



Religious commitment of cancer patients after one year of chemotherapy: a cross-sectional study

Helga Martins^{1,2,3*}, Joana Romeiro^{1,2} & Sílvia Caldeira¹

¹Universidade Católica Portuguesa, Instituto de Ciências da Saúde, Centre for Interdisciplinary Research in Health, Lisbon, Portugal.

²Fellow Researcher at the Post Doctoral Program in Integral Human Development, Católica Doctoral School, Lisbon, Portugal.

³Instituto Politécnico de Beja, Escola Superior de Saúde, Beja, Portugal.

*Correspondence author: s-htmartins@ucp.pt



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BACKGROUND

Cancer patients during their disease face several treatments, one of them is chemotherapy (Pucci et al., 2019). One of the coping strategies to overcome this process used by these patients is religious commitment (Çinar, 2020). Religious commitment reduces stress, anxiety and pain related with treatments (Koenig, 2015).

AIM

To assess religious commitment in cancer patients after one year of chemotherapy

Keywords: cancer; cross-sectional; religious commitment; spirituality.

METHODS

Design

▶ Quantitative and cross-sectional study

Sample

▶ Cancer patients after one year of receiving chemotherapy

Sampling technique

▶ Random sample technique

Data collection

▶ Questionnaire with Belief into Action (BIAC) scale

Data analysis

▶ Data analyses using SPSS version 24.

Ethical issues

▶ Ethical approval was obtained from the ethics committee.
▶ Written consent was obtained.

RESULTS

Sample characteristics (N=274)	
Gender	Females 60.9% ; Males 39.1%
Age	Range 22-83; 59.7 (SD=11.8)
Marital status	56.6%
Occupation	33.4%
Catholics	95.6%
Breast cancer	26.5%
Colorrectal cancer	20.2%

Item	Belief into Action Scale	n	%
1	Please circle the highest priority in your life now?		
	My health and independence	188	68.6
	My family	48	17.5
	Relationship with God	30	10.9
	Other answer	8	3.0
Item	Belief into Action Scale	Mean	SD
2	How often do you attend religious services?	3.61	2.178
3	Other than religious services, how often do you get together with others for religious reasons (prayer, religious discussions, volunteer work, etc.)?	1.49	1.259
4	To what extent (on a 1 to 10 scale) have you decided to place your life under God's direction?	6.02	2.941
5	What percentage of your gross annual income do you give to your religious institution or to other religious causes each year?	1.98	1.281
6	On average, how much time each day (in 24 hrs) do you spend listening to religious music or radio, or watching religious TV?	1.52	1.211
7	On average, how much time each day do you spend reading religious scriptures, books, or other religious literature?	1.72	1.442
8	On average, how much time each day do you spend in private prayer or meditation?	2.71	1.669
9	On average, how much time each day do you spend in private prayer or meditation?	5.32	2.693

BIAC	Belief into Action Scale Scores
Mean scores	26.28 (SD=±11.96)
The α Cronbach's	BIAC was 0.89
Statically significant differences between males and females (U = 5383.000; $p < 0.001$)	Females presented higher religious commitment (Mean Ranks= 158.77 than males (Mean Ranks= 104.31)
BIAC	We did not achieve any statically differences between other sociodemographic and clinical condition variables and religious commitment

CONCLUSION

After one chemotherapy treatment females' cancer patients experience a higher religious commitment than males. Therefore, gender plays an important role regarding religious commitment, and as such it is necessary to pay special attention to men regarding the coping strategies they use in this health/disease process.

REFERENCES

Çinar, D., Yıldırım, Y., Yesilbalkan, O. U., & Pamuk, A. (2018). Experiences of cancer patients: A qualitative study. *International Journal of Caring Sciences*, 11(3), 1456-1466.
Koenig H. G. (2015). Religion, spirituality, and health: a review and update. *Advances in Mind-body Medicine*, 29(3), 19–26.
Pucci, C., Martinelli, C., & Ciofani, G. (2019). Innovative approaches for cancer treatment: Current perspectives and new challenges. *Ecancermedicalscience*, 13, 961-967. <https://doi.org/10.3332/ecancer.2019.961>