The Role of Religious Coping in Predicting Post-Traumatic Growth in Patients with Breast Cancer

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Abstract

Breast cancer is the most common cancer among women that creates stress in physical, mental and spiritual aspects of patients’ lives. Adjustment consequences for these patients may lead to post-traumatic growth including positive changes following the traumatic experience and/or return to the higher psychological level from what there was before that traumatic event. Given the impacts of spirituality on post-traumatic growth, the present study aimed to examine the role of religious coping in predicting post-traumatic growth in patients with breast cancer. This is a descriptive-correlational study. The study population included all patients with breast cancer referred to health centers in Kerman in 2014. The sample consisted of 121 patients whom were selected through applying convenience sampling method. Variables were evaluated using religious coping style (Iranian Religious Coping, 2011) and the Post-traumatic growth inventory (PTGI, 1996). To analyze the obtained data, the pearson correlation and stepwise regression analysis were applied. Findings indicated that dimensions of active religious activities ($r=0.42$), benevolent evaluation ($r=0.63$) and religious activities (dimensions of religious coping) ($r=0.43$) were positively correlated with post-traumatic growth and these relationships were significant at the 0.99 confidence level. The results of regression analysis, conducted to predict post-traumatic growth, demonstrated that in the first step, benevolent evaluation (0.39) predicted the post-traumatic growth. Therefore, benevolent evaluation can predict post-traumatic growth (Beta= 0.63, $P<0.001$). With regard to these results, it can be deduced that religious coping can predict post-traumatic growth in patients with cancer. Hence, religious coping can be regarded as a strategy to achieve post-traumatic growth in patients with cancer.

Keywords: Religious Coping, Post-traumatic Growth, Breast Cancer.

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