



Religious Beliefs, Practices and Quality of Life among Cancer Survivors: A Study on Cancer Survivor from Shaukat Khanam Cancer Hospital Lahore

Aaqib Shahzad Alvi¹, Intisar Hussain², Afzaal Afzal³, Abdur Rahman⁴

¹ Assistant Professor, Department of Social Work, University of Sargodha, Pakistan.

Email: aaqib.shahzad@uos.edu.pk

² M.Sc Sociology, Department of Sociology and Criminology, University of Sargodha, Pakistan.

Email: intisarhussain786@gmail.com

³ Community Development Officer, Public Health Engineering Department, Punjab, Pakistan.

Email: afzaal.afzal2010@gmail.com

⁴ Social Worker, University of Child Health Sciences, The Children's Hospital Lahore, Pakistan.

Email: abdurrahmansocialworker@yahoo.com

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ABSTRACT

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Religious belief and practices are meditative to assist people in confronting problems and an unrestrained prospect that absorbs connection to something greater, sacred, inspirational and intensively tied to a deep sense of entity. It is an integral dimension of an individual's life and recognized as a critical factor in their physical, psycho-social, cultural and health practices which deal with potentially life threatening and chronic diseases like cancer. Religious belief and practices have significant influences on the patient's support system, emotional stability, enhance decision making, connectedness, acceptance, and even belief in survival among others. Religiosity among cancer patients/survivors manage life stressors and are linked to the notion of divinity; maintain relationship with God, reduction of negativity, improvement in health and quality of life. This empirical study was a cross-sectional research that carried out through the diagnostic survey methods and estimation. The primary data obtained from cancer survivors from Shaukat Khanam trust cancer hospital Lahore through Structured questionnaire along with DSES scale by Lynn G. Underwood (2006) and the scale of European organization for research and treatment of cancer (EORTC QLQ-C30). Findings of the study indicated that there is significant association between religious belief, practices and quality of life among cancer survivors.

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Corresponding Author's Email: afzaal.afzal2010@gmail.com

1. Introduction

Religious belief and practices are meditative to assist people in confronting problems that push the limits and quality of human life (Shnayder, Ameli, Sinaii, Berger, & Agrawal, 2023). Religious belief is an expansive prospect that absorbs connection to something greater, sacred, inspirational and intensively tied to a deep sense of entity. Religion is an integral dimension of an individual's life and recognized as a critical factor in their psycho-social, cultural and health practices (Goyarrola et al., 2023). There is growing evidence that religious belief and practices are among the prime sources when people confronting major life threatening and chronic diseases like cancer. Religious practices among cancer patients manage their life stressors in the way linked to the notion of divinity; improvement in health, quality of life, maintain relationship with God and reduction of negativity (Chan, Yu, Kwok, & Wan, 2022).

Cancer is one among the most life threatening diseases which ranked first among malignancies and fifth among death causes in both high and poor income countries like Pakistan (Moussa et al., 2023). The diagnosis of cancer alters life functions of patients and often challenges optimism, quality of life and wellbeing. The patients experience varying levels of

stressors, fear, anxiety and depression (Saarelainen, 2019). The individual suffering with cancer continually experiences uncertainty about his life and future, which provokes a plethora of psycho-social distress such as hopelessness, negative self-perceptions, and grief over changing life circumstances, and psychiatric co-morbidities among others (Kim et al., 2023).

The process of diagnosis, treatment and survivorship of patients are life changing incidents that prompt cancer patients to look for an understanding of not only dedicational aspects, but also an understanding of all possible aspects that positively affect their lives (Damberg Nissen et al., 2020). However, this unusual phenomenon could lead patients to be attached with more strengthening and amplifying aspects of their life such as religion and God. The patients feel physical and emotional weakness, but perhaps their sanguinely revived through transcendental religious beliefs and practices. It is evident (Gan, Gong, & Kissane, 2022; Ikharo et al., 2023; Qan'ir et al., 2022) that religious belief and practices have significant influences on the patient's support system, emotional stability, enhance decision making, acceptance, connectedness and even belief in survival among others. Considering this novel idea, numerous organizations across the globe have sought to progress the religiosity process by establishing structured religious service so that its positive impacts could be maximized among cancer patients and survivors (Rizalar, Tufan, & Uslu, 2023).

Addressing religious concerns which enable the patients to improve quality of life and connect with hope despite the ill feelings (Sun et al., 2021). Religious belief and practices helps patients to combat their feeling of vulnerability, over-thinking, helplessness, enhance recovery, process with confidence, self-assurance, less fear, hope and optimistic feelings (Arias-Rojas, Arredondo Holgin, Carreno Moreno, Posada Lopez, & Tellez, 2022). Cancer patient's attitude, behaviour and daily life religious experiences may be important resources and are much beneficial for adjusting physical health, mental condition, and societal challenges attached with diseases. Quality of life in cancer survivors is positively associated with overall wellbeing, managing stressors, self-esteem, anxiety and fighting spirit (Guerra-Martín et al., 2023).

With greater perceived religious support patients integrate their difficulties in ways that may help to promote their quality of life, helping in adjustment with chronic conditions and deal with reality of life among others but this relationship is not uniformly positive as various aspects associated with poorer subjective health (Tang, Li, & Pang, 2020). Therefore, this relationship among religiosity and health conditions of cancer patients is embedded in a multidimensional and complex matrix of varying dimensions with a variety of social, physical and psychological (Merluzzi, Salamanca-Balen, Philip, & Salsman, 2023).

The importance, significant and role of religiosity can be cultivated for a lifetime process and have its own specific dynamics and depth (Mai et al., 2021). Different events such as traumatic for cancer patients can significantly change the degree and pace, intensity and frequency. For instance, the patients in whom religious practices have positive outcomes claim that their God helped them and enhance their strengths, energies and heal (Lee, Roh, Hsieh, & Park, 2023). They strongly associated religiosity among other things such as illness, difficulties and life lessons given to them by God as a chance or warning, or punishment for moral trespasses. These approaches and beliefs restore patient's confidence, peace of mind and connectedness among cancer patients in reconciles with fate, moral order and alleviates suffering (Gull, Aqeel, Kanwal, Khan, & Akhtar, 2022).

The World health organization (2021) published their report, which highlighted that Pakistan is leading in Asia with regard to cancer and more than 300000 new cancer cases are reported every year. Over 10000 people die with cancer each year and this figure is nearly half as high as the total number of victims of oppression motivated by fear over the previous 1.5 decades (Ladak, Raza, & Khawaja, 2022). Pakistan is one of the most densely populated and numerous people suffer from the lingering effects of this devastating disease (Majda et al., 2022). The unsettling revelations demonstrate that setting up clinical and treatment facilities for malignant growth is absolutely necessary to combat the gloom (Ikharo et al., 2023).

This empirical study conducted to understand and answer the question; do religious beliefs, practices synergistically affect psycho-social and physical health along with quality of life in a cohort of cancer survivors? The findings may facilitate and create deeper consensus of the implications behind the conceptual distinction between religiosity and health conditions of

cancer patients (Nkoana, Sodi, Makgahlela, & Mokwena, 2022). Scale of association enriched knowledge and behaviors of patients, their families and healthcare professionals to improve holistic care after. Furthermore, the application of prevention strategies, the establishment of effective public health policies, and the promotion of healthy behaviors for those who live in resource-poor environments can all benefit from the findings. The Objective of study is to understand the impacts of religious beliefs, practice and quality of life among cancer survivors

2. Material and Methods

This empirical study was a cross-sectional study and carried out through a method of diagnostic survey and estimation. The primary data for this quantitative study was collected by using survey and scaling techniques through structure questionnaires. The participants selected from the list obtained from Shaukat Khanam trust cancer hospital Lahore and informed consent were obtained from participants before data collection. Only the cancer survivors from 2019 to 2022 were selected and questionnaires were distributed to all participants meeting the criteria (157).

Finally one hundred and one (101) participants selected for this study on the basis of their response and cooperation. The participants were aware regarding the nature of this study and have the right to not answer or withdraw at any time, stage or reason; this may have a lower percentage of responses. Out of total 101 participants, 56 (55%) were female and 45 (45%) were male patients, who suffered from cancer in the past. These patients must be professing any specific religion such as Muslims, Christians, Hindus among others.

The questionnaire formulated in accordance with the specific nature of the study and comprises various sections such as the first section covers socio-demographic and economic characteristics of participants. Second portion covers the diseases related background such as diagnostic and treatment process, duration, difficulties and socio-economic issues. The third section discussed religious belief, practices and experience, for this daily spiritual experience scale (DSES) by Underwood (2006) was used. Finally to assess the quality of life among cancer survivors, the next section considered quality of life of cancer patients (EORTC QLQ-C30) by the European organization for research and treatment of cancer was used. The process of data collection lasted from October 2022 to March 2023.

The collected data edited, coded and entered SPSS-23 for further statistical analysis. Findings presented in the form of numeric and percentage for comprehensive elaboration and interpretation. Various univariate, bivariate and multivariate analyses such as nonparametric tests were applied and comparison of quantitative variables. The statistical analysis was applied at .05% level of significance.

3. Results

Descriptive analysis carried out to check the socio-demographic background situation of participants. The primary data was collated from both male and female cancer patients who obtain their treatment from Shaukat Khanam cancer hospital Lahore. Table 1 presented distribution of characteristics with as follows

Table 1: Distribution of Demographic Characteristics

Variable	Description	N	%	Mean	SD	P-Value
Gender	Male	45	45.0	3.4	0.61	0.001
	Female	56	55.0	3.6	0.50	
	Total	101	100			
Religion	Muslims	87	86.1	3.73	0.93	0.000
	Christian	11	10.9	2.1	0.42	
	Hindu	3	3.0	0.1	0.12	
	Total	101	100			
Age	Up to 40	13	12.9	2.11	0.36	0.003
	41 – 50	22	21.8	3.0	0.25	
	51 – 60	11	10.9	2.2	0.32	
	61 – 70	26	25.7	3.32	0.48	
	71 – 80 or above	29	28.7	3.65	0.59	
	Total	101	100			
Marital Status	Single	23	22.7	3.21	0.41	0.000

	Married	51	50.5	3.91	0.98	
	Divorced/ Widowed	27	26.8	3.5	0.53	
	Total	101	100			
Living Area	Urban	64	63.4	3.57	0.86	
	Rural	37	36.6	3.1	0.54	0.000
	Total	101	100			
Education	Up to High School	40	39.6	3.42	0.50	
	College	48	47.5	3.55	0.49	
	Postgraduate or above	13	12.9	2.7	0.29	0.007
	Total	101	100			
Monthly Income (Rs)	Up to 25000	6	5.9	2.0	0.49	
	25001 – 50000	17	16.8	3.0	0.33	
	50001 – 75000	43	42.6	3.78	0.57	
	75001 – 100000	14	13.9	2.9	0.31	0.002
	100001 or above	21	20.8	3.31	0.47	
	Total	101	100			

Out of total 101 participants 55.0% were female, 45.0% male and largest portion 86.1% belongs from Muslim religion. Findings highlighted that maximum 52.5% participants are 60 or above years old and 50.5% were married among overall cancer survivor. Out of total 63.4% participants belongs from urban areas and 47.5% participants have upto graduation qualification. A large portion of participants 42.6% have their monthly income between 500001 – 75000 rupees. The table 1 also shows means, standard deviation and p-values according to the socio-demographic and background variables. The findings of these tests are within the prescribed limits and suited for further evaluation.

Table 2: Distribution of Difference with Regard to Gender and Living Areas of Respondents (Independent Sample T-Test)

Variable		Mean	Standard Deviation	95% Confidence Interval		p-value	t-value
				Lower	Upper		
Gender	Male	29.23	5.25	-1.09	2.97	0.000	1.592
	Female	22.07	4.17	-2.11	2.82		
Living Area	Urban	47.29	7.61	-1.75	1.51	0.001	1.231
	Rural	21.76	4.03	-1.08	1.19		

Independent sample t-test highlighted the difference with regard to the most important background variable such as gender, living area of respondents. Findings from table 2 presented that gender, living area of respondents strongly associated with quality of life among cancer survivors. Table highlighted the means, SD, p-value and t-value with 95% confidence interval.

Table 3: Level of Religious practices / Religiosity and quality of life (Measures of DSES) Points

Level of religious practices / Religiosity (DSES)	0-30		31-50		51-70		71-90		90- 100	
	n	%	N	%	N	%	n	%	N	%
	9	8.9	21	20.8	24	23.8	42	41.6	5	4.9

Results presented in table 3 highlighted the level of religious belief, practices and quality of life among participants. Religious belief, practices and experience, for daily spiritual experience measured by the scale DSES of Underwood (2006) and commutative findings presented in the form of number and percentage. The scale highlighted that maximum 41.6% participants reported that their religious practices enhance their quality of life positively.

Table 4: Level of Religious practices / Religiosity and quality of life (EORTC QLQ-C30) Points

Quality of life / Cancer related fatigue (EORTC QLQ-C30)	0-20		21-40		41-60		61-80		81- 100	
	N	%	n	%	N	%	n	%	N	%
Physical Fatigue	21	20.8	27	26.7	32	31.7	17	16.8	4	3.7
Psychological Fatigue	16	15.8	22	21.8	33	32.7	19	18.8	11	10.9
Social Fatigue	11	10.9	35	34.6	18	17.8	21	20.8	16	15.4

With the intent to understand the level of Religious belief, practices and its association with different aspects of quality of life measured through the European Organization for research and treatment of cancer scale (EORTC QLQ-C30). Table 4 presented the findings and indicated that religious belief and practice by cancer survivors have direct and significant impacts on physical, psychological and social fatigues. The change in the intensity and practice in one variable may cause significant impacts on others.

Table 5: Religiosity and level regarding quality of life (Analysis of variance)

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval		F-value	P-Value
						Lower	Upper		
Physical	High	31	61.12	6.29	1.12	58.82	63.43	1.66	0.000
	Medium	49	61.42	6.86	.81	59.79	63.04		
	Low	21	62.35	7.34	1.09	60.14	64.56		
Psychological	High	51	62.26	8.49	1.94	58.17	66.35	1.24	0.000
	Medium	33	60.70	6.29	1.21	58.21	63.19		
	Low	17	62.14	5.82	1.10	59.88	64.40		
Social	High	42	61.24	6.50	.72	59.80	62.68	2.44	0.001
	Medium	37	60.37	6.64	.98	58.38	62.37		
	Low	22	64.72	7.33	2.21	59.79	69.65		

To understand the variance of impacts on different aspect of quality of life analysis of variance applied and findings presented in table 5. Physical, psychological and social condition of cancer survivors vary from each other. The difference in mean values, standard deviation and standard error presented in table 5 shows variation with 95% confidence interval. The f-value and p-values of test highlighted significant difference of impacts on various dimensions of quality of life among cancer survivors.

4. Conclusion

This empirical research highlighted the association among religious beliefs, practices and the quality of life among cancer survivors. Findings indicated that the largest support of religiosity for cancer survivors is the psychological strength and connectedness. The results of this study are in line with Damberg Nissen et al. (2020), Mai et al. (2021) and Ikhara et al. (2023). Moreover, as reported by Weaver and Flannelly (2004), that study presented that religiosity significantly influence the cognitive, social and physical adaptation of patients to the diseases, treatment and after survivor. Similarly, the findings of this study highlighted that the religious beliefs and practices by cancer patients are strongly associated with gaining confidence, optimistic and positive attitudes during and after treatment, courageously accepting the facts as patients, deal with uncertainty, involve in the progression process and actively cooperate to undergo treatment.

This study was a cross-sectional research and carried out through a method of diagnostic survey and estimation. The primary data for this quantitative study was collected by using survey and scaling techniques through structure questionnaires. The participants selected from the list obtained from Shaukat Khanam trust cancer hospital Lahore and informed consent were obtained from participants before data collection. Only the cancer survivors from 2019 to 2022 were selected. Total 101 participants 56 (55%) were female and 45 (45%) were male patients survivors selected for analysis. Structured questionnaires with various portions along with DSES scale by Underwood (2006) and European organization for research and treatment of cancer scale (EORTC QLQ-C30) were used. The process of data collection lasted from October 2022 to March 2023.

Comprehensive descriptive and inferential analysis proves the assumptions of this study and explains that the patients suffering from cancer face numerous stressors and socio-emotional pressures. Religious belief and practice tend to have high expectations towards the patients and health professionals. From diagnostic, treatment and recovery process patients and his/her relatives are intensively attached with religious practices such as, prayers, good deeds in the name of God, recitation of holy books among others in all religions especially in Muslims. Furthermore, patients have believed that these practices could help him to recover and positively impact on their health conditions. These results are in line with the findings of Gan et al. (2022),

Qan'ir et al. (2022) and Ikhara et al. (2023) reported controlling psychological conditions, physical symptoms and social connections largely associated with religious practice of patients.

In conclusion, the impacts of religious beliefs, practice and quality of cancer patients are strongly associated from the diagnoses, during treatment and after survival of cancer patients. The most important and repeated aspects of religion such as religious practices enable patients to gain confidence, self-esteem, contentedness and hope that helps in the recovery process. Secondly, religious beliefs and practices always encourage and motivate cancer patients to cope with diseases related to social, psychological and economic stress optimistically. Thirdly these beliefs and practices reduce depression and anxiety which relates to diseases and fourthly it enables patients to face uncertainty, improbability and implausibility regarding disease progression. The effects of religiosity on quality of life among cancer servicers had intensive impacts that changed their entire life experiences and patterns.

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