

Religious and Spiritual Variables in Three Major Oncology Nursing Journals: 1990–1999

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Purpose/Objectives: To review qualitative and quantitative research studies measuring religious and spiritual variables published in American oncology nursing journals from 1990–1999 and the types of measures used.

Data Sources: All research studies published from 1990–1999 in *Oncology Nursing Forum*, *Cancer Nursing*, and the *Journal of Pediatric Oncology Nursing*.

Data Synthesis: A higher percentage of qualitative (27%) than quantitative (14%) oncology nursing studies reported findings on religious and spiritual variables. Religion or spirituality was the major focus of 14% of qualitative studies, and these concepts emerged in qualitative studies even when they were not a study's research focus. Religion or spirituality was the primary independent or dependent variable in 10% of quantitative studies and was a prominent measure in quantitative studies on patients' needs, coping, and quality of life.

Conclusions: Nursing researchers in oncology are more likely to study issues relating to religion and spirituality than researchers in other fields of nursing, and substantially more research on these topics has been reported in oncology nursing than in the research literature on psychology or various fields of medicine.

Implications for Nursing: Implications include the value of (a) combining qualitative and quantitative methods in a single study, (b) incorporating demographic measures, such as religious denomination, as independent variables in analyses, (c) using separate and multiple measures of religion and spirituality in research, and (d) differentiating between religious and spiritual needs in research and practice.

A diagnosis of cancer frequently creates fear and uncertainty that can provoke a spiritual crisis for patients. Cancer, among the most feared of all diseases, is the product of cumulative and environmental factors that place everyone at risk. Cancer is the second leading cause of death in the United States, resulting in about 1,500 fatalities a day (American Cancer Society [ACS], 2002). The five-year survival rate of all cancers combined is 62%, and 8.9 million people are living with cancer (ACS).

The concepts of religion and spirituality and their relationship to health were discussed widely in the nursing literature during the 1990s (Berggren-Thomas & Griggs, 1995; Hall, 1997; Mickley, Carson, & Soeken, 1995; Oldnall, 1995; Sumner, 1998). The concept of spirituality generally is regarded as being broader than religion, encompassing the need to find meaning in life, death, and suffering; transcendence; and a sense of connectedness with one's self, other people, and higher powers. Although religious beliefs and

Key Points . . .

- ▶ A review of all research published in three major oncology nursing journals between 1990 and 1999 found that nursing studies in this field were substantially more likely to explore religion and spirituality than similar research reviews in medicine, psychology, or other healthcare fields.
- ▶ Overall, nearly 17% of all research studies published between 1990 and 1999 in *Oncology Nursing Forum*, *Cancer Nursing*, and the *Journal of Pediatric Oncology Nursing* examined some aspect of religion or spirituality.
- ▶ Religion and spirituality were significantly more likely to be examined by qualitative rather than quantitative studies in oncology nursing between 1990 and 1999.
- ▶ Nursing researchers have found that it is common for patients and their caregivers to spontaneously mention that religion and spirituality are important to them in dealing with cancer.

practices are considered to be expressions of spirituality, spirituality can be expressed apart from traditional religious beliefs and activities (Emblen, 1992; Peri, 1995; Sumner). However, religion may be the primary way or even the only way in which many people express their spirituality (Forbes, 1994; Roberts & Messenger, 1993).

Patients with cancer have been found to focus increasingly on religious and spiritual issues as their illness becomes more severe. Roberts, Brown, Elkins, and Larson (1997) reported that half of the women they studied with various stages of cancer said they had become more religious and none said they had become less religious since their diagnosis. McMillan and Weitzner's (2000) study of end-stage patients with cancer also found that patients placed great emphasis on religion and spirituality. When asked what helped them to maintain their quality of life, patients most often

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