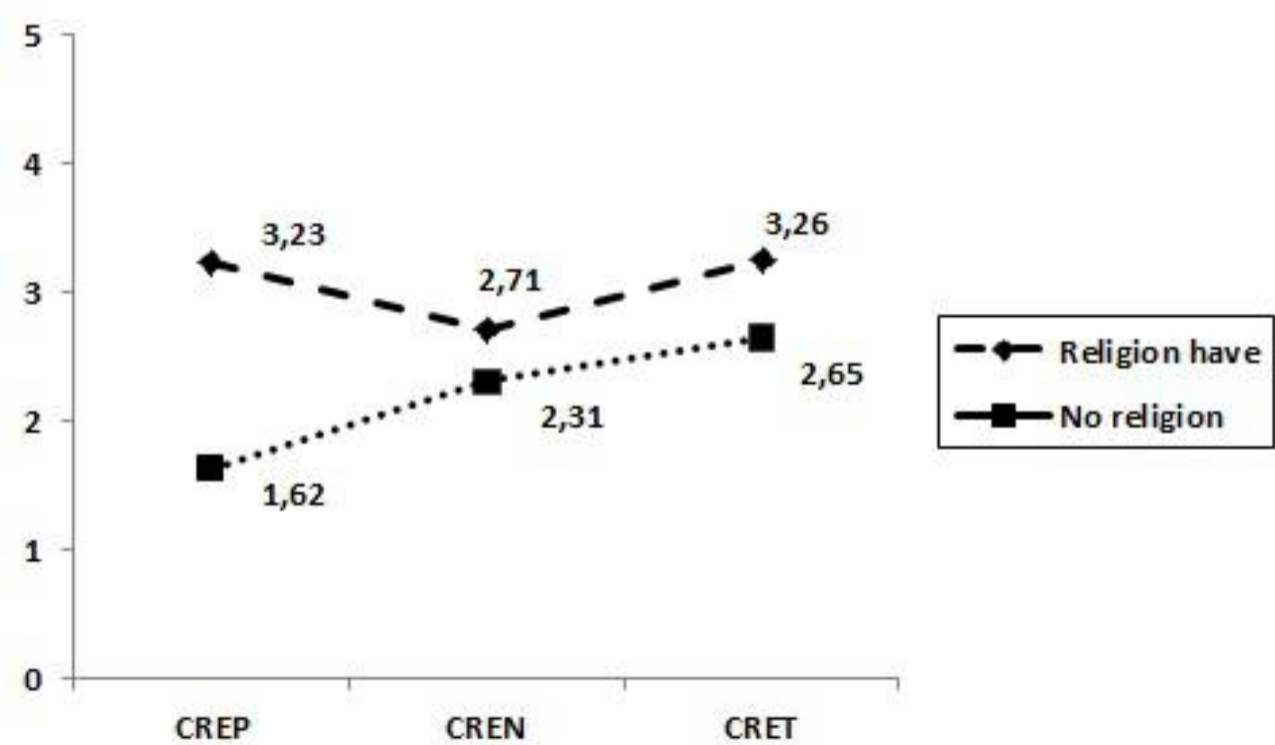


Figure 1 - Average of the values of CREP, CREN and CRET for the variable sex.

The main forms of CREP used by respondents included: "I sought God's mercy" (4,13%), "I trusted that God was with me" (4,13%), "I sought God, strength, support and orientation" (3,85%), "I begged God to make

things right "(3,87%)," I have sought love and protection of God "(3,83%).

Study of cancer patients in the terminal phase showed that spirituality process was considered in two aspects: the internal, related to search for the divine support, that is, through the "search the divine" manifest through supplications, prayers and prayers, and external, through the support field search, either by participating in religious events, pastor of prayer/religious or involvement of helping others.<sup>4</sup>

The spiritual dimension occupies a prominent place in people's lives and is as necessary as are the other ways of coping; therefore, it is essential to know the spirituality of users in planning nursing care.<sup>3</sup>

Regarding the CREN, the most commonly used forms were: "I prayed for a miracle" (4,02%), "I knew I could not handle the situation, then just waited for God to take control" (3,34%), "I wondered if God allowed it to happen because of my mistakes" (3,32%), "I wondered if evil had to do with this situation" (3,15%), "I did not try to handle the situation, just waited God took my worries away" (3,04%).

The identification of the use of CREN as a coping strategy of the disease is of fundamental importance because the church or others may be able to intervene to help

these patients. For this it is important that professionals are able to understand and recognize the various forms of religious coping and know where to refer patients who need help.<sup>6</sup> A study about elderly people with cancer revealed that the nursing diagnosis spiritual distress was identified in 42% of the sample.<sup>9</sup> In the literature of nursing, we have already established interventions related to spirituality, where you can perform the interface between spirituality and the very body of knowledge of the profession.<sup>13</sup> In the taxonomy of the NIC (Nursing Interventions Classification) are proposed two interventions related to Spirituality: Spiritual Support and Spiritual Growth Facilitation .<sup>15</sup>

Individuals who reported having religion had significantly higher mean CREP and CRET than those who said they did not have (Figure 2). Religiosity and spirituality can provide a world view in which disease, suffering and death have better acceptance and understanding. Religious individuals because of social life characterized by ties seem to receive more support in stressful situations and illness.<sup>8</sup> A study showed that the Brazilian population has high levels of religious involvement.<sup>14</sup>

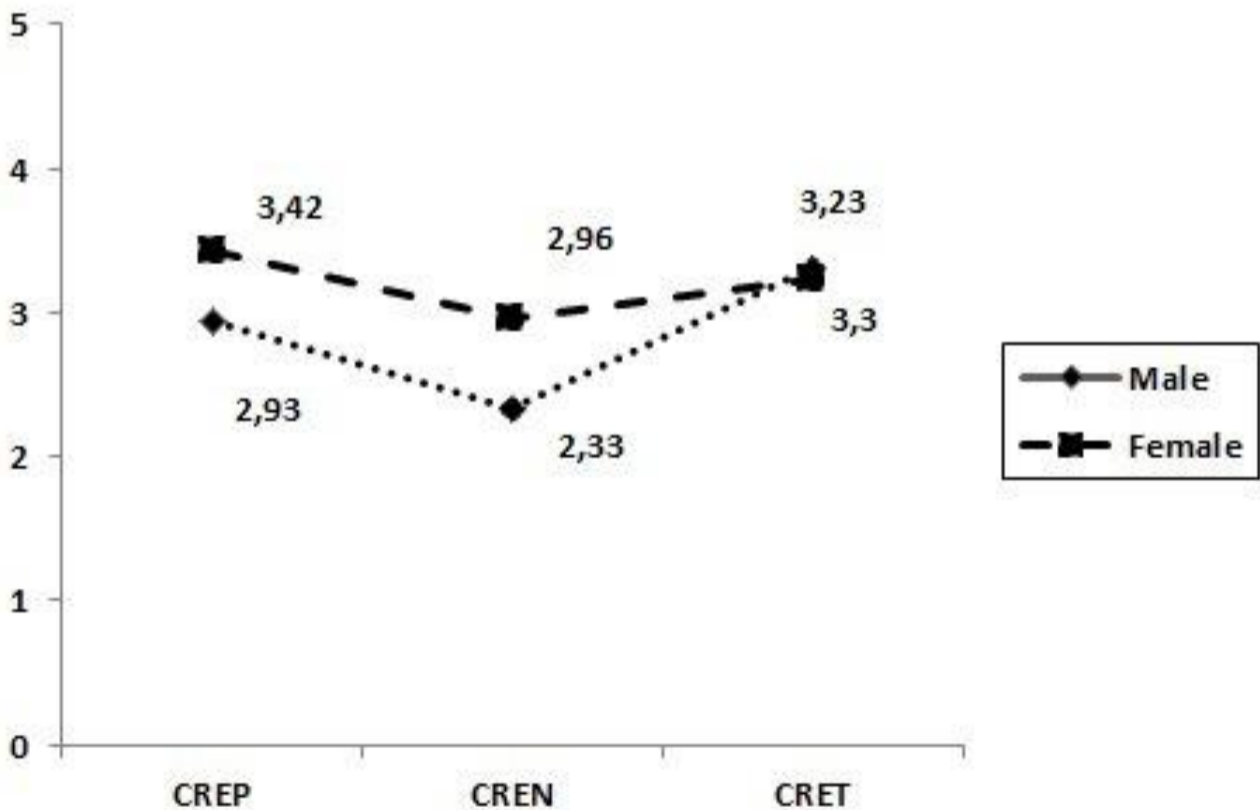
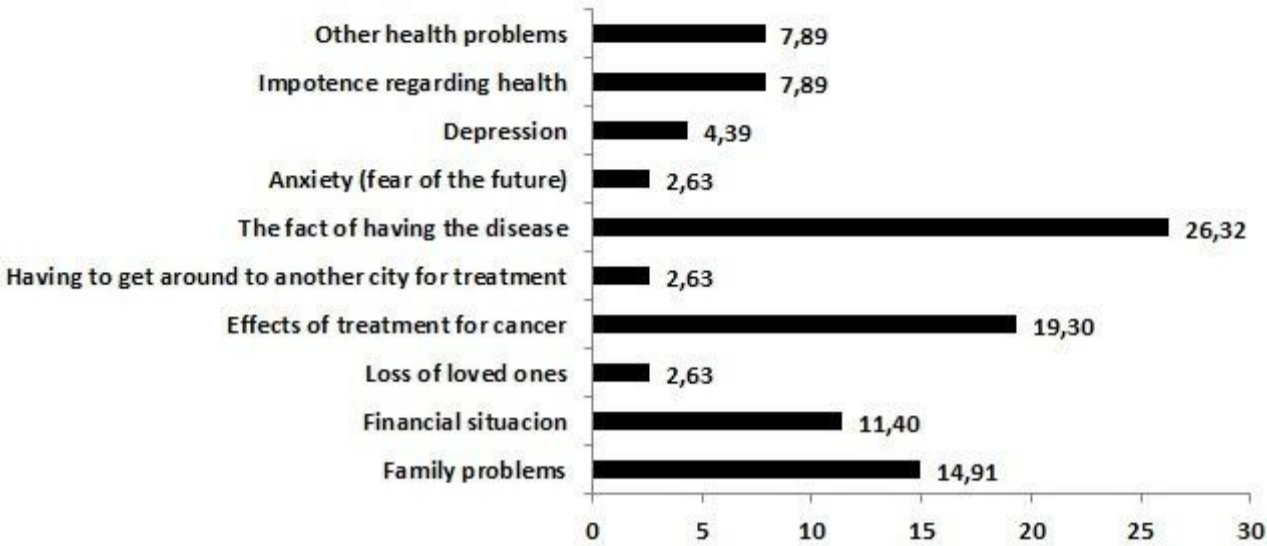


Figure 2. Average of the values of CREP, CREN and CRET for the variable has religion. The other variables studied showed no statistically significant association.

When asked what situations of increased stress experienced by the patient in the last three years (Figure 3), the most pointed factor was the fact of having the disease. The diagnosis of cancer impacts the lives of those involved, generates conflict and uncertainty

and requires overcoming the physical and psychosocial adversity, in order to fit the new reality. Feelings of discouragement,

depression, lack of strength to fight the pain and hopelessness are common in this situation.<sup>4</sup>



**Figure 3.** Percentage of highest stress situations experienced in the last three years by cancer patients under treatment. Paranavai, PR, 2013.

Side effects of treatment for cancer were also in this study as generating stress situation. Study of cancer patients undergoing chemotherapy demonstrated a greater trend in the use of CREN. Such individuals considered important spirituality/religion in their lives and would like health professionals approached this issue by offering spiritual care.<sup>13</sup>

In this study respondents indicated family problems. The family stands out as the main social support the patient in the different stages of treatment, therefore, it is of great importance to take care of those who theoretically are closer and have more chance to act as family support .<sup>16</sup>

It is observed that patients indicated the financial situation as a generator of stress. Most respondents had household income 1-3 times the minimum wage. In this study, there was no significance in relation to this variable with the CRE scale, however, in another study this factor was associated with the CREN .<sup>13</sup> The socioeconomic status is linked to the psychological state of the patient and to the detriment of that, not only the physical dimensions of the process health/ disease should be considered, but also the material means which we live, because this serves to support the care actions.<sup>17</sup>

CONCLUSION

Most respondents used the Coping Religious Spiritual and that this was associated with the female and individuals with specific religion. Thus, it can be seen that the cancer patients in the study, not only care about their physical condition, but also with their spirituality/religiosity and faith.

It is necessary that nurses know about the CRE and its real importance in order to provide adequate and more humanized assistance. Therefore, it is clear the importance of spirituality in nursing vocational education since graduation.

Regarding the theme, it is noticed that in Brazil there are few studies thus suggest the development of future research on the subject.

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