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The relationship between optimism, hope and spirituality with the severity of disease symptoms in women with breast cancer in Tehran

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Abstract

The research aimed to determine the relationship between optimism, hope, and spirituality on the severity of breast cancer symptoms. The present research method was descriptive-correlational and the study population of all breast cancer patients in Tehran in 2017, in the number of 3722 people who visited Tehran hospitals. Based on the method of Steven (2002), the number of 75 women was estimated and were selected through the available sampling method. Optimism questionnaires of Shier and Carver (1985), Hope of Schneider, Harris, Anderson, Holleran, Ironik, et al. (1991), and Spirituality of Parsian and Donning (2009), as well as the severity of breast cancer symptoms, were completed through clinical screening. Data were analyzed using Pearson's correlation coefficient test and multivariate regression analysis. The results showed that the stepwise regression coefficient of the severity of breast cancer symptoms with spirituality ($\beta = 0.40$, $P = 0.001$), optimism ($\beta = 0.28$, $P = 0.001$), and hope ($\beta = 0.20$, $P = 0.025$) is negative. Due to the importance of optimism and hope as well as spirituality in cancer patients, it is necessary to hold training courses and workshops in treatment centers regarding increasing optimism and hope for treatment and creating and cultivating spirituality in patients.

Keywords: *Optimism, hope, breast cancer, spirituality.*

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Introduction

Cancer is a complex, debilitating and common disease that is considered the second biological-medical cause of death in many countries of the world, including our country, after heart disease (Haji Ahmadi Fomeni et al., 2014). Cancer sufferers face many biological, psychological and social problems and stresses (Ahadi, Mehriar, Nafisi, Nikofer and Jahanian, 2011). In the meantime, breast cancer is the most common type of cancer and after lung cancer, it is the second cause of cancer-related death among women.

One of these structures that can play a facilitating role as psychological mediators is optimism. Optimism is defined as the general expectation of positive things happening in life and is related to physical and psychological well-being (Wakada et al., 2018). Concepts of hope, spiritual health, optimism, prayer and quality of life are meaningful and relevant areas for patients. Hope is an important adaptation mechanism in chronic diseases including cancer and has been defined as a complex multidimensional and potentially valuable factor in effective recovery and adaptation. On the contrary, hopelessness is defined as enduring an insurmountable situation in which no goal is expected to be achieved, it is associated with depression, wish to die and suicide (Baljani et al., 2011).

Hope is considered as a basic personality trait in human life as well as a healing force and promoter of a better life (Barrera and Spiegel, 2014). Hope is to reach a state that allows a person to provide an appropriate response to a new or chaotic situation (Werner, 2012); This makes it possible for a person to determine new goals and choose alternative ways to achieve them when achieving old goals and past strategies are

not possible due to problems (Mannix, Feldman, and Moody, 2012). One of the alternative ways in such situations is spirituality, which includes connection and values along with hope in the search for meaning and purpose (Latfi Kashani et al., 2013). Therefore, in cancer patients, access to support resources is effective in adapting to the disease (Baljani et al., 2011). Research findings have shown that hope and spirituality are significant factors in life that help people adapt to cancer, reduce mental suffering, and increase quality of life and psychosocial health.

The present study was designed and implemented with the aim of determining the relationship between optimism, hope and spirituality with the severity of disease symptoms in cancer patients.

Method

The present research method was descriptive-correlational and the study population of all breast cancer patients in Tehran in 2017, in the number of 3722 people who visited Tehran hospitals. Based on the method of Steven (2002), the number of 75 women was estimated and were selected through the available sampling method.

Materials

1. Optimism questionnaire. Scheer and Carver's (1985) 10-item questionnaire evaluate optimism on a Likert scale from 0 = strongly disagree to 4 = strongly agree. The sum of the scores of the items shows the total score between 0 and 24. The higher it is and the closer it is to 24, the more optimistic the subject is. In the present study, Cronbach's alpha coefficient was 0.90.

2. Schneider's hope questionnaire. This 12-item questionnaire Schneider, Harris, Anderson, Holleran, Ironic et al. (1991) was made for adults over 15 years old. Each of

the questions is answered on a four-point Likert scale ranging from 1 completely false to 4 completely true. So the range of scores will be between 48 and 12. In the current study, Cronbach's alpha coefficient was 0.87.

3. Spirituality questionnaire. The 29-item spirituality questionnaire of Parsian and Donning (2009) was created in order to evaluate the importance of spirituality in people's lives and measure its various dimensions. This is a self-report questionnaire, and the subject must specify the level of disagreement or agreement with each of the items in a 4-point Likert scale from 1 = completely disagree to 4 = completely agree. Cronbach's alpha coefficient was 0.88 in the present study.

4. Clinical screening of breast cancer. In the investigation and screening of breast cancer, out of the three methods of investigating the course of breast cancer, the operational definition of categories and the writing of coding instructions, the codebook and the preparation of the registration form were done as follows.

Examining the course of breast cancer patients. In this course of cancer, which must be analyzed, it is defined and defined. The course of cancer is a topic that was done through the visit of an oncology specialist. In this direction, an effort was made to identify the categories of cancer course with the help of an oncology doctor. The course of cancer generally took place in several stages:

Findings

The findings showed that the optimism variable had a positive relationship with hope and spirituality and a negative relationship with the severity of cancer symptoms ($P=0.001$). According to the results of correlation coefficients, stepwise regression was used to predict the severity of breast

cancer symptoms in women based on optimism, hope and spirituality.

The value of the Watson camera statistic was less than 2.5. Therefore, we can accept the assumption of independence of regression error terms. In the first step, spirituality was entered into the analysis as a predictor variable, which was able to explain 0.39 of the variance of the severity of symptoms. After entering optimism in the second step of the analysis, the total variance explained by the model increased to 0.47. In the third step, hope was entered into the analysis, which increased the variance of the severity of symptoms to 0.50. Therefore, it can be concluded that the most variable explaining the variance of symptom severity according to the beta coefficients is related to spirituality, optimism and hope respectively ($P = 0.01$).

Discussion

The results of regression analysis showed that optimism, hope and spirituality can predict the severity of breast cancer symptoms. Therefore, based on this finding, it can be concluded that there is a significant relationship between optimism, hope and spirituality with the severity of breast cancer symptoms.

Optimism is one of those components of psychological capital that plays an important role in cancer. Based on this, it can be said that optimism and pessimism are respectively defined as the expectation of positive and negative overall results and are important determinants of compatibility; Optimism has beneficial effects on physical and mental health, and unlike pessimists who expect misfortune, optimistic people believe that they can handle adversity in a successful way. This difference in attitude towards adversity affects people's ways of coping with psychological pressure (Aghajani and

Akbari, 2017). Optimistic people are willing to interpret life events in a positive light and, for example, instead of focusing on the negative side effects of treatment, consider the new aggressive treatment as an opportunity to win against cancer (Fink et al., 2018).

In addition, hope causes psychological health and a sense of worth and helps to create social relationships to increase health (Baljani et al., 2011). Patients who have a hopeful spirit learn ways to deal with the disease faster than others, and in this way, they can act as a source of support and information for other patients in the course of their treatment. Of course, in many cases, patients are afraid of disclosing their illness due to avoidance behaviors and use the defense mechanism of denial in dealing with the illness (Goyal et al., 2019). Therefore, they use coping skills such as problem solving and finding appropriate solutions less. The results of this research showed that there is a significant relationship between optimism and hope with the severity of breast cancer symptoms. Therefore, based on the findings of this research, it can be concluded that psychological capital plays an important role in the relief of breast cancer symptoms, which should be taken seriously.

Ethics

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

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Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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