

## Female Breast Cancer Survivor's Perspectives On Hope And Spirituality Needs -A Mixed Study Approach

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### ABSTRACT

Breast cancer survivorship is a tragic and life-altering experience day by day. The spiritual needs and enhancement of hope will help them to lead a life peacefully. The study is 1.To assess the breast cancer survivor's spirituality and hope needs.2. To associate breast cancer survivors' spirituality and hope needs with selected Bio Socio-Demographic variables. 3. To correlate the relationship between spirituality and hope needs.4. To explore the breast cancer survivor's experiences on spirituality and hope needs. Data were obtained from breast cancer survivors attending the Medical Oncology OPD using a concurrent triangulation mixed-method study design and convenient and purposive sampling techniques. The Adult Hope Scale and Spirituality Scale by C. Delaney were used to extract data quantitatively. In order to collect data in qualitative aspects, semi-structured interview schedules were used. The majority of participants (72.67%) had a moderate level of spirituality score, with a moderate level of hope of 86.67%. There is a positive correlation between spirituality and hope, which implies that hope increases when spirituality increases. God Trust, Relationship with God, Problems with God, Expectations with God, God's solution, Belief, confidence building, No Fear, Feeling Good, Altruism, Positive and Support were among the themes from in-depth interviews with the participants. Nurses, as the primary and holistic care provider, should collaborate with other health care providers to provide educational sessions to enhance spiritual well-being and hope needs, resulting in a greater sense of inner peace and an improved quality of life for breast cancer survivors.

### Keywords

Breast Cancer Survivors, Hope, Mixed method, Needs, Spirituality.

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## INTRODUCTION

Breast cancer is a rapidly growing disease with an estimated 19.3 million new cancer cases by 2020, with breast cancer accounting for 11.7 percent of all new cancer cases even surpassing lung cancer<sup>[1]</sup>. The projected incidence of cancer patients in India among females 7,12,758 were for the year 2020 and 1 in 29 females develop breast cancer<sup>[2]</sup>. By 2020, it is expected that 17.3 lakh new cases of breast cancer will have been diagnosed<sup>[3]</sup>. In Chennai, Breast cancer alone accounts for 25% - 30% of all total female cancer patients<sup>[4]</sup>. Due to recent advancements in medicine, women living with breast cancer have a greater survival rate<sup>[5]</sup>. In India, 50 % of women suffer from the 3rd and 4th stages of cancer, making their survival hectic. Moreover, new patients' age group also has gradually fallen from < 55years to below 40years of age<sup>[6]</sup>.

Spirituality refers to how people explore and communicate meaning and intention in their lives. They feel a sense of belonging to the present moment, to themselves, to others, to nature, and to the sacred<sup>[7]</sup>. The quality of life of cancer survivors is directly related to the role of spirituality<sup>[8]</sup>. Evidence-based studies depict spirituality plays a vital role in healing and well being, as spirituality exhibits inner strength, peace, comfort, and wholeness, and it copes with cancer<sup>[9,10]</sup>. Women struggle to find meaning and purpose in life during their cancer survivorship, raising beliefs in life and concerns related to spirituality<sup>[11]</sup>. Breast cancer survivorship will lead to poorer quality of life, impaired physical function, and psychological distress<sup>[12]</sup>.

Hope is a valuable attribute that influences one's self-perception and coping strategies when confronted with a difficult or life-threatening situation<sup>[13]</sup>. Breast cancer patients with a higher degree of optimism had more effective coping responses and change. Furthermore, optimism is inextricably linked to a higher quality of life<sup>[14]</sup>. Hope enables individuals to deal with The serious and prolonged threats of physical and psychological well-being that had been dealt with by the individuals with hope, and it acts as an important therapeutic factor in medicine and enhances their recovery<sup>[15]</sup>. Hope had shown to improve prognosis,

and in hand, patients without hope were often depressed and had an intention to end their life<sup>[16]</sup>.

The breast cancer survivors grieve a lot due to their condition, and it is a need of the oncology nurse to evaluate their spirituality and build new possible means to build their hope to lead a quality of life; hence the study aimed to explore the spiritual and hope needs of them in south Indian province.

## OBJECTIVES

1. To assess the breast cancer survivor's spirituality and hope needs.
2. To associate breast cancer survivors' spirituality and hope needs with selected Bio Socio - Demographic variables.
3. To correlate the relationship between spirituality and hope needs.
4. To explore the breast cancer survivor's experiences on spirituality and hope needs.

## MATERIALS AND METHODS:

**Study design:** A concurrent triangulation mixed-method research design was used. The Breast cancer survivors of 150 participants were used to obtain quantitative data. Ten one-to-one in-depth interviews were conducted for qualitative data collection. Samples were chosen by convenient and purposive sampling techniques, respectively. The study was carried out at Medical Oncology OPD in a selected tertiary care hospital, Chennai. The eligibility criteria were a) Only female patients diagnosed with breast cancer b) able to understand and speak Tamil c) Should be at least 18 years of age d) Breast cancer patients seeking treatment at least for six months and e) Attending In-patient and Out-patient department in the selected tertiary care center.

**Data Collection:** Formal permission was obtained from the concerned authorities to conduct the study. Informed consent was obtained from participants by their preferred means of language. The data collection was done with a structured Bio-socio demographic questionnaire followed by Adult Hope Scale and Spirituality Scale by C. Delaney in quantitative aspect. About 15 minutes were spent on each participant to elicit data using the selected tool. In the qualitative aspect, semi-structured

questionnaires were used in one-on-one interviews to collect qualitative data.

**Ethical Approval:** Institutional Ethics Committee of Tamil Nadu Govt. Multi-Specialty Hospital vide ref. no. 1577/P&D-I/TNGMSSH/2017/PMS/003/07/2020 has granted the approval. Also registered with the Indian clinical trial registry no. CTRI/2020/08/027291.

## **DATA ANALYSIS**

### **Quantitative analysis:**

Socio-demographic and clinical factors, spirituality and hope were analysed using descriptive statistics. Socio-demographic and clinical data will be averaged and tabulated with percentages. The spirituality and hope scores were given in mean, median, percentage of the mean score, and standard deviation. Association between the spirituality and hope with bio socio-demographic variables was analyzed using nonparametric Mann Whitney U-test / Kruskal Wallis H –test.

### **Qualitative analysis:**

The audio contents were transcribed and the verbatim was developed, which made the researcher familiar with the data and acquire an overview of the text. Next, the transcripts were examined for content. The content corresponding to the variables was coded and categorized. Any coding issues have been discussed, and then consensus was reached. A description of each category was developed. In the mixed analysis, the individual studies' conclusions were combined in a discussion.

## **RESULTS**

### **Quantitative aspect:**

Among 150 participants, the majority of participants' 64(42.67%), were between 41-50 years, with 85 (56.67%) were overweight, and 91 (60.67%) had completed their primary education. 127 (84.67%) of them were married, 97(64.67%) were married for ten years, with 130 (86.67%) had children. About 122 (81.33%) of the participants were full-time homemakers, 82(54.67%) were earning Rs. 5000 – Rs 10,000, 127 (84.67 %) lived in the nuclear family, and 61 (40.67%) lived with two or more persons. About 128(85.33%) belonged to the Hindu religion, with 102 (68%) were residing in semi-urban areas, and 107 (71.33%) had no comorbid

disease conditions. The majority of 141(94 %) were diagnosed for five years and survived up to 5 years about the clinical variables. Considerably 84(56%) were in stage II of breast cancer, 78 (52%) had a tumor at the left breast, 99(66%) were under hormonal therapy. Most 139(92.67%) were independent, and 115 (76.67%) had 4 to 8 hours of sleep. About 138(92%) had attained their menarche at the age of 10-15 years, 141(94%) had a regular menstrual cycle, and 108(72%) had their menopause at the age of 40-50 years.

On analyzing the spirituality scale score, it was observed that 109 (72.67%) had a moderate level of spirituality score, 41(27.33%) had a good spirituality score. In contrast, none of them were with a poor amount of spirituality score.

Among the participants, 130(86.67%) reported having a moderate level of hope score, 20 (13.33%) had a poor hope score, and no one had a good hope score, respectively.

Evaluating the association between the spirituality scale score with bio socio demographic variables revealed that the patients with a **Monthly income of > Rs 5000 [ $\chi^2=6.22$  p=0.05\*(S)] and those who live with five or more persons [ $\chi^2=16.23$ p=0.001\*\*\*(S)] were statistically significant. Among the clinical variables, the tumor location on their left side [ $\chi^2=15.39$  p=0.01\*\*(S)] and those who were undergoing radiation therapy [ $\chi^2=16.78$  p=0.001\*\*\*(S)] were statistically significant than others.**

Considering the association between the adult hope scale score with the bio socio-demographic, it was observed that **patients with a Monthly income of > Rs 5000 [ $\chi^2=8.41$ . p=0.02\*(S)] and those who live with five or more persons [ $\chi^2=11.50$ , p=0.01\*\*(S)]** were statistically significant. Among the clinical variables, the tumor location on their left side [ $\chi^2=7.62$ p=0.02\*(S)] was significant than others.

There was a significant fair, positive correlation between spirituality and hope scale score [ $r= 0.35$  P=0.01\*\*], which shows when spirituality increases, the hope score increases automatically.

### **QUALITATIVE ASPECT:**

The inter core themes which evolved with the participants narratives were **God Trust, Relationship with God, Problems with God, Expectations with God, God's solution** were regarding spirituality and based on hope we had derived **Belief ,confidence building, No Fear, Feeling Good, Altruism, Positive and Support.**

The trust in God in some has definitely increased. But for some, their perception of god itself is different. Some have placed their doctor equally with god. This perception might have arisen when the treatment began and the respondent's knowledge about the doctor's involvement have increased

#### **(i) God Trust**

Almost all of the respondents responded positively with regard to the trust of god. The trust in god for some respondents is more than the people around them.

One person said that it is because of god that she is still alive.

*"I have too much trust in God. Only because of that trust in God I am still alive like this. Even if I don't have trust in people, I have good trust in God. Yes, I trust a lot. I only trust God. Rather than people I trust God"*.

#### **(ii) Relationship with God .**

Two people said that she prays to god regularly. Another person said she has no close relations with god as such. One respondent says whatever the god gives should be accepted. There were people who regularly visited temples and did worship.

*"I don't keep so much with friends. Temple is like my friend. You can find me in the temple at any time. If I finish the work I will go to temple and come home, it is work-temple-home, work-temple-home. If there is any function or something"*.

#### **(iii) Problems with God**

One person feels that god is testing her with this condition. Another respondent is angry with god as it gave them this disease. So the trust for this person towards God has reduced. Another person feels that

she is angry with god as why she was given this disease.

*"I had trust in God but after I got this I started feeling "what is there in praying God here after." I thought even my enemy should be good but God gave me this condition. So what if I pray to God or if I don't pray to God, it has been four months since I have prayed to God. I started hating God since I started this treatment"*.

#### **(iv) Expectations with God**

Some of the respondents see god as their saviour and for others god will solve their problems. One of the respondents considers both doctor and god as her saviour.

*"God should come in some form and keep me in a good way, should live nicely without any pain, disease, should take care"*.

*"That is the only thing I have, Only God has to save me, I am not there if God is not there. I don't think of people, I think only about God. Only God should save me"*.

#### **(v) God's Solution**

Some of the informants believe that worshipping god will solve their problem. Another person says that with the belief in god, the god will do something good to her.

*"No, I did not get it. I felt like I wanted to live even longer. That is because I have settled three children, one daughter who is there should not feel "All of them had a mother for them, I don't have her." When she gets married, she will not be happy thinking of it. So I felt, I have to give her that happiness and then go. I had a feel that God might take me away or let me live"*.

The awareness of these people decides the primary understanding of the disease and this further creates hope of surviving the condition, fear of it being fatal, hesitation to see others and also to seek treatment.

#### **(vi) Belief**

The thought process of respondents works according to the people around them. This includes doctors, family, relatives and thus creates their knowledge and belief about the condition. They tell the respondents how severe the disease is, this gives



them an idea about the disease. Then the belief is according to their knowledge. One person consoled themselves saying that it could have been worse if the cancer came at other body parts. These factors create hope in some cases where mental stress for some others.

*"It is very difficult but what to do. Because the cancer is in the breast we can get it removed and live, what if it was in the throat or stomach, then it would be a problem, isn't it? So I don't feel much".*

#### **(vii) Confidence Building**

For many respondents it was the doctor, staff and the people around them in the hospital who gave them confidence that they will get cured. The treatment is soothing them physically as well as mentally.. For one interviewee this feeling of confidence keeps changing, that is sometimes she feels very confident whereas in other situations she feels low. For some who were not familiar with the treatment earlier has gained full confidence after continuing the treatment. For some of the participants it is also the family who helps to boost their confidence.

*"Based on what they have told me, it has given me confidence that I can be better during the days I live, and can live well for some days, so let me take the treatment. Treatment is taken to get better, so let me take the treatment. That is my thought. Doctor told me that if I take the medicine, I can get better in a few days".*

#### **(viii) No Fear**

Another factor which is notable among some of the respondents is "No fear". These respondents who do not care whether this disease would be fatal or what people think of them. But each has their own reasons for this "no fear" like one of them said that she is not worried as she is aged.

*"What if people around do it? I don't care about it. I should feel only when the people in my family treat me like that. If people around do it, it will not bother".*

#### **(ix) Feeling Good**

Few of the respondents accepted that after the treatment started they began to believe that they will get cured at some point of time in future. The treatment, care and the atmosphere gave them satisfaction and realisation that it is not fatal and can be treated.

#### **(x) Altruism**

Altruism is in fact a coping measure for the respondents as some of them want to be alive just for the sake of their children and family. So that they can be present there to help and care for their children.

*"I am going to the temple. I am praying to God daily. Every moment I feel that I have to live, live, live for my child. How to settle his life? That is the only thought, no other thinking. I don't have any other desire. Have to settle his life well, should get a good future, that is my only target now. I am searching only for that now"*

#### **(xi) Positive**

Most of the informants are taking it positively that since they got this, they have to be optimistic that they will get cured. Although in the beginning they had a shock when they got to know, but now they want to get cured and do not think that it would be fatal.

*"Whatever I have got, can't do anything about it, I have to come out of it, what should I do for it, that is what I am searching and searching for now. Somehow, I have to come out of it and do something good to my son. That is the reason I am running around searching".*

#### **(xii) Support**

Most of the respondents agree that it is the people around them who show support and take good care of them. This includes doctors, family members and other people around them. This support gives them a hope to live and undergo treatment without any obstacle.

*"Family members consoled. They said, "you should feel only if we suppress you, why do you worry when we are all there", my three children, my daughter-in-law and my husband, they all came and consoled me. ....No, no, as far as my family is concerned, I have not gone anywhere out, as far as my family is concerned, it is only me who thinks so and none of the family members will think that way. There in the same way they were before with me."*

## **DISCUSSION**

Previous studies involving breast cancer patients have shown that spirituality has a positive effect on breast cancer survivors' lives, as it reduces negative emotional states, imposing less distress, anxiety,

depression, and hopelessness, and 72.67 percent of participants had a moderate level of spirituality, and 27.33 percent had a good spirituality score, which was supported by previous studies involving breast cancer patients, which had shown that spirituality has a beneficial effect on breast cancer survivors' lives, as it diminishes negative emotional states<sup>[17]</sup>. Another study revealed that spirituality was improved in Thai breast cancer patients, and it was linked to their families<sup>[18]</sup>.

The analysis of the breast cancer survivors' hope scores showed that 86.67% of survivors had a moderate level of hope score. The mean hope levels of the participants were 56.09, which is nearly similar to a study that found the mean hope value of 38.62<sup>[19]</sup>. Another study depicted that breast cancer survivors showed an improved hope after taking treatment<sup>[20]</sup>.

There was a significant association between spirituality and bio socio-demographic variables in which monthly income, cohabitation status, and radiation therapy were statistically significant. It is consistent with the study in which Strong relationships exist among spirituality and personal and cancer characteristics<sup>[17]</sup>.

There was a significant association between hope and socio-demographic variables of monthly income and location of the tumour, which was supported by the study which depicts education and income, were significantly associated with hope among breast cancer survivors<sup>[16]</sup>.

There was a significant fair, positive correlation between spirituality and hope scale score [ $r= 0.35$   $P=0.01^{**}$ ], which shows when the spirituality increases, the hope score increases, which is supported by the study, which also shows a positive correlation between hope and spirituality<sup>[21]</sup>.

The current study evolved with the themes on spirituality and hope, and those were **God Trust, Relationship with God, Problems with God, Expectations with God, God's solution, Belief, confidence building, No Fear, Feeling Good, Altruism, Positive and Support**. The study conducted to study the spirituality among Singaporean breast cancer patients came out with the themes of transcendental experiences, meaning, purpose, and changing perspectives that correlate with the results of our study<sup>[22]</sup>. Another study

supported the hope analysis derived with the themes of diagnosis, life events, supportive network, healthcare network, medical treatment, acceptance of the disease, and their ability to do projects<sup>[23]</sup>.

The study's findings revealed that the participants had a moderate and high level of spirituality, and also, the hope level of the survivors was moderate. This in hand is proved with the qualitative analysis' evolved themes, which focused on the patient's relationship with God, which acts as a coping strategy to enhance their hope. The themes that evolved with hope also showed they have confidence building, a lack of fear, and a positive approach to things and family support. Breast cancer survivors' self-esteem is improved when family members are involved, and society should be educated on breast cancer.

### CONCLUSION

Women diagnosed with breast cancer should be encouraged and assessed by nurses to explore their spirituality as an effective resource for dealing with cancer's physical and psychological consequences. As the primary and comprehensive care provider, nurses should work with policymakers to take necessary steps to provide training sessions to improve spiritual well-being and hope, thus in hand lead to achieving an inner sense of peace and quality of life of breast cancer survivors.

### LIMITATIONS

1. The study was conducted at a tertiary care hospital, Chennai, Tamil Nadu.
2. An only Female breast cancer survivors availing more than six months of treatment were included.

### RECOMMENDATIONS:

1. Further studies can be conducted among large population of breast cancer survivors
2. Interventional studies can be conducted in spirituality care and coping strategies to improve their hope.

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#### CONFLICTS OF INTERESTS:

The authors declared no conflicts of interest among themselves.

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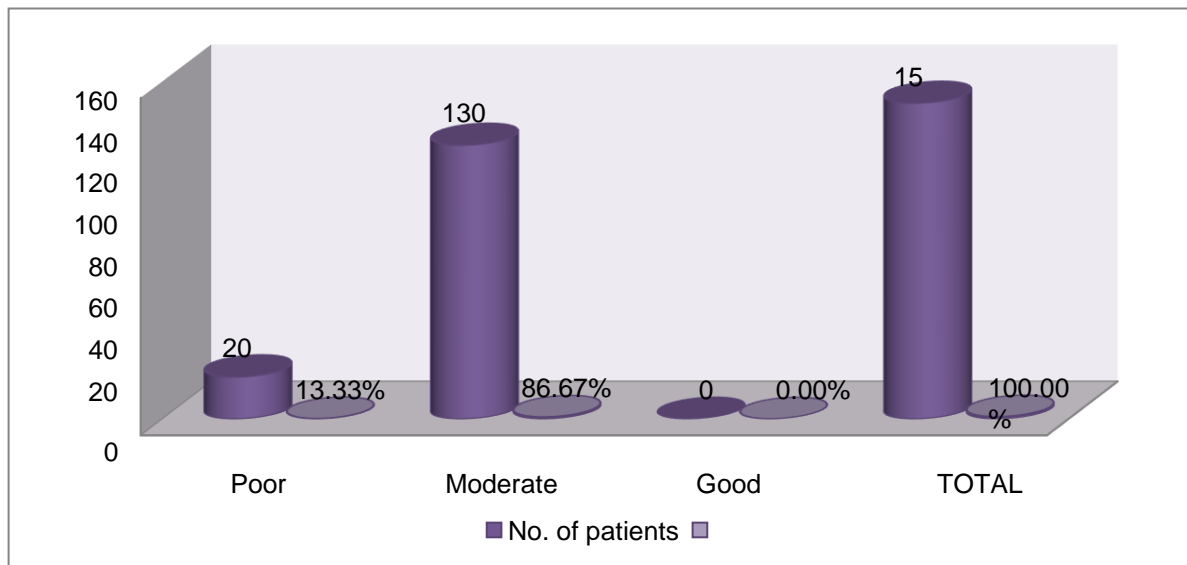
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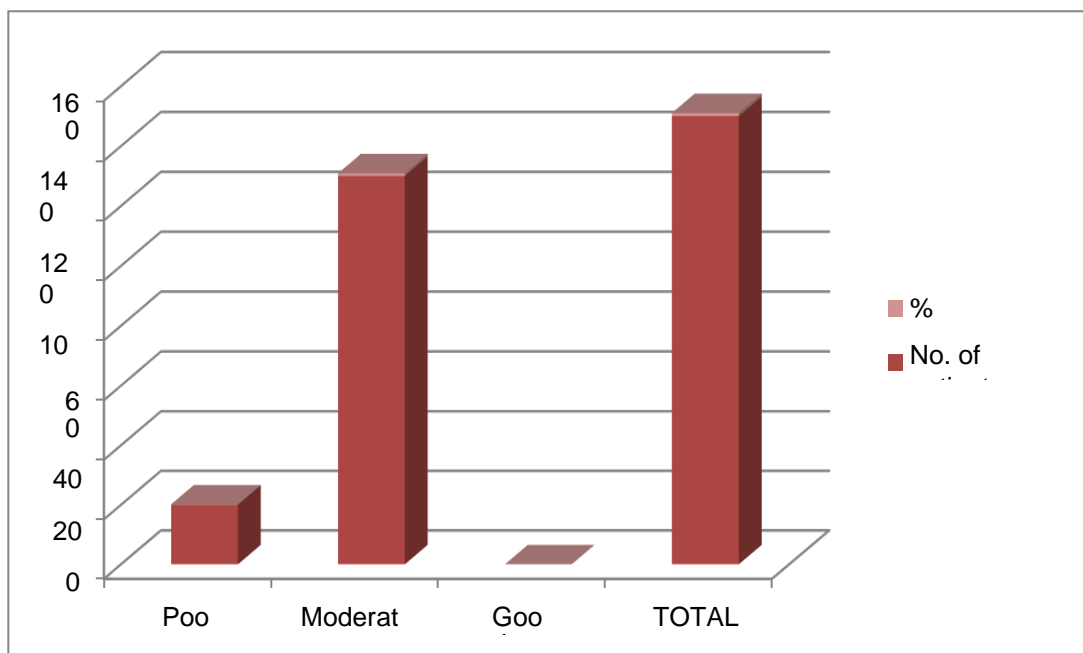
**TABLE 1: CLINICAL VARIABLES OF BREAST CANCER SURVVIORS**

| Clinical Variables           |                      | Number<br>Of Patients | %      |
|------------------------------|----------------------|-----------------------|--------|
| Duration since diagnosis     | Less than five years | 141                   | 94.00% |
|                              | More than five years | 9                     | 6.00%  |
| Duration of survivorship     | Upto five years      | 141                   | 94.00% |
|                              | More than five years | 9                     | 6.00%  |
| Stages of cancer             | StageI               | 9                     | 6.00%  |
|                              | StageII              | 84                    | 56.00% |
|                              | StageIII             | 41                    | 27.33% |
|                              | StageIV              | 11                    | 7.33%  |
|                              | Recurrence           | 5                     | 3.33%  |
| Tumor location.              | Left breast          | 78                    | 52.00% |
|                              | Right breast         | 66                    | 44.00% |
|                              | Both                 | 6                     | 4.00%  |
| Current anticancer treatment | Surgery              | 0                     | 0.00%  |
|                              | Chemotherapy         | 47                    | 31.33% |
|                              | Hormonal therapy     | 99                    | 66.00% |
|                              | Radiation therapy    | 4                     | 2.67%  |
| Performance status           | Fully dependent      | 0                     | 0.00%  |
|                              | Partially dependent  | 11                    | 7.33%  |
|                              | Independent          | 139                   | 92.67% |
| Age of Menarche              | 10-15 years          | 138                   | 92.00% |
|                              | >15 years            | 12                    | 8.00%  |
| Menstrual cycle              | Regular              | 141                   | 94.00% |
|                              | Irregular            | 9                     | 6.00%  |
| Age of Menopause             | < 40 years           | 7                     | 4.67%  |
|                              | 40 -50 years         | 108                   | 72.00% |
|                              | > 50 years           | 35                    | 23.33% |
| Duration of sleep            | < four hours         | 33                    | 22.00% |
|                              | 4 to 8 hours         | 115                   | 76.67% |
|                              | >8 hours             | 2                     | 1.33%  |

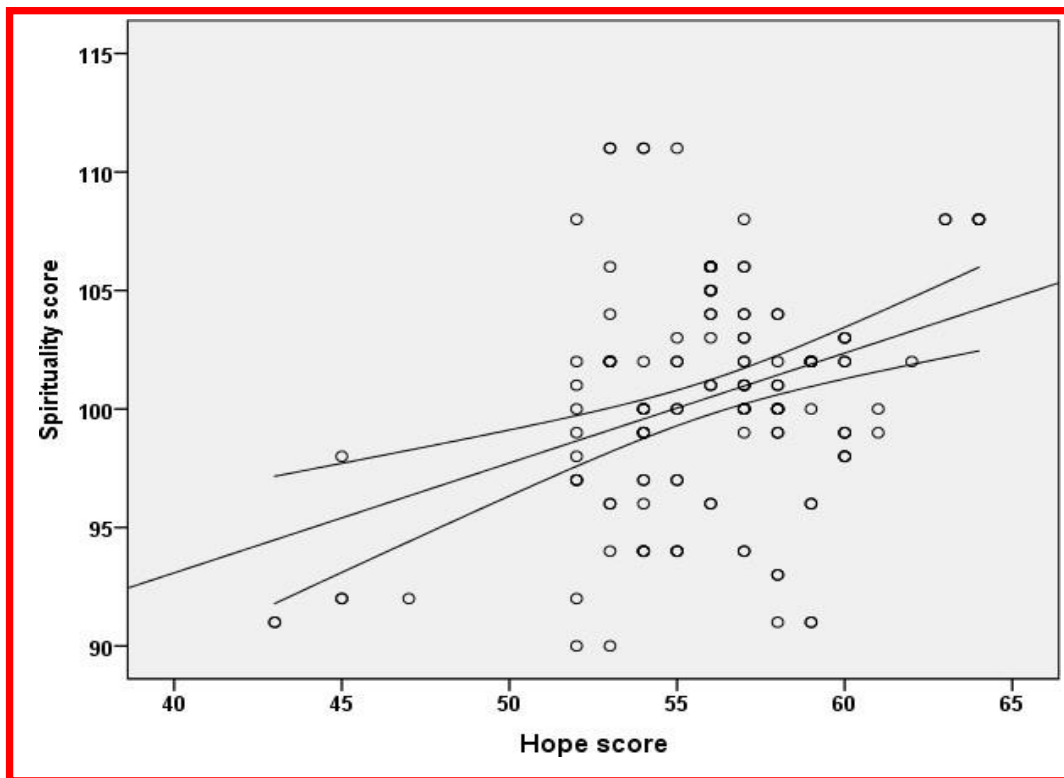
**FIGURE 1: SPIRITUALITY SCORE OF BREAST CANCER SURVIVORS**



**FIGURE 2 : HOPE SCORE OF BREAST CANCER SURVIVORS**



**FIGURE 3 : CORRELATION BETWEEN SPIRITUALITY AND HOPE SCORE OF BREAST CANCER SURVIVORS**



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