

Religiosity, spirituality, and quality of life in cancer patients: a literature review

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Abstract

This study intends to investigate how cancer affects one's quality of life in the context of religion and spirituality using bibliometric analysis. Keyword-specific publishing trends are analyzed based on a search on the Scopus database. In total, 406 documents were considered in the final analysis. The review of the available literature focused on six primary themes: religion, spirituality, coping, depression, quality of life, optimism. Following that, a thorough examination of these cancer-related topics was conducted. As a result, spirituality, religion, and optimism paved the way for cancer therapy.

Keywords: Quality of life. Happiness. Health.

Resumo

Religiosidade, espiritualidade e qualidade de vida em pacientes com câncer: revisão da literatura

Este estudo objetiva investigar como o câncer afecta a qualidade de vida de uma pessoa no contexto da religião e da espiritualidade, utilizando uma análise bibliométrica. As tendências de publicação específicas por palavra-chave são analisadas com base numa pesquisa na base de dados Scopus. No total, 406 documentos foram considerados na análise final. A revisão da literatura disponível centrou-se em seis temas principais: religião, espiritualidade, enfrentamento, depressão, qualidade de vida e otimismo. Em seguida, procedeu-se a uma análise aprofundada destes temas relacionados com o cancro. Como resultado, a espiritualidade, a religião e o otimismo abriram o caminho para a terapia do cancro.

Palavras-chave: Qualidade de vida. Felicidade. Saúde.

Resumen

Religiosidad, espiritualidad y calidad de vida en pacientes con cáncer: revisión de la literatura

Este estudio tiene como objetivo identificar cómo el cáncer afecta la calidad de vida de una persona en el contexto de la religión y la espiritualidad a partir de un análisis bibliométrico. Las tendencias de publicación específicas desde las palabras clave se analizan en función de una búsqueda en la base de datos Scopus. Para el análisis final se consideraron 406 documentos. La revisión de la literatura disponible se centró en seis temas principales: religión, espiritualidad, afrontamiento, depresión, calidad de vida y optimismo. Después, se realizó un análisis en profundidad de estos temas relacionados con el cáncer. Los resultados demuestran que la espiritualidad, la religión y el optimismo allanaron el camino para el tratamiento del cáncer.

Palabras clave: Calidad de vida. Felicidad. Salud.

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Patients with cancer often experience discomfort, especially in more severe stages of the disease. Pain is frequently so intense that it interferes with a patient's functional abilities^{1,2}. Coping resources for patients with cancer have been studied, emphasizing individualized methods, including positivity, combating negative attitudes, or personality attributes such as consistency and attachment feelings³⁻⁵. In numerous cultural contexts, religion has been investigated as a possible adaptive resource for cancer patients and survivors⁶⁻⁸.

The prevalence of cancer and death rate is quickly increasing as a result of causes including aging populations and global population expansion. With around 18 million new cases each year worldwide, cancer is one of the most common diseases⁹. Receiving a cancer diagnosis can cause a lot of pain and suffering, in addition to the disease development and the dying phase¹⁰. By 2030, the number of cancer-related deaths is expected to reach 13 million per year¹¹. Such people may suffer distress in all aspects, including psychological or mental (depression or anxiety), physical (pain), social (loneliness or sense of isolation), and spiritual (purpose, meaning, and connections)^{12,13}.

While religion is founded on a common set of rituals and beliefs inside a social organization or institution¹⁴, spirituality is more personalized and connected with transcendence and in the connection with a higher being, and connections that bring meaning and purpose¹⁵. Patients with cancer should receive the treatment depending on the biopsychosocial spiritual paradigm¹⁶. According to research, people living with a life-threatening disease who embrace a spiritual perspective find purpose, strength, and comfort¹⁷.

Cancer diagnoses are terrifying for both patients and their families, who frequently provide care for them. People in some cultures and ethnic groups might not fully comprehend the origins or progression of cancer, making them uncertain as to whether the disease or treatment poses a risk to others as well, especially those close to them. Although patients receive comprehensive information on their malignancies nowadays, this may not always happen¹⁸.

The role of religion in connection to one's health, illness, and medical practice is gaining

more attention. Cancer frequently causes the faith of patients who are already devout believers to grow even stronger, while also causing patients who are not as devout to occasionally seek out spirituality and build a bond and connection to higher powers. By examining the role of religion, researchers demonstrated that spiritual options can be beneficial in coping with the illness in the first year after a breast cancer diagnosis and can also regulate anxiety and sadness¹⁹.

Given this context, this systematic review used bibliometric analysis to evaluate and identify the impact of religiosity and spirituality on the quality of life among patients with cancer.

Method

This systematic review followed the standard Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA), namely: 1) identification; 2) screening; 3) eligibility using the inclusion criteria; and 4) assessment of the quality of the studies and detection of any possible bias.

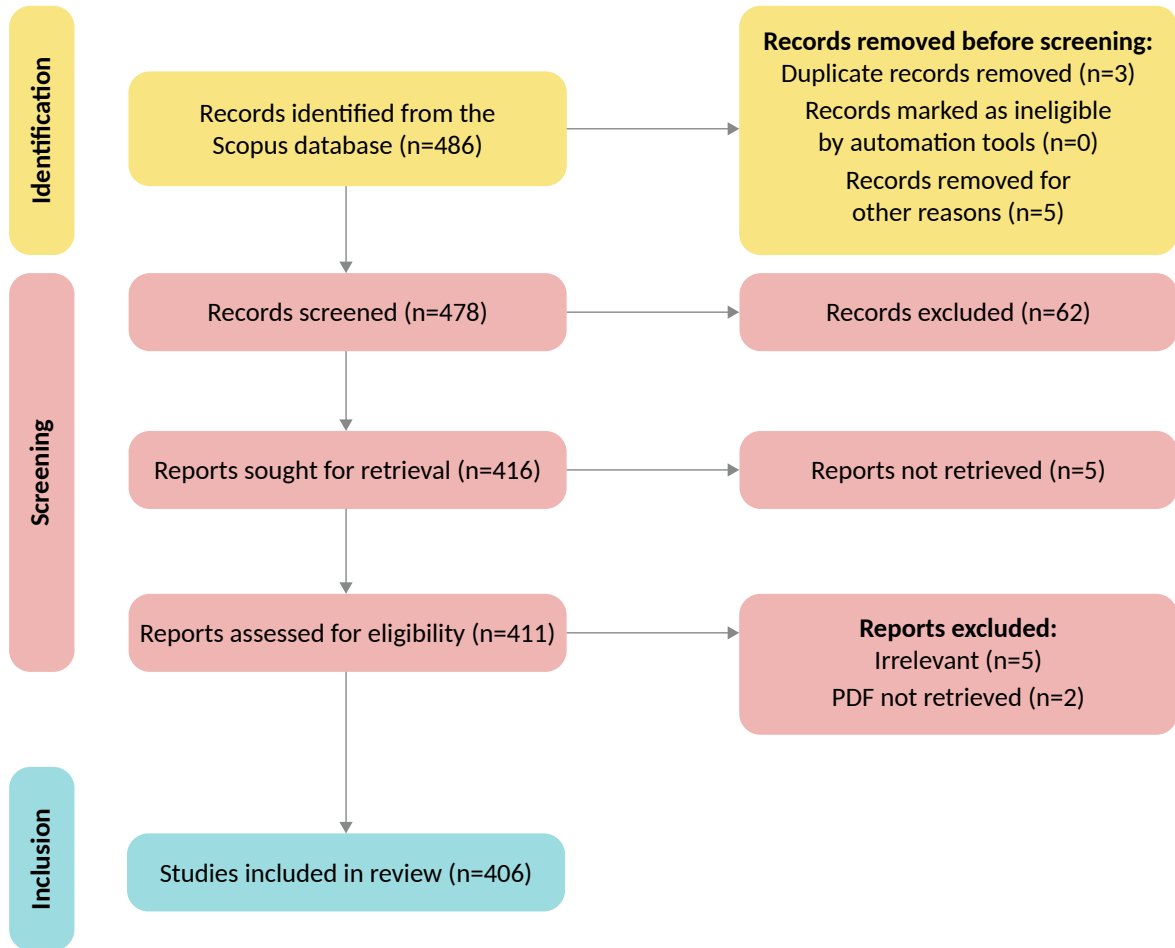
The Scopus database was used for the search of articles published between 1996 and January 2023. The inclusion criteria included articles in English language only, articles that included patients with cancer in the general population, and that considered the role of spirituality or religiosity in the quality of life of the study population.

The search resulted in 486 documents, of which 80 were excluded due to not meeting the criteria, for 406 documents (358 articles; 40 reviews; four book chapters; and three conference papers) being included in the final study. Figure 1 provides the flowchart for the selection of studies.

Bias that may have occurred in the study since it might include the non-reporting of the studies that may not depict the positive pathway of spirituality in reducing the negative symptoms that may be caused by cancer (selective non-reporting bias).

Bibliometric analysis was used to evaluate the connections and effects of publications within the particular topic chosen using mathematical and statistical techniques.

Figure 1. Flowchart describing the systematic review (adapted from the PRISMA statement)



The findings led to a detailed analysis of the search outcomes, in which a maximum number of article papers was found, followed by review papers and other different types of documents such as editorials, conference papers, short surveys, notes, etc.

Figure 2 shows the clusters and association of co-occurrence between keywords identified

in the search. The visual representation shows 6 clusters corresponding to 6 contrasting colors, with important keywords being “religion,” “spirituality,” and “quality of life,” together with a link of curved lines that reveals an enumerator’s interest in the indicated themes regarding the already stated keywords. The author keywords tally is represented by the size of the node.

support, optimism, and a sense of meaning and purpose, positive religious coping, by far the most prevalent construct²⁵, may affect one's long-term adaptation to sickness²⁶.

Theme 2: spirituality

Spirituality is the search for one's unique knowledge of the answers to basic issues about life, including its purpose and connection to the holy or transcendental²⁰. Studies²⁷⁻²⁹ demonstrate the usage of spiritual practices to grow, feel comfort, and get nearer to God in difficult times, which helps to promote a sense of calmness and tranquility when one experiences pain^{30,31}, a way to ask God for help to have strength and comfort in the situations that are being experienced³²; religiosity is a technique that enhances one's psychological well-being²⁷, and that is used to try to deal with the grief that manifests during illness³³.

Hill and Pargament³⁴ argue that spirituality is the individualized and sentimental component of religion, which might include "an inner strength or an inside characteristic of a person," which is also used to deal with significant stressors like breast cancer^{35,36}. Spirituality aids patients in adopting an optimistic outlook while dealing with a diagnosis³⁷. Incorporating spiritual care into clinical practice may have positive emotional effects on patients, as well as positive interpersonal effects on patient satisfaction and the patient-health provider relationship^{38,39}.

Enhancing coping, adjusting psychosocially to a cancer diagnosis, and positively changing behavior following a cancer diagnosis are some examples of positive psychosocial benefits and consequences of spirituality^{37,40}.

Theme 3: coping

Coping is another crucial element for the quality of life of people facing cancer. It is understood as the attitudes, beliefs, and actions that patients employ to deal with the demanding situations, conflicts, and issues encountered throughout cancer treatment progression. Coping techniques can be categorized into many categories such as problem-focused coping (which deals with problem-solving techniques,

including planning, active coping, looking for supportive assistance, or suppressing emotions), and emotion-focused coping (which deals with adjustments in one's emotional responses to circumstances and a variety of avoidant and defensive tactics, including turning to social or emotional support, religious guidance, or denial)⁴¹.

Coping techniques play a key role in deciding how adaptive mechanisms are put into action after receiving a cancer diagnosis⁴². Active coping is evident in non-cancer patients⁴³, and problem-focused coping mechanisms are more commonly seen in cancer patients⁴⁴.

According to research on specific coping techniques used by patients with cancer and their relationship to mental health outcomes, more active coping techniques (such as active problem-focused coping, positive reframing, and seeking support) are more beneficial to outcomes than the more passive techniques (such as denial and avoidance)^{45,46}.

Theme 4: quality of life

Quality of life is multifaceted and includes aspects of social, physical, and psychological function, as well as areas of health and well-being that contribute to a fulfilling and worthwhile life^{47,48}. Negative affect, positive affect, and life satisfaction are the three distinct elements of an individual's subjective well-being⁴⁹. Life satisfaction relates to the cognitive-judgmental parts of quality of life, whereas positive and negative affect refer to its emotional aspects. Throughout their cancer journey, many women deal with some degree of psychosocial anguish, which may have a long-lasting effects on their ability to make wise treatment decisions and adhere to it, as well as on their psychosocial adjustment to cancer and their quality of life³⁵.

The presence of sorrow, despair, and anxiety is a significant risk factor for poor overall and domain-specific quality of life among patients with breast cancer⁵⁰⁻⁵². Patients who depend on God but are always involved in active coping cite improved health outcomes as a benefit more often, including quality of life^{53,54}. Lower quality of life levels haven been related to decreased levels of spiritual well-being⁵⁵.

Theme 5: depression

The cancer continuum is a time of potentially upsetting occurrences, where patients experience difficulties with adjusting to new lives during treatment⁵⁶. An especially disproportionate burden of spiritual obligations affect patients with cancer due to constant worry, despair, dread, and uncertainty feelings⁵⁷. Between 20% and 30% of cancer patients may, at any given moment, suffer clinically severe depression symptoms⁵⁸.

Worse clinical outcomes, such as greater depression rates, worse quality of life, and a heightened risk of mortality, have been linked to negative religious coping (e.g., battling with disbelief in spiritual/religious principles)⁵⁹. Female breast cancer patients have a significant prevalence of mental health issues, with anxiety and depression prevalence rates reaching 40%^{60,61}. A patient's quality of life, perception of pain, adherence to therapy, self-care ability, duration of hospital stay, and even the course of the illness itself, are all negatively impacted by depression⁶².

Theme 6: optimism

Along with spirituality, other advantageous traits that have been linked to improved health outcomes in recent years include optimism and social support⁶³. As a personal resource, optimism helps individuals stay upbeat and see the good in difficult situations. It also provides a more adaptable coping mechanism for situations

in which it is impossible to manage unpleasant stimuli and shields people from the potential side effects of cancer therapy⁶⁴. More spiritually advanced patients with cancer are likely to seem more optimistic^{19,65}.

Study limitations

The literature search was constrained to a single database, namely Scopus. Alternative databases such as WOS and PubMed were not considered for the extraction of data.

Final considerations

This research aims to explore the impact of cancer on an individual's quality of life within the realms of religion and spirituality, employing bibliometric analysis. The examination of existing literature delved into six key themes: religion, spirituality, coping, depression, quality of life, and optimism. The findings of this investigation revealed that individuals facing cancer encounter diverse mental health challenges, including anxiety and depression, coupled with certain physiological issues. Notably, spirituality, religiosity, and optimism emerged as crucial factors in addressing these challenges, contributing to treatment effectiveness and enhancing overall quality of life for cancer patients.

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Mubashir Gull designed the study, conceptualized, and collected and analyzed the data. Sukhjot Kaur analyzed and wrote the manuscript. Both authors read and approved the final manuscript.

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