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Spirituality and Well-Being of Breast Cancer Patients Undergoing Radiotherapy

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Abstract

Breast cancer, a serious diagnosis for women, can cause major alterations in their physical and psychological state and, consequently, lead to changes in their commitment to spiritual and religious practices. Despite the crucial role played by these spiritual aspects in stress management, psychological support and the overall well-being of patients, they remain underexplored in the scientific literature.

The present study aims to provide a comprehensive analysis of the impact of cancer on religious beliefs and practices among patients, with a particular focus on its effect on their quality of life.

A descriptive cross-sectional study was conducted among 50 patients diagnosed with breast cancer and undergoing irradiation in the Radiotherapy Department at the National Institute of Oncology during the period from January 2025 to May 2025. A multifaceted assessment was conducted, encompassing the degree of religiosity, spiritual well-being, quality of life, the presence of physical and psychological symptoms, the extent of acceptance of the disease, and therapeutic strategies. This assessment was complemented by an interview conducted during weekly monitoring consultations, which addressed various factors. The educational and economic levels of the participants were also evaluated.

Introduction

The diagnosis was breast cancer. This diagnosis can be likened to a death sentence for many women. The patient is subjected to a number of challenges, including exhausting treatments, a decline in quality of life and the uncertainty surrounding survival. For many, religion and spirituality play an important role in coping with this crisis [1]. Research conducted among patients with various types of cancer has demonstrated that the majority of these individuals consider religion to be important and that it has facilitated their ability to cope with their illness [2-5]. Furthermore, research has demonstrated an association between religion and spirituality on the one hand, and an improvement in patient comfort as well as a reduction in hostility, anxiety and social isolation on the other [6-8]. This conclusion is further substantiated by two substantial studies conducted by Levins et al. among the general population [9, 10]. The findings of the study indicated a positive correlation between religiosity and participation in religious services, and health and well-being. The beneficial effect of religious faith on cancer patients is well-documented by numerous research studies. These studies have shown that religious faith is associated with better adjustment [11, 12], enhanced quality of life with reduced distress [13], reduced pain, fatigue and depression [14, 15], and enhanced immune functioning [16, 17]. The relationship between faith and cancer is not unidirectional, since cancer can also influence the patient's religiosity. A number of studies have

described cases of individuals who reported feelings of increased spiritual connection, heightened sensitivity to the present moment, augmented appreciation for life, enhanced connection to external forces, and a heightened sense of purpose or mission [18-20]. With regard to the relationship between cancer and religious faith, the paucity of research in this area precludes the drawing of definitive conclusions. In a cross-sectional study of elderly women newly diagnosed with breast cancer, half reported a strengthening of their faith [1].

A similar set of results was obtained in a further cross-sectional study of patients receiving treatment for various types of cancer [21]. The majority of respondents reported an increase in their religious involvement, with 67% reporting an increase in prayer and 51% reporting an increase in their faith. Conversely, a longitudinal study conducted on terminal cancer patients revealed minimal fluctuations in religiosity [3].

In order to facilitate an objective evaluation of a specific dimension of religiosity, a range of measurement instruments have been developed and validated. Of particular interest to this study is the Santa Clara Strength of Religious Faith Questionnaire (SCSORFQ) [24, 25]. The present instrument was proposed by Plante and Bocaccini in 1997. Its purpose is to allow for the assessment of a dimension of religiosity that has received little attention in the field of health research: the degree of religious faith (see Table 1). The scale under consideration is a 10-item questionnaire that is rated from 1 to 4 (from "I strongly disapprove"), and it has demonstrated adequate convergent and divergent validity in a number of studies.

A growing body of research has been dedicated to examining the significance of occupations for individuals grappling with life-threatening illnesses. Nevertheless, the specifically spiritual dimension of occupations is seldom the specific object of study. However, there is a paucity of research on the role of spirituality in the occupational experience of women with breast cancer. This spiritual experience encompasses both the meaning of spiritual activities themselves and the place of spirituality in "non-spiritual" activities.

Materials and Methods

- **Sample**

We conducted a descriptive cross-sectional study of 50 breast cancer patients undergoing radiation treatment in the Radiotherapy Department at the National Institute of Oncology, from January 2025 to May 2025.

Inclusion Criteria

- Breast cancer patients
- Aged 18 years or older
- Undergoing outpatient follow-up by the INO Radiotherapy Department
- Deemed adequate for good understanding of the questionnaire and good cooperation
- All undergoing adjuvant radiotherapy after (chemotherapy, surgery)

Exclusion Criteria

Patients undergoing breast cancer treatment with:

- Metastases
- General condition or symptoms (pain, etc.) that made it difficult to participate in the study.
- Cognitive disorders
- Psychiatric disorders

- Communication problems (hearing difficulties, unable to understand Arabic, unable to express themselves).

The sample thus consisted of 50 patients.

- **The following procedure is to be observed:**

In the first section, the following socio-demographic characteristics were documented: age, social security coverage, marital status, education level and occupation.

The second part of the document concerns the medical characteristics of the patient. These include the stage of breast cancer, the date of diagnosis, the surgical treatment (total or partial mastectomy), the chemotherapy treatment, the treatment of pain and other symptoms, and the significant medical history. The data presented herein were obtained from the patient's healthcare record. The collection of data that had not been documented in the patient's medical records was initiated at the commencement of the research interview.

The third part of the text is hereby referred to as "Part Three". In order to facilitate an objective evaluation of a specific dimension of religiosity, a series of measurement instruments were developed and validated. All subjects completed the questionnaires orally.

- **Degree of Faith**

"Santa Clara Strength of Religious Faith Questionnaire" (SCSORFQ) [7]. Proposed by Plante and Bocaccini in 1997, this concise instrument assesses a dimension of religiosity that has received little attention in the field of health research: the degree of religious faith. It is a 10-item questionnaire rated from 1 to 4 (from "I strongly disapprove"), with good convergent and divergent validity in several studies.

The ten questions of the SCSORFQ
1. My relationship with God is very important to me.
2. I pray daily.
3. My religious faith is very important to me.
4. I consider myself active in my faith.
5. My faith is a source of inspiration.
6. My faith gives me meaning and purpose in my life.
7. My faith impacts many of my decisions.
8. My faith is an important part of who I am.
9. I find my faith a source of comfort.
10. I enjoy being among others who share my faith.

- **Spiritual Well-being:**

FACIT-SP-12 questionnaire [8]. This tool is the most widely used measure for assessing spiritual well-being in people with cancer. It includes 12 items assessing the respondent's sense of meaning, sense of peace, and the role of faith in the face of their illness, using a 5-point Likert scale (0: not at all – 4: completely).

FACIT–Sp Item
1. I feel peaceful
2. I have a reason for living

3. My life has been productive
4. I have trouble feeling peace of mind
5. I feel a sense of purpose in my life
6. I am able to reach down deep into myself for comfort
7. I feel a sense of harmony within myself
8. My life lacks meaning and purpose
9. I find comfort in my faith or spiritual beliefs
10. I find strength in my faith or spiritual beliefs
11. My illness has strengthened my faith or spiritual beliefs
12. I know that whatever happens with my illness, things will be okay

- **Self-reported spirituality and religiosity:**

This tool is a commonly used measure in various studies of oncology patients. It includes two 5-point Likert scales (0: not at all – 4: completely) asking the following questions: - "Would you say you are a religious person?" - "Would you say you are a spiritual person?" [9]

- **Physical/psychological symptoms:**

The Symptom Assessment Scale (ESAS) allows the patient to rate the intensity of nine symptoms: pain, nausea, loss of appetite, depression, anxiety, dyspnea, drowsiness, and malaise, with the option to add a tenth symptom if needed. [10]

score EQ-5D-3L
Pain
Fatigue
Drowsiness
Nausea
Loss of appetite
Shortness of breath
Depression
Anxiety
Feeling of well-being

Results:

All our patients were Muslim. The average age was 56 years (range, 36-75 years). Thirty-two percent of patients were illiterate. They were receiving adjuvant radiotherapy after undergoing surgery (lumpectomy 43%, mastectomy 57%) with adjuvant or neoadjuvant chemotherapy.

The majority of our patients (80%) reported an increase in their religious practice since their cancer diagnosis, including prayer, duaa, God's omnipotence in the healing process, illness, and end-of-life, as well as the importance of faith in controlling disease symptoms and successfully completing the treatment pathway. This improvement in spiritual beliefs was observed more among non-literate patients and increased significantly with age and disease stage, and in patients who had undergone mastectomy and neoadjuvant chemotherapy.

Low socioeconomic and educational levels were associated with greater acceptance of potential treatment decisions.

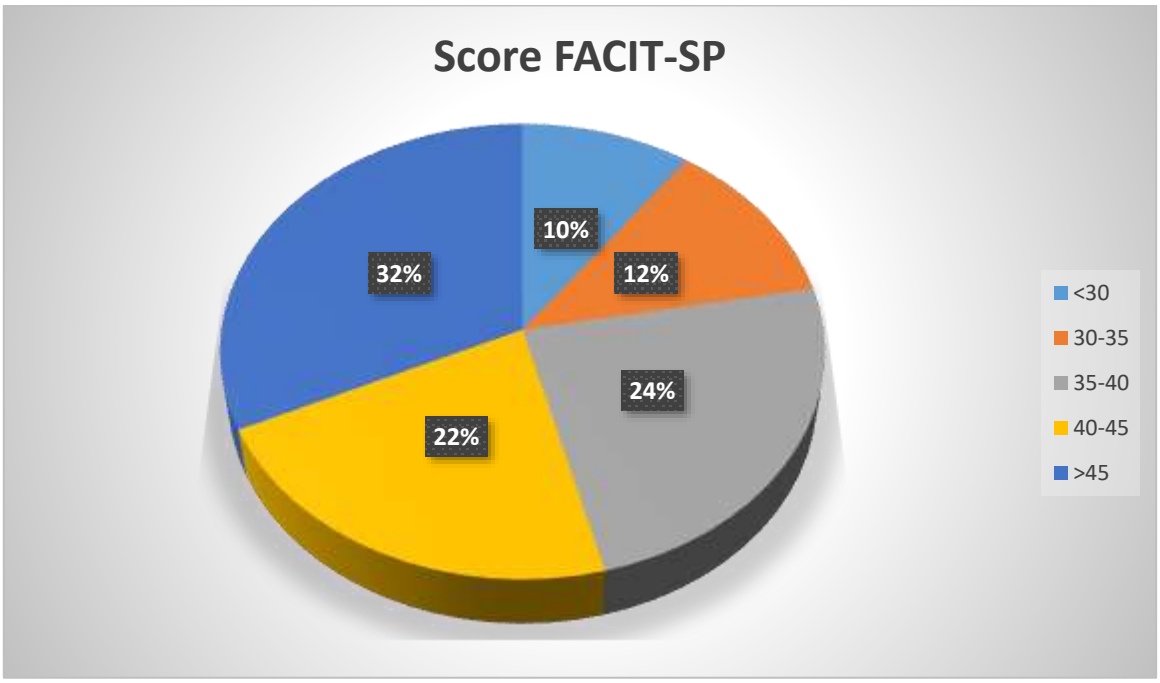
Table 1 : Sociodemographic and medical characteristics

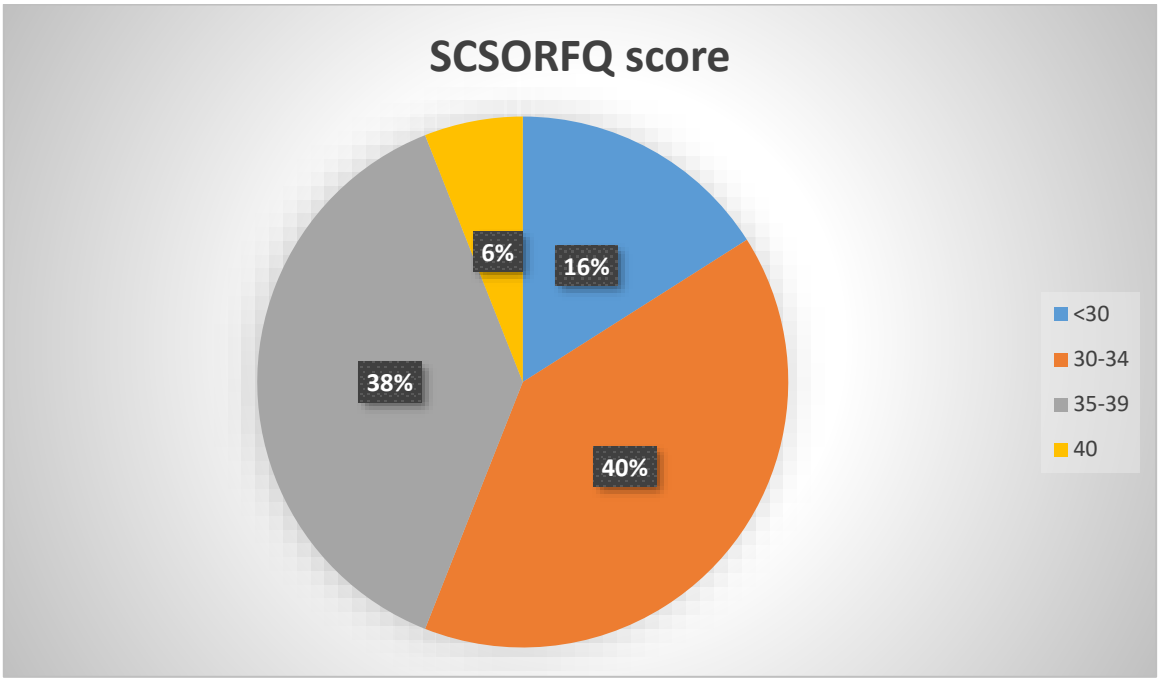
Sociodemographic characteristics	n 50 (%)	Medical characteristics	n 50 (%)
Age		Cancer type	
-	36-75 ans	- **Invasive breast carcinoma**	100
- **Average**	56 ans	Stage	
Religion		- II	72
- **Muslim**	100	- III	28
Gender		Molecular type	
- **Female**	100	- **Luminary**	77
Nationality		- **HER2**	14
- **Moroccan**	100	- **Triple negative**	9
Residence		Treatment received	
- **Urban**	69	**Chemotherapy**	100
- **Rural**	31	- **Neoadjuvant**	25
Educational Level		- **Adjuvant**	75
- **Illiterate**	31	Mastectomy	100
- **Primary**	50	- **Total**	58
- **Secondary or higher**	19	- **Partial**	42
Work			
- **Housewife**	60		
- **Employee**	30		
- **Salaried**	10		
Martial status			
- **Married**	62		
- **Single**	8		
- **Divorced**	12		
- **Widowed**	18		
Economic level			
- **Low**	33		
- **medium**	52		
- **high**	15		

CODE patient	Score FACIT-SP	SCSORFQ	Would you say you are a religious person?
1	45	37	A lot
2	43	33	Moderately
3	23	34	A lot
4	35	36	Completely
5	36	35	Moderately
6	47	30	A lot
7	40	29	Moderately

8	43	30	A lot
9	45	35	A lot
10	39	36	Completely
11	39	34	Moderately
12	36	34	A lot
13	38	37	Completely
14	44	39	Completely
15	35	33	A lot
16	27	32	Moderately
17	30	33	A lot
18	45	40	Completely
19	34	35	A lot
20	45	34	Moderately
21	42	32	Moderately
22	37	31	Moderately
23	28	31	A lot
24	40	34	A lot
25	41	35	Moderately
26	44	39	Moderately
27	35	33	Moderately
28	27	32	A lot
29	30	33	A lot
30	45	40	Moderately
31	34	35	A lot
32	45	30	Moderately
33	36	29	A lot
34	47	30	Completely
35	40	35	Moderately
36	43	36	Moderately
37	45	35	Completely
38	39	30	A lot
39	30	29	Moderately
40	45	30	A lot
41	43	35	Completely
42	23	37	Moderately
43	35	35	Completely
44	36	30	Moderately
45	47	29	Moderately
46	40	30	Moderately
47	44	35	A lot
48	35	36	A lot
49	27	33	Moderately

50	30	40	Completely





Discussion

Table 3. Presentation of research articles included in the literature review

Authors	Themes and bjectives	Participants
Alcorn et al., (2010)	Religious and/or spiritual dimensions of the cancer experience	Randomized, mixed-method descriptive study Incurable cancers (n=63)

Büssing et al., (2007), Allemagne	Impact of Spirituality/Religiosity on Chronic Disease	Predictive Correlational Study: Older Adults (n=6312),
Edmondson et al., (2008), USA	Relationships between components of spiritual well-being (existential and religious) and quality of life	Survivors (<55 years) of various cancers (n=237)
Taylor (2003), USA	Spiritual Needs of Patients and Family Caregivers	Patients with Various Cancers (n=21) and Family Caregivers (n=7)
Ashing-Giwa, Padilla, Tejero, Kraemer, Wright, Coscarelli, Clayton, Williams et Hills (2004)	Understanding the determinants of quality of life in women who have had breast cancer, taking into account their specific ethnicity.	102 breast cancer survivors, aged 38 to 74, from different ethnic groups.
Choumanova, Wanat, Barrett et Koopman (2006)	Exploring the role of religion and spirituality in coping with breast cancer among Chilean women.	27 Chilean women with breast cancer, aged 39 to 92, More than half described their occupations as related to the role of a housewife.
Lagman, Yoo, Levine et al. (2014)	To examine the meaning of spirituality, religion, and religious practices of Filipino-American women diagnosed with breast cancer.	Ten women, with an average age of 54, from the Philippines, who immigrated to the United States and now live in North Carolina.
Shaw, Han, Kim, Gustafson, Hawkins, Cleary,… et Lumpkins (2007)	To examine how prayer and religion are expressed through support groups or online forums and how these can contribute to positive psychosocial outcomes for women with breast cancer.	97 women said to be "active on social media," with an average age of 51, selected as part of a larger study
Swinton, Bain, Ingram et Heys (2011)	To understand the role of spirituality in the lives of women with breast cancer during the first year of life post-diagnosis and to explore the protective function of spirituality and religion at this stage.	14 women, aged 39 to 76

Definition of Spirituality

Religion is a specific set of beliefs, practices, and dogmas defining humankind's relationship to the sacred, generally through belief in a god.

Spirituality can be defined as "a breath of life or the central dimension of human beings that permeates every aspect of their lives" (Potter, Perry, 2010, 406) [11]. It reflects the quest for meaning, value, and relationships with oneself, others, and, for some, with God [12].

Spiritual Care

Spiritual distress is defined as "the condition of a person or group whose belief or value system that provides strength, hope, and meaning in life is disrupted" [13]. Chronic or fatal illness, as well as associated psychosocial factors such as anxiety, stress, and lack of relationships or support, are recognized as risk factors for spiritual distress [14].

Spirituality and Cancer

Cancer causes physical and emotional suffering and confronts many losses, as well as the thought of death. The affected person, their loved ones, and caregivers often navigate a balance between uncertainty and hope [15]. The cancer experience significantly affects the quality of life and well-being of those affected and those around them and can lead to emotional or spiritual distress [16].

Instruments for Measuring Spirituality

Numerous instruments for measuring spirituality have been developed. Many measure spirituality in general, while others focus on well-being, coping, or spiritual needs. The most frequently used instruments in research and clinical practice are the Spiritual Well-Being Scale (SWBS), the Spiritual Index of Well-Being (SIWB), the Functional Assessment of Chronic Illness Therapy - Spirituality (FACIT-Sp) and the Santa Clara Strength of Religious Faith Questionnaire (SCSORFQ).

Spiritual Well-being and Quality of Life

Spiritual well-being is recognized as an important factor associated with positive perceived health outcomes, a valuable indicator of perceived quality of life and coping in oncology. Spiritual engagement is associated with a greater sense of well-being.

Prayer, a key

Women pray and talk to God to feel more peaceful. Sometimes, they also do so to reduce their somatic pain or psychological suffering[17]. The relationship with God can be soothing and relaxing (Choumanova et al., 2006), and free from the burden of illness and healing [18]. (For the women interviewed by Shaw et al. (2007), prayer helps reduce fear of the idea of death[19].

Prayer not only refers to a dialogue with the divine, but it is also a way of giving oneself courage, confidence and believing in oneself and one's future. Women would become aware of their resources within the framework of this "internal dialogue" [20].

Faith as strength

For some people, faith would embody an energy/force emanating from the body and the mind, separately or together, in order to support the individual (Sheldrake, 2005). This energy would be saving and would allow one to awaken, to use one's full potential, in the same way as another energy "given" by a spirit higher than oneself for example (McGinn and Meyendorff, 1997). Some women find in their spirituality a renewed power, a full power of self (Mitchell et al., 2007; Parry, 2008).

Patient notes and comments

- I prayed more than in my entire life
- Our Lord is Merciful.

- I don't worry. God is the One He chooses, and He is Wise.
- I am completely satisfied with God's decree.
- God is the Healer; we only do what is necessary.
- This world is a place of trial.
- I am patient and awaiting healing, from God.

Conclusion:

Despite therapeutic advances, a positive correlation between spiritual well-being and quality of life in breast cancer patients has been demonstrated. The integration of religious beliefs and practices into care plans highlights the potential role of religious beliefs in supporting patients facing the disease.

Integrating the spiritual dimension into the care of cancer patients may reduce pain [21] and depression, improve their acceptance of the disease, their quality of life [22], and the meaning they give to it. It may also reduce the aggressiveness of end-of-life care [23].

Patients with high spiritual well-being or religious commitment tended to exhibit better adaptation to cancer compared to patients with low spiritual well-being or religious commitment. Moreover, the latter presented significantly more symptoms of depression. High spiritual well-being was significantly correlated with low anxiety regarding fear of recurrence, disease progression, and complications from oncology treatments.

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