

Hope and Religious Beliefs in Iranian Cancer Patients

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Abstract: Despite considerable advances in medical science, cancer remains to be as one of the most important diseases. Psychological problems of cancer patients affect on the quality of life, suicide rate, long confinement and even their life lengths. As well as the goal of this study was assess the relation between hope and religious beliefs in the cancer patients who refer to chemotherapy center. This study is a descriptive and analytic study in which 220 cancer patients who referred to the chemotherapy and radiotherapy center, through accessible random sampling method were tested. For gathering the data we use demographic particulars questionnaire, Allport religious beliefs questionnaire and the Hope Herth questionnaire. Findings showed that, 78 patients (35.5%) of the total 220 studied patients were in an age group of 51-60 and 14 (6.4%) were 41-50. As for the goal of the research, i.e., determining the relation of religious beliefs and patients' hope, the results of Man-Whitney U test indicated a significant relation, $p < 0.002$. Considering the results of this study as well as other conducted studies, it seems that addressing the effective factors can result in improvement of the relevant nursing cares and will allow the families and nurses to concentrate on important and significant aspects such as religious beliefs.

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1. Introduction

Despite considerable advances in medical science, cancer remains to be as one of the most important diseases of the present century and the second cause of death after cardiac and vascular diseases. This disease is distinguished by abnormal deformation of cells and loss of cellular distinction. At the present time, more than 7 million people in the world lose their lives as the result of cancer. New cases of cancer are anticipated to increase from 10 million to 15 million by 2020. Cancer has different changes, pressures and effects on the patient's life as well as on his/her family's. A good reaction to cancer depends on the patient and his/her psychological structure, family and social environment, inabilities and developed deformities and may also affect all the patient's activities. The crises arising from cancer lead to imbalance and inconsistency of the mind, body and soul (Hasanpoor Dehkordi and Azari, 2006). In this regard, psychological problems of cancer patients affect on the quality of their lives,

suicide rate, long confinement and even their life lengths (Palmen and Fish, 2005).

Furthermore, reactions such as denial, anger and sense of sin and guilt are observed in these patients. A group of Italian researchers studied cancer patients within an age range of 18-65 and found that anxiety was the most important mental health-related factor that affected the quality of their lives. They also found that in case of having more than 50 years of age, low level of education and unemployment, life quality of the patients will be dissatisfactory (Distefano et al., 2008; Masoudi et al., 2012).

On the other hand, if the cancer patients' anger is not expressed correctly, it is likely to become internal and to lead to depression, disappointment and suicide. Most cancer patients suffer from depression and have low concentration and attention. In other words, prevention from emotional disorders including depression in cancer patients is necessary since depression will result in loss of their life quality. Therefore, appropriate interferences to

reduce depression can improve their life quality (Juver and Verçosa, 2008).

The Behavioral Research Center of the American Cancer Society studied 739 people of the family members of cancer patients and found that their high levels of mental stress are related to physical, mental and social disorders (Spillers et al., 2008). But disappointment is the most dominant state for the patient. Depression may occur immediately after the disease or sometime later. It is quite harmful for the patients since it leads to their surrender against the disease. They will no longer endeavor to live and they will lose their opportunities to have a better life in the remaining time of their lives. Hope has a negative correlation with the individual's mental pathological indices in general and with the existing depression specifically. Hope anticipates physical and mental health in such a way as they are specified by different indices including self-reporting health, positive answer to medical interventions, mental health, positive temperament, effective adaptability and health improving behavior (Bijari et al., 2008).

Today, there is a high interest in the importance of the role of religion and spirituality in health, disease and caring methods (Yidrim et al., 2009; Shokati et al., 2012). Generally, several studies have shown a high relation between religious and mental health such as reduced depression, increased self-confidence, more support and less alcohol consumption (Koenig et al., 1992). In a study made by Konig, McKalf et al. on 850 studies conducted regarding the relation between religious beliefs and actions and mental health and social performances, they reported that religion influences on mental health by enhancing the ability to cope with stress, to provide a social support space, to provide hope and optimism in order to cause positive excitements such as a better way of living, etc (Koenig et al., 1992). Furthermore, religious tendencies and the behaviors proportional to it will reduce depression, a better feeling of health and reduced fatality (Steffen and Masters, 2005). For this reason, considering few studies made in this regard, the researchers decided to conduct a study aiming at determining the relation between hope and religious beliefs in the cancer patients.

Special objectives:

1. Determining the demographic particulars of those cancer patients who refer to chemotherapy center of Rasht city;
2. Determining the relation of hope and religious beliefs in those cancer patients who refer to chemotherapy center of Rasht city.

2. Material and Methods

This study is a descriptive and analytic study in which 220 cancer patients who referred to the chemotherapy and radiotherapy center of Razi Hospital of Rasht city through accessible random sampling method were tested. The used tool included a questionnaire which included three parts. The first part included demographic particulars questionnaire, the second part included Allport religious beliefs questionnaire and the third part was Hope Herth questionnaire. Hope Herth questionnaire consisted of 12 questions and was pointed from 1 to 3 based on the three-point scale, point 1 = I disagree, point 2 = I am not sure and point 3 = I agree. Negative materials were pointed inversely. Total points included 12 to 36 points. The higher the point is, the higher will be the level of hope. The scientific validity of the used tool was examined and confirmed by using content reliability. The validity of Hope Herth index was examined in 2000 by using a retest in the cancer patients conducted by Ghaznain and Ghaffari and was confirmed by a Peterson correlation coefficient of 0.84 (Porghaznein and Ghafari, 2004). SPSS software, version 15 and χ^2 and Man-Whitney test were used to analyze the data.

3. Results

The findings of this study are presented in 5 diagrams and 1 table as follows:

Table 1. The relation of religious beliefs and hope in cancer patients

Man Whitney Test	Total	Hope			Religious Beliefs
		High	Medium	Low	
0/002	74	35	37	2	Low
<p	146	37	106	3	Medium
	220	72	143	5	Total

Based on the findings of this study, 78 patients (35.5%) of the total 220 studied patients were in an age group of 51-60 and 14 (6.4%) were 41-50. 103 patients (46.8%) were men and 117 patients (53.2%) were women. In view of education, 47.3% were illiterate and a minimum number of them (4.5%) had academic educations. Most of them (86.8%) were married and also most of them (62.7%) were city dwellers. Maximum suffering period of the patients who participated in the study was less than one year and only two of them had a suffering period more than 2 years. Furthermore, the results showed that in relation to religious beliefs, maximum number of the studied patients had average religious beliefs (146 patients) and none of them had high religious beliefs. In relation to hope, maximum number (72

patients) of the total 220 patients had a high hope and only 5 patients had low hope.

4. Discussions

During treatment stages, hopeful patients have a higher resistance in tolerating long and painful treatments as well as the effects of chemotherapy by radiotherapy and they more likely to follow up treatment. These patients cope better with the symptoms of treatment such as loss of hairs, weight gaining, tiredness, and nausea. They are also more likely to follow additional necessary treatments in case of recurrence of breast cancer. Also during improvement stage, more hopeful individuals show more positive thoughts about their lives. Even though the cancer is an advanced one and there is no hope for any treatment, more hopeful patients can arrange other goals for themselves such as spending more time with family and enjoying from the remaining time.

Schneider and Lopez (2002) refer to some researches including Karver researchers which showed that optimist women accepted cancer diagnosis better than the pessimist women and that their refusal from treatment was less than the latter.

In the research conducted by Mohammadi Shahbolaghi entitled "A Survey on the Relation of Hope and Efficient Campaign of Cancer Patients in the Tehran Association of Cancer" which was of descriptive correlation, the results showed that 1.62% of the patients enjoyed a high level of hope, 9.50% of them had a medium efficiency in coping with cancer and 9.25% of them enjoyed a high efficiency in coping with cancer. There was no significant relation between hope and demographic variables. Spearman correlation coefficient showed that there is a positive correlation of 0.68 between hope and efficient coping which is statistically significant as well (Shahbolaghi and Abaszade, 1998).

As for the second goal of the research, i.e., determining the relation of religious beliefs and patients' hope, the results of Man-Whitney U test indicated a significant relation, $p < 0.002$.

The results of Kenneth et al (2003) showed that negative attitudes towards living related to lack of religious beliefs leads to the Increased risk of mental illness, In general, religious men and women become less anxious and anxious disorders (Kenneth et al., 2003).

In addition, a study by Tracy et al (2007) with title a religious and spiritual support for patients with advanced cancer and their association with treatment and quality of life showed that the spiritual needs support of patients and improve the quality of life is associated with clinically important outcomes, moreover there are significant relation between the

religious beliefs and tendency to invasive treatment for life longevity (Tracy et al., 2007).

As well as about the relationship between religious belief and hope, the results of McClain et al (2003) showed that spiritual wellbeing has a strong effect on the end of life hopelessness in cancer patients (McClain et al., 2003., Sheikholeslami et al., 2012).

Considering the results of this study as well as other conducted studies, it seems that addressing the effective factors can result in improvement of the relevant nursing cares and will allow the families and nurses to concentrate on important and significant aspects such as religious beliefs.

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