Review Article

MJN Religion and Spirituality in Coping with Cancer: A Literature Review

Nurul Huda¹*, Sofiana Nurchayati¹, Satriya Pranata², Tukimin bin Sansuwito³

¹Nursing Faculty, Universitas Riau, Pekanbaru, Kota Pekanbaru, Riau 28293, Indonesia ²Faculty of Nursing and Health Sciences, Universitas Muhammadiyah Semarang, Semarang, Jawa Tengah 50273, Indonesia

³Faculty of Nursing, Lincoln University College, 47301 Petaling Jaya, Malaysia

*Corresponding Author's Email: nurul.huda@lecturer.unri.ac.id

ABSTRACT

Background: Active religious practice is central to the lives of Muslims. Few studies have examined how religious engagement by Muslims who are coping with cancer affects their psychological health during treatment. **Objective:** To determine how and the extent to which religion and spirituality are employed as coping mechanisms by Muslims through a literature review. **Methods:** The electronic Medline, Cinahl, Google Scholar, and PubMed databases were used to identify relevant articles. Grey literature, including websites, was also looked over. Studies including patients with cancer of all types and stages were included. **Results:** Eight articles were included in the review. Key topics of interest were how the characteristics of Muslim religiosity and spirituality are involved in coping with cancer, including whether they further enable a Muslim to give meaning to cancer, how cancer affects the religious beliefs of Muslim patients with cancer, and whether religion influences treatment considerations. **Conclusion:** Religion and spirituality are crucial for Muslim patients to find meaning in cancer, and both are used as primary means of coping. Thus, nurses must be aware of and sensitive to the importance of religion in caring for such patients.

Keywords: Religiousity; Spirituality; Coping; Cancer; Nursing

INTRODUCTION

Cancer is a major public health concern worldwide. Among diseases, it's economic burden is among the most severe (John & Ross, 2010). In 2018, 18.07 million new cancer cases were diagnosed in the world, while 9.8 million people died from cancer (WHO, 2018). By 2030, 23.6 million new instances of cancer are expected to be diagnosed each year (Sung et al., 2021). Having cancer is a really difficult situation. Cancer patients and their families suffer physical, emotional, financial, social, and spiritual obstacles as a result of the disease's diagnosis and treatment. Patients' physical and mental well-being will be impaired, and this will have a direct impact on their entire quality of life. Research found that many cancer patients get anxiety and fall into depression, especially in advanced cancer patients, since they are afraid of death (Niedzwiedz et al., 2019). In order to cope

with the experience, many patients try to find the best coping method that is most affordable for them. It helps them to moderate their negative feelings, especially after being diagnosed with cancer (Niedzwiedz et al., 2019; Baqutayan, 2012). Given its prevalence and burden, many studies have tried to determine how patients with cancer cope with their illness and improve their quality of life. One major focus of research is religious and spiritual coping. Engaging in daily spiritual activities and having religious support are significant predictors of the mental health status of patients with cancer (Grossoehme, 2020). Religiosity exerts many positive effects on an individual facing a life-threatening illness. Religiosity can lead a believer to be active in religious activities, strengthening their faith and communal ties. Overall, religiosity results in positive health outcomes (George, 2000). Among Muslims, religiosity is of particular importance, especially in the context of the detailed guidelines on

Received October 30, 2021; Received in revised form November 4, 2021; Accepted June 18, 2022

THE MALAYSIAN JOURNAL OF NURSING | VOL. 14 (2) October 2022 | 151

everyday life provided in the Qur'an and Sunnah (Park, 2005).

Healthcare practitioners working with cancer patients in underdeveloped countries should understand the numerous coping techniques that patients use after getting a cancer diagnosis. It is vital for patients to develop coping strategies and integrating one into their treatment regime constitutes a key milestone in cancer care. Active religious practice is central to the lives of Muslims (Basri, Gan & NG, 2014). Yet, to date, few studies have examined how religious engagement by Muslims who are coping with critical illnesses affects their psychological health during treatment. Thus, a literature review was undertaken to determine both the impact of religious coping among Muslim cancer patients and the coping mechanisms they use to deal with the disease.

Purpose

This study aims to determine how and the extent to which religion and spirituality are employed as coping mechanisms by Muslims through a literature review.

METHODOLOGY

Research Design

This study was classified as a literature review since it identified, picked, evaluated, and synthesized high-quality research materials pertinent to the research question.

Search Methods

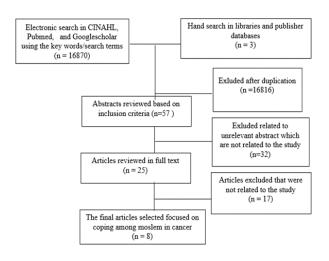
We searched the electronic Medline, Cinahl, Google Scholar, and PubMed databases for relevant articles. A combination of keywords, namely 'Cancer', 'Spiritual', 'Coping', 'Religiosity', 'Strategies', 'Muslim', and 'Islam', were used to identify relevant articles. The abstracts obtained from the initial search were reviewed by the primary author, who specifically determined whether they addressed the effects of a cancer diagnosis on individuals and their use of religious coping mechanisms. Each article identified was read in full to assess its relevance.

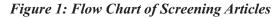
Inclusion and Exclusion Criteria

The inclusion criteria were created to concentrate on the subject the study team was looking into in order to avoid bias. Studies that were primary qualitative research studies, published in English between 2009 and 2021, that took into account at least one factor connected to the religious coping among Muslim cancer patients were included in this review. Incomplete studies and studies with duplicate items in the search results were eliminated.

Screening of Articles

Separate authors screened the articles. Any differences of opinion were discussed between the authors. The key phrases and search terms were used to retrieve 16.870 articles from CINAHL, PubMed, and Google Scholar during the identification phase. Duplicates were deleted from 16.816 of these articles. There were 57 papers that were included in the screening step after recognizing the title and abstract, but only 25 were evaluated for eligibility, and 32 were discarded because the publications were unrelated to the study. 17 of the 25 full-text publications evaluated were irrelevant to the issue under consideration and did not fit the requirements for inclusion and exclusion. Therefore, only 8 articles were retained (Figure 1).





Data Extraction and Analysis

Due to the variability in the methodology and statistical significance of the results, this review was unable to conduct a meta-analysis of the accuracy of religious coping among Muslim cancer patients. The data was isolated and summarized independently in order to complete the review. A table was used to extract the study's aims, methodology, results, and significance of the topic under consideration. Table 1 contains the final extraction table.

Table 1: Study Extraction

No	Title, authors and year of publication	Methodology	No of research subject	Study location	Results
1.	Religioun and spirituality in Coping with advanced Breast Cancer : Perspective From Malaysian Muslim Women. (10)	Qualitative	3	Malaysia	The themes were examined i two major areas: (1) what ner meanings these wome discovered as a result of the cancer experiences, and (2 how did these new meaning affect their lives.
2.	Religious beliefs, practices, and health in colorectal cancer patients in Saudi Arabia (11)	Quantitative	100	Saudi arabia	All participants (100%) too part in collective worship an prayer five times per da (Fard). After accounting fa socioeconomic and soci factors, overall religiosity wa found to be inversed associated to depresse symptoms and suicid thoughts.
3.	Muslim Breast Cancer Survivor Spirituality: Coping Strategy or Health Seeking Behavior Hindrance (12)	Qualitative	39	Iran	Participants' primary source of psychological support spirituality. Almost all of the individuals blamed the cancer on God's will. Despi this, they have been active involved in their medic treatment.
4.	Centrality of spirituality/religion in the culture of palliative care service in Indonesia: An ethnographic study (13)	Qualitative : An ethnographic study	Patients (n = 21), their relatives (n = 21), and a palliative care staff (n = 6)	Indonesia	Religion was characterized i being fundamental to dail life, with all participan claiming to be affiliated wi certain religions and engagin in religions behaviors on regular basis. Patients' familit were aware of and respond to their requirements for thes practices. Patients and the relatives received spiritu treatment from the staff in ti form of religious discussion and group prayers. Health ca professionals mu comprehend religious and the families in end-of-life car These traditions are importa cultural aspects and have basic bearing on their patient holistic health.
5.	The Impact of Culture and Sociological and Psychological Issues on Muslim Patients With Breast Cancer in Pakistan (14)	Qualitative	39	Pakistan	This study emphasizes the importance of religion and family support as copin mechanisms, as well as the difficulties of isolation bostility, and rage that as common reactions as chemotherapy. Women desire for spiritual support for their condition, as well as the overarching innate attribute of maternal duty, are uning clements of this study. These cultural characteristics with need to be studied an
6.	Coping with a diagnosis of breast cancer among Omani women (15)	Qualitative	Breast cancer has been diagnosed in 19 women.		researched further. Denial, optimism, retret Islamic beliefs and practice and family and health-ca professional help were a mentioned as copir techniques, with Islam beliefs and practices being th most prevalent. Women coping techniques should 1 recognized and respected th health-care practitioners, wi should encourage them to us them to lessen psychologic symptoms.
7.	Islamic Religiosity, Depression and Anxiety among Muslim Cancer Patients (9)	Quantitative	59	Malaysia	The results showed a stror negative correlation betwee Islamic religiosity and feeling of despondency and anxiet The religious personali subscale was also found to b negatively linked wi
8.	Arab American Women's Lived Experience With Early-Stage Breast Cancer Diagnosis and Surgical Treatment (16)	Qualitative	Surgical treatment for early-stage breast cancer in ten Arab American women	United States	depression. When Arab American wome were diagnosed with brea cancer, their fatalistic attitud did not deter them fro seeking care and seekir treatment information ar options.

Quality Appraisal

Critical appraisal instruments were used to determine whether the study design was appropriate for the critical

Quality Appraisal

Critical appraisal instruments were used to determine whether the study design was appropriate for the critical review issue and whether the articles were pertinent to the subject under evaluation. The levels of evidence for the article and the quality assessment are shown in table 2.

Table 2: The Levels of Evidence for the Article and theQuality Assessment

No	Author and Year	Methodology	Level of	Summary of
			Evidence	Appraisal
1.	Farizah Ahmad et al., (2010)	Qualitative	VII	Good
2.	Mahmoud Shaheen Al Ahwal et al.,	Qualitative	VII	Good
	(2016)			
3.	Tayebeh Fasihi Harandy et al., (2010)	Qualitative	VII	Good
4.	Erna Rochmawati ,Rick Wiechula,	Qualitative	VII	Good
	Kate Cameron. (2018)			
5.	Maggi Banning et al., (2009)	Qualitative	VII	Good
6.	Mohammed H Al-Azri et al., (2014)	Qualitative	VII	Good
7.	Nadzirah Ahmad Basri et al., (2015)	Qualitative	VII	Fair
8.	Rana Fakhri Obeidat et al., (2012)	Qualitative	VII	Good

Ethical Approval

A review paper only; the project of the study topic received ethics Approval on April 18, 2022, from the Ethical Committee Board in Indonesia (IRB no: 332 / UN.19.5.1.8/KEPK.FKp/2022). This work is licensed under a Creative Commons Attribution 4.0 International License.

RESULTS

We identified eight articles that met the inclusion criteria. Most of these papers discussed the connection between religiosity and spirit quality and how these two orientations directly influence a patient's coping when faced with cancer. The articles broadly differentiated between religiosity and spirituality among Muslim believers; investigated the meaning such believers ascribed to having cancer, analysed the effect of having been diagnosed with cancer on their spirituality and religiosity; and discussed the implications of being able to rely on religiosity as a coping method during treatment for cancer. Each of these topics is addressed individually in the following sections.

Differentiating Religiosity and Spirituality in Islam

The concepts of spirituality and religiosity in the West differ from those in Islam. In the West, the prevailing view is that spirituality is restricted to specific religious contexts and is mainly influenced by one's ethnicity and religious community (Ahmad, Muhammad & Abdullah, 2011). However, Islam makes no distinction between religion and spirituality, which

implies that there is no distinction between thought and action (Baumer, 1971). More precisely, spirituality and religiosity are not separate in Islam because spirituality is seen as an inner dimension of religion (Ahmad, Muhammad & Abdullah, 2011).

The difference between the secular concepts of spirituality and those of monotheistic religions, of which Islam is one, is the source of knowledge (Shaheen *et al.*, 2016). Whereas secular thinkers engage in various speculative endeavours, Islam is based on the actual word of God (Allah), as enshrined in the Qur'an, which is the principal holy book of Muslims. Thus, the Qur'an is an authoritative text for believers (Ahmad, Muhammad & Abdullah, 2011).

The Meaning of Cancer

A cancer diagnosis is an emotionally fraught experience. One study found that among Muslims, many believe their illness to be an awakening from God (Ahmad, Muhammad & Abdullah, 2011). Illness, therefore, is regarded as a sign of God's love and grace, not as punishment (Obeidat, Lally & Dickerson, 2012). Thus, patients find their disease to be more tolerable and can develop their illness appraisal (Basri, Gan & NG, 2014).

Impact of Cancer Diagnosis on Spirituality and Religiosity

According to our literature review, Muslims who are diagnosed with cancer perceive their disease to be a manifestation of God's will. Because they ascribe control over life and death to God, they are able to surrender to and accept their condition; yet, simultaneously, they are willing to be actively engaged in medical treatment (Harandy et al., 2010). Thus, confronting a life-threatening illness is a spiritual encounter for them, one which allows them to find a path to healing (Ahmad, Muhammad & Abdullah, 2011). This disposition enables Muslim patients to be patient (Sabr) in their efforts to achieve their spiritual growth (Ahmadi et al., 2019). Muslim patients tend to engage in the habitual recitation of prayers and the Qur'an (Rochmawati, Wiechula & Cameron, 2018). These activities help them manage their emotions and overcome fear and anxiety stemming from the cancer diagnosis (Al-Azri et al., 2014; Ahmadi et al., 2019).

Religiosity as a Means of Coping with Cancer

Scholars have become increasingly interested in the role that religiosity and spirituality play in coping with cancer during treatment (Lazarus, 1993). Coping is described as a person's continual cognitive and behavioural efforts to cope with certain external or internal pressures that are deemed to be beyond their psychological resources (Lin & Bauer-Wu, 2003). Among Muslim patients diagnosed with cancer, religiosity becomes a source of coping with cancer (Al-Azri et al., 2014). One study determined that Muslims who accepted cancer as God's will and adopted positive thinking exhibited low psychological distress with respect to low anxiety and depression and a high quality of life (Basri, Gan & NG, 2014; Harandy et al., 2010). Coping through religiosity and spirituality has been reported by patients as making them feel calmer, more peaceful, more optimistic, and more energetic, with seemingly all fear removed (Ahmad, Muhammad & Abdullah, 2011). Patients have further reported that such coping also assisted them with their emotional stress and pain and helped them recover from their illnesses(Al-Azri et al., 2014).

DISCUSSION

Life-threatening illnesses such as cancer entail intense emotional experiences and may involve a spiritual encounter as they seek to cope during treatment. Among Muslim patients with cancer, spirituality helps them become closer to God, accept their diagnosis, and be free of all the fear and pain caused by their illness. They are also able to change their perspective of the world and find meaning in being a patient with cancer. Consequently, Muslims tend to have a positive attitude and exhibit acceptance of their illness. Cancer enables them to become more engaged with God and to acquire new strength to face difficulties in life (Ahmad, Muhammad & Abdullah, 2011).

This literature review demonstrated how vital religion and spirituality are in Muslim thought and behaviour when facing a critical illness. This finding accords with other studies that have stated that spirituality plays a vital role in cultivating positive feelings towards health and life among cancer survivors (Narayanasamy, 2001). Most of the Muslims used spirituality and religion as their main coping resources. Religion usually provides a positive meaning and answers to fundamental existential questions about life and death, directing them to be positive. Therefore, these coping strategies become the most frequently used by patients (Ahmad, Muhammad & Abdullah, 2011). Hence, patients' experience of cancer and their coping strategies must be understood by healthcare professionals. Moreover, healthcare professionals must also assist and encourage them to use it in an appropriate way. Previous research showed that patients who trusted and were closer to God in their illness trajectories were not afraid of death, had a stronger belief in the afterlife concept, and increased their quality of life (Basri, Gan & NG, 2014; Harandy *et al.*, 2010).

In this literature review, we found that Muslims followed their religious beliefs and practices, such as reciting prayers and passages in the Qur'an, to mitigate their emotional distress and fear and to feel the mercy of God (Al-Azri et al., 2014). Thus, patients who were committed to their religious beliefs and practises decreased their anxiety and fear of their illness (Banning et al., 2009). In this case, they did it to be more comfortable and to try to dilute their emotional distress and fear. They believed that the stronger their faith in Allah, the more opportunities they had to get mercy from Allah. Therefore, they tried to follow their religious practises (Al-Azri et al., 2014). In the Ouran, Allah said, "We sent down in the Quran that which is a healing and a mercy to those who believe: to the unjust it causes nothing but loss after loss" (Qur'an: Bani Israel 17:82). Patients should be encouraged to use their religion and spirituality for coping. Furthermore, healthcare providers should aid them in praving frequently, reciting religious verses from the Holy Our'an, and communicating with religious leaders, all of which can provide them with a sense of inner peace. As a result, patients formed their trust in health professionals

and adhered to religious beliefs and rituals in order to reduce their worry and fear of the implications of their illnesses.

The limitation of this study was that it was only explorative rather than focused on answering a specific clinical question. In particular, this study was only aimed at discerning the coping strategies and verifying the effect of religious coping among Muslims with cancer.

CONCLUSION

Cancer is a life-threatening disease that affects the physical, emotional, and spiritual health of patients. To the best of our knowledge, this is the first literature review to explore the relationship that religiosity and spirituality have with how Muslims cope with cancer. We determined that spirituality and religiosity play crucial roles in the ability of patients to find meaning in cancer, with religiosity helping them become closer to God and spirituality helping them cope with the disease burden. Therefore, healthcare professionals must be aware of and culturally sensitive to religion and spirituality when caring for patients.

Conflict of Interest

In publishing this research, the authors state that they have no competing interests.

ACKNOWLEDGEMENT

The authors received no financial support for the research, authorship and/or publication of this article.

Conflict of Interest

All authors declared no competing interests in the study.

REFERENCES

- Ahmad, F., & Abdullah, A. A. (2011). Religion and spirituality in coping with advanced breast cancer: perspectives from Malaysian Muslim women. *Journal of Religion and Health*, 50(1), 36-45.
- Ahmadi, F., Erbil, P., Ahmadi, N., & Cetrez, Ö. A. (2019). Religion, culture and meaning-making coping: A study among cancer patients in Turkey. *Journal of Religion and Health*, *58*(4), 1115-1124.
- Al-Azri, M. H., Al-Awisi, H., Al-Rasbi, S., & Al-Moundhri, M. (2014). Coping with a diagnosis of breast cancer among Omani women. *Journal of Health Psychology*, 19(7), 836-846.
- Banning, M., Hafeez, H., Faisal, S., Hassan, M., & Zafar, A. (2009). The impact of culture and sociological and psychological issues on Muslim patients with breast cancer in Pakistan. *Cancer Nursing*, *32*(4), 317-324.

- Baqutayan S. M. (2012). The effect of anxiety on breast cancer patients. *Indian Journal of Psychological Medicine*, 34(2), 119–123. https://doi.org/10.4103/0253-7176.101774
- Basri, N. A., Gan, C. H., & Ng, A. L. L. (2014). The relationship between Islamic religiosity, depression, and anxiety among Muslim cancer patients.
- Baumer, W. H. (1971). Science and civilization in Islam: Seyyed Nasr, Harvard University Press: Cambridge, Mass., 1968. xiv+ 384 pp. \$8.95. *Studies in History and Philosophy of Science Part A*, 2(2), 183-190.
- George, L. K., Larson, D. B., Koenig, H. G., & McCullough, M. S. (2000). Spirituality and health: What we know. *Journal of Social and Clinical Psychology*, 19(1), 200.
- Grossoehme, D. H., Friebert, S., Baker, J. N., Tweddle, M., Needle, J., Chrastek, J., Thompkins, J., Wang, J., Cheng, Y. I., & Lyon, M. E. (2020). Association of Religious and Spiritual Factors with Patient-Reported Outcomes of Anxiety, Depressive Symptoms, Fatigue, and Pain Interference among Adolescents and Young Adults with Cancer. JAMA Network Open, 3(6), e206696. https://doi.org/10.1001/jamanetworkopen.2020.6696
- Harandy, T. F., Ghofranipour, F., Montazeri, A., Anoosheh, M., Bazargan, M., Mohammadi, E., Ahmadi, F., & Niknami, S. (2009). Muslim breast cancer survivor spirituality: coping strategy or health seeking behavior hindrance? *Health Care for Women International*, 31(1), 88-98.
- John, R., & Ross, H. (2010). The global economic cost of cancer: a report summary. American Cancer Society.
- Lazarus, R. S. (1993). Coping theory and research: Past, present, and future.
- Lin, H. R., & Bauer-Wu, S. M. (2003). Psycho-spiritual well-being in patients with advanced cancer: an integrative review of the literature. *Journal of Advanced Nursing*, 44(1), 69-80.
- Narayanasamy, A. (2001). Spiritual care: A Practical Guide for Nurses and Health Care Practitioners. Quay Books.
- Niedzwiedz, C. L., Knifton, L., Robb, K. A., Katikireddi, S. V., & Smith, D. J. (2019). Depression and anxiety among people living with and beyond cancer: a growing clinical and research priority. *BMC Cancer*, 19(1), 1-8.
- Obeidat, R. F., Lally, R. M., & Dickerson, S. S. (2012). Arab American women's lived experience with early-stage breast cancer diagnosis and surgical treatment. *Cancer Nursing*, *35*(4), 302-311.
- Park, C. L. (2005). Religion as a meaning-making framework in coping with life stress. *Journal of Social Issues*, 61(4), 707-729.
- Rochmawati, E., Wiechula, R., & Cameron, K. (2018). Centrality of spirituality/religion in the culture of palliative care service in Indonesia: An ethnographic study. *Nursing & Health Sciences*, 20(2), 231-237.
- Shaheen Al Ahwal, M., Al Zaben, F., Sehlo, M. G., Khalifa, D. A., & Koenig, H. G. (2016). Religious beliefs, practices, and health in colorectal cancer patients in Saudi Arabia. *Psycho-oncology*, 25(3), 292-299.
- Sung, H., Ferlay, J., Siegel, R. L., Laversanne, M., Soerjomataram, I., Jemal, A., & Bray, F. (2021). Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA: A Cancer Journal for Clinicians*, 71(3), 209-249.
- World Health Organization's International Agency for Research on Cancer. Latest global cancer data: Cancer burden rises to 18.1 million new cases and 9.6 million cancer deaths in 2018. https://www.iarc.who.int/wp-content/uploads/2018/09/pr263_E.pdf