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Original Article

The role of religious coping on the psychological distress of women with breast cancer

Supatmi Supatmi[1*], A'im Matun Nadhiroh[1], Reliani Reliani[1], Akhmad Muzamil[2], Rusnani Ab Latif[3,4]

ABSTRACT

Introduction: Breast cancer poses a psychological burden on the patient due to the disease itself or the treatment that must be undergone. The existence of religious coping for women with breast cancer will make them continue to think positively about their situation.

Methods: This study used a descriptive research design based on a quantitative approach with the aim of analyzing religious coping on psychological distress in breast cancer patients. A sample of 88 breast cancer patients was carried out by non-probability convenience sampling with. The instrument in this study uses the RICOP Brief, while the psychological distress instrument is the Kessler Psychological Distress Scale (K10) The collected data were analyzed using the Spearman rho analysis test with a confidence interval of 95% with α = .05.

Results: It was obtained that the effect of positive religious coping on psychological distress was *P*-value = .034 ≤ .05 with r = -.312 for positive religious coping on psychological distress with a *P*-value = .992 with r = -.001. The higher the use of positive religious coping strategies, the lower the level of psychological distress.

Conclusion: Positive religious coping has a significant effect on psychological distress in women with breast cancer with negative values, where high positive religious coping will reduce the psychological distress that occurs, The use of religious coping has no effect on psychological distress in women with breast cancer.

Keywords: breast cancer; psychological distress; religious coping

INTRODUCTION

Women diagnosed with breast cancer, both young and old, have the same psychological problems related to trauma diagnosis, side effects of therapy that can alter body image and sexual behavior, fear of recurrence, and death (Dinapoli et al., 2021). Psychological disorders can be anxiety, sadness, depression, anger, uncertainty about the future, despair, fear of cancer recurrence, decreased self-esteem, decreased body image, unloved and fear of death (Khazi et al., 2023; Soqia et al., 2022). These psychological disorders can be present from the time of diagnosis and continue to persist after the diagnosis (Ośmiałowska et al., 2021). These changes can affect the psychological impact on the quality of life of breast cancer patients (Mathew & Devi, 2016). Psycholocal distress is the emotional suffering associated with stressors and demands that are difficult to cope with on a daily basis (Aitken & Hossan, 2022). Psychological distress can be a predictor of death for patients with cancer. Religiosity is a resource for individuals facing cancer, it is important to recognize the negative impacts that can be psychologically disturbing (Gall & Bilodeau, 2020). Religious coping of women with breast cancer will make them keep positive thoughts about their situation so that they can reduce anxiety, stress, depression, and helplessness (Dinapoli et al., 2021). Overcoming psychological distress in women with breast cancer can be done through an approach strengthening positive religious coping which is integrated into nursing care.

The incidence of cancer in Indonesia reached 396,914 cases, with 234,511 deaths and will continue to increase if cancer control efforts are not carried out. The highest cancers in women are breast cancer with 65,858 cases, cervical cancer with 36,633 cases, lung cancer with 34,783 cases and colorectal cancer with 34,189 cases (Prasetya et al., 2023). The prevalence of cancer in women in East Java, based on basic health research in 2018, is more when compared to men. Females are 3.5 per 1,000 population and males are .8 per 1,000 population. Breast cancer in Surabaya in September 2022 amounted to 1,343 cases, there was an increase in 2023 of 11%, as many as 167. Breast cancer data at Haji Hospital Surabaya in 2022 is 3,042 outpatients and 325 inpatient patients. In 2023, there will be 3,355 outpatient and 223 inpatient patients, 1,747 patients will be outpatients and 63 patients will be hospitalized (Medical Records of Haji Hospital, 2023). The prevalence of cancer-related psychological distress was found to be 85% (n = 286) fear of cancer recurrence (n = 175.61%), anxiety (n = 152.53%), depression (n = 145.51%), fear of death (n = 91, 32%), anxiety about sexuality (n = 87, 34%), fertility (n = 78.27%), and body image disorders (n = 78.27%) (Mattsson et al., 2018). The results showed that half of the total respondents (n = 64%, 47.8%) experienced low levels of spiritual well-being and psychological well-being during the entire illness period (Widyaningsih & Istifaraswati, 2020).

Factors that can affect the level of psychological distress in cancer patients include religiosity or spirituality, resilience, personality, and knowledge of the disease (Dinapoli et al., 2021; Maryanti & Herani, 2020). Women facing breast cancer feel great pressure as they have to face new and challenging problems and choices. Receiving a diagnosis, undergoing

***Correspondence**: Supatmi Supatmi (supatmi-2018@fkp.unair.ac.id)
[1]Faculty of Health Sciences, Universitas Muhammadiyah Surabaya, Surabaya, Indonesia
[2]Haji Hospital Surabaya, Surabaya, Indonesia
[3]Medical and Health Sciences Department, Universiti Teknologi MARA, Shah Alam, Malaysia
[4]Nursing and Midwifery Department, Universiti Teknologi MARA, Shah Alam, Malaysia

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treatment, understanding the prognosis, dealing with possible side effects, possible relapses, and facing an uncertain future, are stages of a stressful process that can lead to psychological instability, depression or other mood disorders (Myint et al., 2025). The religious dimension plays an important role in the way breast cancer patients cope with psychological distress. Religion forms a meaning, when individuals are faced with a problem in their life by creating a positive worldview, so that those who are religious are more able to interpret negative life experiences in a meaningful and wise perspective (Fekih-Romdhane et al., 2021).

Individuals who have a high level of religiosity tend to use coping religiosity and have calmness and not be easily anxious in dealing with the sources of stress experienced and can foster optimism and confidence (McMahon & Biggs, 2012). This more positive emotional mood will prevent the individual from gettig caught up in depression and a state of psychological distress. Religious practices and religious experiences make a person able to cultivate positive emotions related to mental health. Positive emotions from religion can also prevent individuals from engaging in negative compensatory behaviors in solving their problems (Koenig, 2020). Positive religious coping is thought to be linked to benefits in psychosocial adjustment such as solving one's problems by collaborating with God. This positive outlook then fosters a sense of hope, which in turn fosters calmer and more hopeful emotions (Zamanian et al., 2015). Research on religious coping in Muslim women with breast cancer in Indonesia is very limited, as most providers focus solely on physical issues. Therefore, identifying religious coping is necessary as an effort to reduce the psychological distress that occurs through a psychoreligious approach. Therefore, this study aims to identify religious coping in women with breast cancer who experience psychological distress.

METHODS

Study Design

This study used a descriptive research design based on a quantitative approach. Through this method, women with breast cancer undergoing treatment at the Haji Hospital in Surabaya were identified focused on their religious coping and psychological stress.

Sample and Setting

The population in this study is all women with breast cancer who underwent treatment/control at the hematology oncology polyclinic of the Haji Regional General Hospital, East Java Province in Juni – August 2024, a sample of 88 breast cancer patients was carried out by non-probability sampling with convenience sampling.

Variable

The independent variable in the research is religious coping; the dependent variable is psychological distress.

Instruments

In this study, religious coping measurements were carried out using the IRCOPE (Iranian Religious Coping Scale) measuring tool. This measuring tool was developed by Aflakseir and Coleman (2011) in the context of Islam. IRCOPE has two dimensions of religious coping, namely positive religious coping and negative religious coping. Of the two types, religious coping is then further divided into five sub-categories, namely religious practice, negative feeling toward God, benevolent reappraisal, passive, and active. There are 22 items on this measuring device. Items in this scale are all arranged in a favorable form. This is a Likert, type of scale so there are five answer options, namely: (1) Always; (2) Often; (3) Sometimes; (4) Rarely; (5) Never. In this study, the researcher calculated the value of religious coping by separating the calculations between positive and negative religious coping. Items related to religious practice, benevolent reappraisal, and active religious coping are included in positive religious coping, while items related to negative feeling toward God and passive religious coping are included in negative religious coping. Meanwhile, the Kessler Psychological Distress Scale (K10) is one of the simple measuring tools of psychological distress, showing reliability with Cronbach's α greater than .88 . This scale consists of 10 questions that discuss related to the symptoms of anxiety and depression experienced by individuals over the past month (Easton et al., 2017) with answers using the Likert scale :1= Never; 2=Rarely; 3= Sometimes; 4= Often; and 5= Always. The interpretation of this measuring tool is that the higher the score, the higher the psychological distress (Wang et al., 2020). The total score if the K10 is in the range of less than 20 is categorized as "not experiencing stress"; a score of 20-24 is categorized as "mild stress"; a score of 25-29 is categorized as "moderate stress"; and scores of 30 and above 30 are categorized as "severe stress"

Data Collection

Data were collected through face-to-face interviews. The procedure for collecting data was to fill out a questionnaire after the respondent gave consent. The research was carried out for eight weeks (July – August 2024) at the hematology oncology polyclinic hospital in Surabaya city.

Data Analysis

The collected data were analyzed using the Spearman rho analysis test with a confidence interval of 95% with $\alpha = .05$.

Ethical Clearance

This research has obtained ethical approval from the Health Research Ethics Committee of the East Java Provincial Hajj Hospital (445/119/KOM. ETICS/2024).

RESULTS

Based on Table 1, the characteristics of 88 respondents were obtained as the youngest age was 34 years old and the oldest at 83 years old, respondents with a university education (34%), housewives (76%), married (79.5%), with a long time diagnosis of breast cancer 1-12 months (34%), with stage IIIA (27.2%) and undergoing treatment with mastectomy and chemotherapy/radiation (39.8%).

Based on Table 2, positive religious coping was used in the high category (63.6%), and for the use of negative religious coping in the high category (55.6%) with the occurrence of mild psychological distress (26.1%), where there was an influence of positive religious coping on psychological distress with *P*-value < .05.

Table 1. Demographics of Characteristics

Characteristics	n	%
Age Mean ± SD	53.11 ± 9.76	
Min	34	
Max	84	
Education		
Elementary School	16	18.2
Junior High School	14	16.0
Senior High School	28	31.8
Higher Education	30	34.0
Employment		
Housewife	67	76.0
Civil Servant	7	8.0
Private Sector	14	16.0
Income		
< Minimum Wage	61	69.3
Minimum Wage	13	14.7
> Minimum Wage	14	16.0
Marital Status		
Unmarried	5	5.8
Married	70	79.5
Widow	13	14.7
Long Diagnosed		
1-12 months	30	34.1
13-24 months	29	33.0
25-36 months	9	10.2
37-48 months	5	5.7
19-60 months	4	4.5
>5 years	11	12.5
Stadium Ca		
IA	2	2.2
IB	2	2.2
IIA	23	26.1
IIB	18	20.5
IIIA	24	27.5
IIIB	11	12.5
IV	9	10.3
Treatment		
Mastectomy	33	37.5
Mastectomy and Chemo/ Radiation	35	39.8
Mastectomy, Chemo and Radiation	20	22.7

Table 2. Religious Coping on Psychological Distress in Women with Breast Cancer (n=88)

Variable	n	%	Psychological Distress
Positive Religious Coping			
High	56	63.3	*P*-value .034 r = -.312
Medium	32	36.4	
Negative Religious Coping			
High	49	55.6	*P*-value .992 r = -.001
Medium	38	43.2	
Low	1	1.2	
Psychological Distress			
None	61	69.3	
Mild	13	14.7	
Moderate	14	16.0	
Severe	5	5.8	

DISCUSSION

Positive religious coping affects psychological distress, where increasing positive religious coping will reduce psychological distress. Positive religious coping explained by indicators of religious practice, benevolent reappraisal and religious coping activities can provide a variety of adaptive functions for individuals such as understanding and interpreting an event that occurs, providing various avenues to achieve self-control and mastery, and reducing individual worries about living in a world where life-threatening events can happen all the time. Faith and religion helped most participants to overcome problems. Praying with a strong belief that God will heal them helps women to calm down and develop a positive outlook. Previous studies in India reported the use of religious beliefs and practices as coping mechanisms (Daniel et al., 2022).

Individuals who use positive religious coping also show lower depression, anxiety, and distress. This adaptation proved that most respondents were willing to undergo treatment measures of more than one type of treatment (chemotherapy and radiation) even with various side effects occurring. The results of this study are in line with a study that the use of religious coping increases optimism and hope, which in turn inhibits anxiety (Vishkin & Tamir, 2020). Religious coping behaviors, such as praying, are usually done to manage situations can cause psychological stress (Jong, 2020). The respondents in this study were Muslims, with an average of 53 years old, with a breast cancer diagnosis, who came to health services mostly at stage IIIA. Most individuals are over the age of 50 and are in the stage of emotional and spiritual maturity. They tend to have a more mature outlook on life as well as a better acceptance of illnesses, including experiences of facing various difficulties, making them more reliant on religious power as a source of calm and self-strengthening. Another study exploring coping styles among young and old cancer patients showed that older individuals had a resignation strategy (Hernández et al., 2019). Getting closer to God through religious practices such as prayer, giving alms and also assessing that cancer can be an abortion and make it a strength to undergo treatment. Individuals who are sick and use positive religious coping refer to the hadith: "Every Muslim who is affected by illness or something else, surely Allah will remove his fault, like a tree that sheds its leaves (HR. AL Buchori no. 5660 and Muslim no. 2571).

This finding is in line with Al-Natour et al. (2017) who stated that, in Iran, breast cancer patients on average have a high regiliusness; this is attributed to the predominantly Muslim Iranian society and more religiosity when diagnosed with cancer. This research is in line with the research of Effendy et al. (2014) in Indonesia where the majority are Muslims and religion plays an important role in their daily lives, where illness is considered God's will, and death is predestined by God, which makes it easier for them to accept their illness and limited life expectancy. Through religion, individuals can rebuild their cognitive processes regarding the cancer they

experience. These cognitive changes will change the reality of the individual after trauma so that it will form new schemes and possibilities that can occur in the future and will make the individual better than before. The religious approach also increases a person's likelihood of understanding and reconciling with the events of life (Harrison et al., 2001). Many research studies have confirmed the effectiveness of religious coping behaviors in helping people manage their feelings of distress and anxiety, as to overcome guilt they submit completely to God's will, view positive fiction, and control their fears (Rababa et al., 2020). Positive spirituality/religiosity can be used as a positive coping mechanism to adapt to cancer diagnosis and treatment (Khodaveirdyzadeh et al., 2016). Religiosity becomes very important when individuals experience life-threatening situations; therefore, believing in God can overcome problems caused by cancer (Bhatnagar et al., 2017).

In regard to negative religious coping with negative feelings toward God and passive religious coping, aperson does negative religious coping because there is a tendency to think badly about things that happen beyond his will and have an impact on him, Individuals who use passive religious coping tend to wait for God to control the situation, where the individual only expects God to solve his problems Reproductive age, marriage and having a partner (husband), and breast cancer diagnosis will provide a psychological burden. Most respondents were diagnosed with breast cancer for less than 12 months with treatment that had to be undertaken, both mastectomy, chemotherapy and radiation, which would cause fatigue. In this study, all respondents underwent mastectomy so that the likelihood of low self-esteem disorders will occur, despair, as well as self-identity disorders, feeling depressed and also withdrawing (Kuswanto et al., 2023). The treatment carried out does not provide a guarantee of recovery from the illness and they feel that Allah has abandoned them. In line with research conducted by Baldacchinoet et al (2023), it was found that it will express a decrease in the individual's closeness to their God, due to disappointment from unfulfilled expectations so that they consider God far away and not granting their wishes, which is related to reduced acceptance of the current situation. Respondents' income under UMR is also a problem that occurs and faces psychological disorders even though treatment uses health insurance; this is in line with research by Altice et al. (2017) which emphasizes the financial challenges experienced by cancer patients, especially during treatment, which can contribute to further psychological and emotional stress. This coping method is an expression of different religious orientations; which involves a strained relationship with God, as well as the view that the world is an unsafe place (Pargament et al., 1998).

It was found that positive religious coping is more widely used than negative religious copiing. These findings support the results of previous studies in Germany which showed that negative religious coping strategies are generally less used than positive religious coping (Thuné-Boyle et al., 2011; Zwingmann et al., 2006). Negative religious coping is determined by a series of different methods of religious coping, namely spiritual dissatisfaction, blaming God's destiny, interpersonal religious dissatisfaction, judgment of the power of evil, and re-assessment of God's power. Thus, people who use negative religious coping will combine different religious thoughts, feelings, behaviors, and concepts in their efforts to deal with life's major stressors (Pargament et al., 1998). The use of negative religious coping is often carried out by clients who have just been diagnosed with cancer, who are still in the stage of denial of what has happened to them.

CONCLUSION

Positive religious coping explained by religious practice, benevolent reappresial and religious coping has a significant effect on psychological distress in women with breast cancer with negative values, where high positive religious coping will reduce the psychological distress that occurs, The use of religious coping has no effect on psychological distress in women with cancer breast. Women with breast cancer use religious coping as a way to improve their psychological well-being.

Declaration of Interest

The authors declare that there is no conflict of interest.

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Data Availability

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

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