

# The Experience and Religious Coping at Cervical Cancer Patients with Chemotherapy: A Qualitative Phenomenological Study

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## The Experience and Religious Coping at Cervical Cancer Patients with Chemotherapy: A Qualitative Phenomenological Study

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### Abstract

**Background:** Women diagnosed with cancer face many challenges ranging from the onset of the disease, treatment measures, delay in diagnosis, side effects of treatment, and social problems. **Aim of the study:** This study aimed to explore the experience and religious coping of cervical cancer patients with chemotherapy. **Methods:** The study used a qualitative phenomenological design. There were seven participants in this study by purposive sampling. Participants were women with cervical cancer who underwent chemotherapy and were treated in a hospital in Surabaya. Data collection was through in-depth interviews and field notes, while data analysis used the Collaizi technique. **Results:** The study revealed six themes, such as the purpose of life, the personal meaning of the disease, the emotional response, social support, religious coping, and the hope of recovery in cervical cancer patients with chemotherapy. Cancer patients with chemotherapy face uncertainty and various problems caused by physical, psychological, role, and social changes. However, they do praying, giving alms, and dhikr as religious coping. In addition, they have the hope of recovery. **Conclusion:** Religious coping, the hope of recovery, social support, and life purpose make patients survive cervical cancer. This study can improve the implementation of holistic nursing care for individuals with cervical cancer.

**Keywords:** Cervical Cancer, Chemotherapy, Experience, Religious Coping

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### Introduction

Women diagnosed with cancer face many challenges ranging from the onset of the

disease to physical, social and psychological problems. They are likely to face the consequences in both physical



and psychosocial aspects (1). Psychological and social conditions affect the quality of life in individuals with cancer, especially cervical cancer (2). Furthermore, the environment in health care for cancer patients is very complex. So the condition encourages nurses to focus more on physical care and perhaps put aside emotional and spiritual care. Whereas spiritual or religious needs increase when someone has been diagnosed with cancer (3). A study conducted on 150 patients with cancer in Iran showed their spiritual need score was 64.32, with the highest mean score in the "positivity/gratitude/hope/peace" domain (4).

Cervical cancer is more common in developing countries than in developed ones (5). The Global Cancer Observatory (2018) reported that Indonesia ranked second in the most cases of cervical cancer worldwide, with an estimated number of cases of 32,469 cases per year (6). East Java Province had the most estimated cancer patients in Indonesia, after Yogyakarta, which was 1.1% or 21,313 cases (7). A preliminary study at a hospital in Surabaya showed eight to ten new cervical cancer patients daily. 70% of them were already in advanced-stage cancer with a bad prognosis. Furthermore, prior study found that the prevalence of psychological distress due to cancer was 85% (n=286), including fear of cancer recurrence 61% (n=175), anxiety 53% (n=152), depression 51% (n=145), fear of death 32% (n=91), concerns about sexuality 34% (n=87) and fertility 27% (n=78), and body image disturbances 27%(n=78) (1). In addition, research in

four healthcare facilities in Boston revealed that most of the respondents considered spiritual issues as an important part of cancer treatment by doctors (87%) and nurses (85%) (8).

Having a good spirituality helps patients adjust to changes and cope with illness. Reis et al. (2012) found that praying, visiting mosques, attending religious or institutional gatherings, and having positive thoughts effectively improved patients' spiritual well-being (9). In addition, spirituality or religiosity can influence how a patient manages the cancer experience and finds a silver lining and peace during cancer treatment despite fatigue or pain (9).

Spirituality is an essential element of patient care in health care, especially in palliative care. It has a vital role in providing peace to cancer patients. It doesn't mean they must be cancer-free but can live meaningful life (10). Individuals with good spirituality will have a better ability to overcome problems (11). Furthermore, they can experience increased coping, optimism, and hope, reduce anxiety and promote feelings of comfort and calm (12). Spirituality encourages individuals to make more substantial, more significant, and more focused efforts in doing their best when experiencing emotional stress conditions due to illness (13). In the context of Islamic society, efforts to prevent stress, anxiety, and depression are performing spiritual activities or behaviour through performing religious practices and understanding their values (14).



The role of spiritual care by doctors and nurses is to conduct spiritual screening as part of the patient's social history and support systems. Furthermore, healthcare providers must recognize, meet, and consider the spiritual needs of cancer patients in patient care (15). This study explores the experience and religious coping of cervical cancer patients with chemotherapy. Positive religious experiences and coping can improve spiritual well-being in cervical cancer patients with chemotherapy so that their psychological impact is acceptance of their disease.

### Methods

This study used qualitative research methods. A qualitative research method is a way to study a problem or phenomenon based on a complex and comprehensive picture, expressed in words and presented in in-depth information on realistic situations (16). The authors explored the experiences and religious coping of cervical cancer patients with chemotherapy. The type of phenomenology in this paper was interpretive phenomenology. It means that researchers focus on interpreting the meaning of individuals' experiences and not only explaining those experiences (17). We explored participants' life experiences, especially how experiences and religious coping were when women were diagnosed with cervical cancer receiving chemotherapy. There were seven participants in this study by purposive sampling. Participants were: 1) cervical cancer patients stage 1-3; 2) diagnosed with cervical cancer in the first year; 3) Muslim and lived at home with

their family; 4) receiving chemotherapy; 5) not experiencing cognitive impairment; 6) agree and willing to be a participant in the research. Data collection was through in-depth interviews and field notes. Data analysis used the Collaizi technique quoted from Speziale and Carpenter (2003). We repeatedly read data transcripts, identified keywords, and categorized the data. Next, we determined the sub-themes and potential themes. Participants validated the themes, and then we decided on the final themes.

### Results

#### The characteristics of participants

5 A total of 7 participants participated in this study. The age of the participants was between 37 and 62 years. In addition, their education varied from elementary, middle, and high school. All participants were Muslim with cancer stages II and III. Five participants did not work, and two people worked as traders. Five participants were still in marital status, while two participants were widows. All participants had children between two and four. Five participants were Javanese, and two were Madurese. Furthermore, all participants were diagnosed with cervical cancer two to 12 months ago.

#### The purpose of life in women with cervical cancer

The purpose of life in individuals describes their meaning of life, especially in making cancer patients enthusiastic about living their life with their illness. In this study, women with cervical cancer could bear the pain because of their obligations, roles as wives and mothers, and social relationships. These three reasons made



participants strong in living with their disease and facing all the problems caused by cervical cancer.

"I am being treated here.. and my children live in Banyuwangi.. and I want to get well soon for them.."  
(Participant 1)

"I feel sorry for my husband.. he seems very tired of taking care of all my needs (while crying).. so later, when I recover, I will take care of my husband to return the favour"  
(Participant 3).

"I miss my peers in the recitation group in my neighbourhood.."  
(Participant 6).

#### **The personal meaning of the disease in cervical cancer patients with chemotherapy**

When cancer patients have been formally diagnosed, they have to determine the personal meaning of the disease. Participants interpreted the disease as a test, punishment, sin, God's warning, and gratitude.

"I consider this disease a test.. when I'm more comfortable worshipping because I'm already menopausal.. uh.... Allah gave me a disease like this.."  
(Participant 6).

"I feel because of my many sins I am given this kind of disease.."  
(Participant 7).

"Maybe I am sick because of the punishment for the sins

that I have committed in the past, various kinds of sins."  
(Participant 5).

"This cancer disease is a warning from Allah to me.. I used to forget to pray and fast.. I only thought about living, making money, and being happy.. Allah gave me this illness so that I would realize.."  
(Participant 5).

"I am just grateful for this illness because it has been 41 years I have been given the blessing of being healthy, and I have been sick for five months.."  
(Participant 4).

#### **The emotional response in cervical cancer patients with chemotherapy**

All participants in this study experienced an emotional response to the cervical cancer diagnosis. This reaction was a loss feeling, starting with a denial response.

"I do not understand why I have to experience illness like this?"  
(Participant 3).

"I am sorry why I have this kind of illness.. but what can I do if this is the destiny I have to live.."  
(P4).

"Honestly, I am scared to death due to my current illness ...."  
(Participant 1).

"We will accept.., we are sincere if something goes wrong.. if we feel not sincere, we will be afraid..."  
(Participant 7).

"I am confused... I don't know what my illness is,



then what will I do later... maybe the health provider has informed my child, but I have not been told..." (Participant 5).

#### **Social support in cervical cancer patients with chemotherapy**

Participants in this study received support from the people around them (husband, relatives, children, family, neighbours) and the healthcare provider environment. Types of social support provided to participants were emotional, financial, and physical.

"I got this treatment free of charge for the hospital fee.. but for other costs such as transportation, food, and other needs, I was assisted by my children and relatives" (Participant 3).

"When I checked the lab before chemotherapy, my husband was accompanied by me... and he was also the one who got the medicine, and prepared the things needed at the hospital" (Participant 5)

"Since I do not work because of illness, I am given a monthly allowance by my children.. because my husband does not work either.." (Participant 2)

"My peers in the recitation group also pray for me so that I will be immediately recovery" (Participant 7)

#### **Religious coping in cervical cancer patients with chemotherapy**

Participants feel that regular praying brought them closer to God. Participants' religious coping for their healing was praying, giving alms, and dhikr. However, participants admitted that the frequency of their praying decreased due to their physical changes.

"I feel that Allah is close... even when I pray, I cry... asking for healing so that I can take care of my child... I pray that my treatment in this hospital is successful, even though I am far from my family... I am grateful to have the social security agency of Indonesia, so it's free.." (Participant 3).

"There are no differences, just like usual... I try to keep praying, although sometimes I get confused because I'm bleeding a lot..." (Participant 7)

"I give alms as much as I can so that it becomes medicine and forgiveness so that Allah will give healing to my illness" (Participant 7)

"I have been doing dhikr and remembering Allah a lot since I was sick because I became terrified of death" (Participant 1)

#### **The hope of recovery in cervical cancer patients with chemotherapy**

Hope is one of the spiritual domains of understanding life in individuals. Therefore, it is the basis of the spiritual aspect. Almost all participants hoped to



recover, survive, and live a daily life after chemotherapy.

"I want to be healed and want to be healthy like before" (Participant 7)

"How much longer can I survive with this condition?" (Participant 2),

"I thought that if I could recover and be healthy again, I would be a better wife and mother to my children" (Participant 5)

### Discussion

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This study revealed that cervical cancer patients used a variety of active strategies to cope with their illnesses. The purpose of life creates enthusiasm to undergo treatment. Cervical cancer is a chronic, life-threatening and incurable disease, so it can potentially raise awareness to understand and interpret the meaning of life in individuals (18). Participants in this paper believed that the purpose of life was crucial in going through the treatment and recovery of cervical cancer. In line with Mukwanto's research (2010) on breast cancer patients, respondents adopted positive attitudes or suggestions and reaffirmation as coping mechanisms (19). Another research also found that breast and cervical cancer patients used positive thinking and a purposeful lifestyle as coping mechanisms (20). Participants in this study could cope with their illness because of their obligations, roles as wives and mothers, and social relationships.

This paper found that being diagnosed with cervical cancer changed the participants' lives. They questioned the meaning of the disease and adapted. They believed that other people did not cause their pain but because of their sins. A study revealed that cervical cancer patients who interpreted their disease as punishment would try to find a rational explanation for the physical impacts of the disease they experienced (18). It aligns with Nyblade's (2017) study on cervical and breast cancer patients. Participants considered cancer to repent from violations and mistakes in the past and a test from God (21,22). Thus, most cancer patients do self-introspection.

Our findings showed that cervical cancer patients with chemotherapy initially experienced a denial response that they had cervical cancer. Another research explained that the negative feelings experienced by people living with cancer were feeling of shock, sadness, worry, and confusion (23,24). In this paper, participants denied that they had cervical cancer, were confused about what to do after being diagnosed with it, and did not understand that they had cervical cancer. In addition, some participants felt uncertain due to repeated chemotherapy, so it takes time, effort and cost. Thus, social support is essential for the psychosocial well-being of women with cervical cancer. Participants in this study received emotional support from their families (especially husbands, children, and siblings) and social groups (recitation groups). Social support can support emotional aspects in individuals. The most



significant social support received by participants in this paper came from their families. Palliative care allows patients to receive emotional, social, and spiritual support. Moreover, it helps patients manage their pain and disease symptoms (25). Prior research also found that cancer patients' husbands and children were the most significant source of social support. The patients got physical, emotional, financial, and informational support from their families (26).

Furthermore, four of the seven participants performed religious activities (prayer, giving alms, dhikr) after being diagnosed with cervical cancer. Research in Ethiopia also indicated that cervical cancer patients at an advanced stage improved their worship of God (27). Cancer patients overcame the psychological impacts of the disease by remembering family, spiritual activities (one of which is istighfar), and distractions (28,29). Previous studies have acknowledged that spirituality or religiosity positively impacts psychological stress and a better ability to cope with serious illnesses such as cervical cancer (30,31). In addition, research with a meta-analysis of 32,000 patients showed that greater spirituality promotes physical health outcomes (32).

Moreover, hope can help individuals with cancer deal with discomfort and live life to the fullest. A study by Rahayu found that almost all cancer patients in her research had hope of recovery after struggling with chemotherapy (33). Kirana's research in 2016 also revealed that cancer patients had hope and confidence to recover, so

they did not have to undergo chemotherapy again and could continue their lives (34).

### Conclusion

In conclusion, cancer patients with chemotherapy face uncertainty and various problems caused by physical, psychological, role, and social changes. They do praying, giving alms, and dhikr as religious coping. In addition, they have the hope of recovery. Religious coping, the hope of recovery, social support, and life purpose make patients survive cervical cancer. This study can contribute to improving the implementation of holistic nursing care for individuals with cervical cancer.

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### Ethical Approval

This study obtained ethical approval from the Soetomo Hospital Research Ethics Committee (0159/104/VIII/2020)

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**Conflict of Interest**

The authors declare no conflicts of interest in this study.

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