



# Correlation of Religious Coping Strategy with Quality of Life of the Elderly with Colorectal Cancer Referred to Colorectal Clinics of Shahid Beheshti University of Medical Sciences

Mostafa Mohammadi<sup>1</sup> , Roghayeh Esmaeili<sup>2,\*</sup> , Soolmaz Moosavi<sup>3</sup> , Mahdi Fani<sup>4</sup>

<sup>1</sup> MSc Student in Elderly Nursing, Student's Research Committee, Department of Medical Surgical Nursing, School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran

<sup>2</sup> Associate Professor in Medical Surgical Group, School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran

<sup>3</sup> PhD in Nursing, Medical Surgical department, School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran

<sup>4</sup> Department of Islamic Education, Shahid Beheshti University of Medical Sciences, Tehran, Iran

\*Corresponding author: Roghayeh Esmaeili, Associate Professor in Medical Surgical Group, School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran. Email: [r.esmaeili@sbm.ac.ir](mailto:r.esmaeili@sbm.ac.ir)

DOI: 10.22037/jnm.v31i1.38233

Submitted: 03 Jun 2021

Accepted: 24 Nov 2021

Published: 15 Jan 2022

## Keywords:

Religious Coping  
Quality of Life  
Colon Cancer  
Ostomy, Older People

© 2022. Advances in Nursing and Midwifery

## How to cite:

Mohammadi M, Esmaeili R, Moosavi S, Fani M. Correlation of Religious Coping Strategy with Quality of Life of the Elderly with Colorectal Cancer Referred to Colorectal Clinics of Shahid Beheshti University of Medical Sciences. *Adv Nurs Midwifery*. 2022;31(1):22-28. doi: 10.22037/jnm.v31i1.38233

## Abstract

**Introduction:** Among the types of cancers, colorectal cancer is more likely to occur in the elderly; It is known as one of the most common causes of death worldwide. Cancer and living with an ostomy affect different aspects of the elderly life and increase stress in them. Religious coping strategies are methods based on spirituality and religion that help a person deal with stressful issues so that patients can adapt to the situation by increasing acceptance. This study investigated the correlation between religious coping strategies and quality of life in elderly patients with ostomy colon cancer.

**Methods:** This study was a descriptive-correlational carried out on 85 elderly patients with colon cancer who were referred to colorectal clinics of Shahid Beheshti University of Medical Sciences hospitals in 2019. The inclusion criteria were the diagnosis of colon cancer by the oncologist, having an abdominal ostomy, age of sixty years and older, lack of cognitive impairment by MMES (Mini-Mental Examination Status), and passing at least six-month of ostomy. The sampling method was convenient. The data collection tool was the Persian version of Pargament's Brief religious coping Scale and the City of Hope quality of the life-ostomy questionnaire. The analysis used Chi-square, independent t-test, Pearson correlation, and linear regression models.

**Results:** The results showed that the mean age of patients was 65.28 years. The mean quality of life score was 232.58, with a standard deviation of 41.17. The mean score of religious coping was 30.55, with a standard deviation of 3.19. The correlation between the quality of life and religious coping was seen, and there were positive and significant correlations between religious coping and spiritual quality of life ( $r=0.269$ ,  $P=0.001$ ).

**Conclusions:** There was a direct and significant correlation between the health of quality of life and religious coping strategies. Healthcare providers focusing on coping skills training and strengthening religious coping styles in routine care can improve the quality of life of these patients.

## INTRODUCTION

One of the gifts of social development is to have a long life and enter the stage of old age, which has been

achieved in recent years due to the growth of technology, the growth of health-diagnostic services,

and birth control policy [1]. Thus, while 1.7 percent of the world's population is added every year, This increase is 2.5% for the population aged 65 and over, and thus the aging population rate is increasing [2]. In Iran, the World Health Organization estimates that the number of people over 60 is projected to reach 25 percent by 2050 [3, 4]. However, increasing age is associated with a decrease in physical strength and an increased chance of chronic physical and mental illnesses and disability, reducing the quality of life [5]. If the elderly have poor health status, its consequences are imposed on society and individuals [6].

According to the World Health Organization, 18.4% of the causes of death in 2030 will be related to various cancers, and more than 50% will be connected to the age group of 70 years and older [7]. Among cancers colorectal cancer is known as one of the most common causes of death in the world. Older people are more likely to develop colorectal cancer [8].

The incidence of colorectal cancer in both men and women reaches its peak around the age of 50, with 92% of colorectal cancers being diagnosed and reported in people 50 years of age and older, with an average age of 72 years at diagnosis [9]. Bowel cancer is the third most common cancer in terms of prevalence and the second leading cause of death. 10% of all cancers are related to colon cancer. Colorectal cancer is the second most common cancer in women after breast cancer and the fourth most common in men after gastric, prostate, and bladder cancers [10].

Surgery is the most common treatment for all stages of bowel cancer. In some cases, an ostomy may be needed to treat cancer during bowel resection [11]. The elderly are at greater risk after surgery for decreased vision, hearing impairment, and fine motor coordination in surgical complications and ostomy care. Care of the skin around the ostomy needs more attention due to the changes caused by aging, thinning of the skin layers, and dysfunction of functions and activities. An ostomy mainly disrupts patients' physical dimensions, including defecation, urinary and sexual functions. Psychological aspects such as depression, loneliness, suicidal ideation, feelings of humiliation, and low self-esteem are also prevalent in these patients, and the field of social functions, reducing the presence and participation in social and recreational activities [12]. Therefore, paying attention to the quality of life and ways to improve it [13].

Cancer and living with an ostomy affect different aspects of elderly life and increase stress [14]. Ostomy affects all aspects of quality of life [12]. One way to improve the quality of life is to pay attention to mental health and religious confrontation [15]. Coping is a dynamic process of cognitive and behavioral responses to reduce or resolve a psychological crisis. Religion as a management system also plays an essential role in interpreting events [16]. Religious coping strategies are

methods based on spirituality and faith that help a person deal with stressful issues to adapt to the situation by increasing acceptance [15].

A review of the sources shows that various studies have been conducted on different aspects of the lives of cancer patients or patients with ostomy [17-19]. In his research, Mikaili report that the average functional dimensions of quality of life, including the physical, social, role-playing, emotional, cognitive, and sexual dimensions of women with breast cancer, decrease significantly after chemotherapy. Therefore, medical and nursing interventions must maintain patients' quality of life and help them perform their plans strongly [20]. In this regard, some researchers have introduced and used various interventions to improve patient's quality of life. In their study, Naseh et al. Pointed to a significant relationship between self-efficacy and multiple aspects of quality of life in patients with an ostomy, which can help improve the quality of life, especially the social dimension [21]. Oraki et al. Recommend life skills training and anger management to improve the quality of life of ostomy patients and their physical and mental health [22].

The findings of Ahmadi and Moradi's study showed that mindfulness variables and problem-oriented and emotion-oriented coping strategies could predict the quality of life of cancer patients. This study's results suggest that using methods to increase mindfulness and teach adaptive coping strategies can promote a positive assessment of stressful conditions and ultimately improve the quality of life of cancer patients [23].

Cancer can affect a person's general and social functioning by altering their functioning and mental health. Poor quality of life can lead to ineffective coping and adjustment mechanisms in individuals and ultimately increase stress. Increased stress is directly related to physical factors and can increase the severity of the disease in individuals. Human desire and capacity to resolve crises by meaning and value are coping strategies. A religious coping strategy, as one of the methods of human coping in various situations against stress, can be used in both positive and negative religious coping. People who use positive spiritual strategies take advantage of positive evaluations and changes related to God's help in events. But in the form of negative strategies, one establishes an avoidant relationship with God and believes that God will leave the man alone in difficult moments and is not his companion and helper. Therefore, those with access to healthy religious coping strategies can go through more crisis paths in mental health crises than those who do not have these spiritual strategies. But assessing the consequences of the problem and the threats and potential challenges ahead in this direction play a role in how one thinks and interprets environmental events and the choice of coping styles. Perceptual patterns and information processing, learning process, age, gender, self-efficacy,

etc., can affect the assessment of the situation and the choice of the type of coping strategy. Despite the importance of religious strategies in patients with bowel cancer and the quality of life of these patients, few studies have been conducted in this field. Also, the results of some studies showed a non-significant relationship between the concepts of research, or only some aspects of quality of life showed a significant relationship. Due to the contradictions in the studies, researchers decided to design and implement the present study. Therefore, this study investigated the correlation between religious coping strategies and quality of life in elderly patients with ostomy colon cancer.

## METHODS

This descriptive-correlational and cross-sectional study was carried out on 85 patients with colorectal cancer who were referred to colorectal clinics of Shahid Beheshti University of Medical Sciences hospitals, including the colorectal clinic in Ayatollah Taleghani, Shahid Modarres, Imam Hossein and Shohadaie Tajrish during 2017-2018. The sample size was determined in the last study done in that domain [13, 15]. All research participants were announced for research purposes. Informed consent was taken from patients. The inclusion criteria were diagnosis of colorectal cancer by the oncologist, having an abdominal ostomy, age of sixty and older, lack of cognitive impairment by MMES (Mini-Mental Examination Status), and passing at least six months of ostomy. The number of samples was 85 based on the following formula and the study of Naseh et al. [21].

$$N = \left(\frac{Z_{\alpha} + Z_{\beta}}{C}\right)^2 + 3 = \left(\frac{1.96 + 0.84}{0.30}\right)^2 + 3 = 85$$

The School of Nursing and Midwifery ethics committee of Shahid Beheshti University of Medical Sciences approved this research with code (IR.SBMU.PHNM.1396.908). The sampling method was convenient. The data collection tool was a demographic information questionnaire, Pargament's religious coping strategies scale, and the City of Hope quality of the life-ostomy questionnaire.

Religious coping strategies were assessed using the Pargament scale with 14 items for measuring positive and negative religious coping strategies [16]. Each positive and negative scale includes seven items of the religious coping scale. The method of scoring was a 4-point Likert ranging from "not at all" to "a great deal." Positive religious coping is a way of dealing with negative events in life, in which a person experiences positive evaluations and changes associated with God's help to welcome events. For example, the person believes that he will not leave him alone when confronted with a painful event. But in negative religious coping, the person establishes an avoidable and unreliable relationship with God. For example, one

believes that God will leave me alone in the hard moments. In this study, a short form was used. In this study, to determine the validity of the tools, qualitative content validity was used. The questionnaires were given to 12 faculty members of the School of Nursing and Midwifery of Shahid Beheshti University of Medical Sciences and proper relevance of the items with each other, possibility of ambiguity and misinterpretations regarding the statements were measured. Cronbach's alpha coefficients of positive and negative religious coping were 0.95 and 0.93, respectively and analyzing components with the simple Eblin rotation structure, 39.5 % for positive religious confrontation and 11.3 % for negative religious confrontation reported by Rohani et al 2010 [24]. The internal consistency for positive strategies was 0.86 and for negative strategies was 0.65. The correlation (r) of each of the factors with the whole test was ranged from 0.62 to 0.83. The retest reliability also equaled 0.71 in the two months and equaled 0.86 in six months. Also, there was no relationship between the scores of this test and the social acceptability test [16]. The validity and reliability of the tool in this study showed that the internal consistency of the test was equal to 0.80 (Cronbach alpha).

The quality of life questionnaire for patients with an ostomy was made by the National Cancer Center's Institute in Hope City and had 90 questions in three sections. The first part, which includes 13 questions, is related to demographic characteristics and disease. The second part examines the effect of the ostomy on life. It has 24 items such as occupation, health insurance, sexual activity, mental health concerns, dressing up, diet, and daily care of the ostomy. The answer to this section's questions is descriptive and without a score. The three-part has 43 items related to the dimensions of physical health [1-11], psychological [12-24], social [25-36], and spirituality [37-41].

In this section, 0-10 scores are used to calculate the mean quality of life. In some questions, more scores indicate a better quality of life, and in some other questions, fewer scores indicate better quality of life. To calculate the quality of life scores, the mean of quality of life is calculated first by applying inverse changes to negative questions [1-12, 15, 18, 22-30, 32-34, 37]. Anaraki et al. in 2014 was done translate and validated it in Iran [25]. Also, this questionnaire has been used in Iran in the study of Nash et al. The face validity, internal reliability, and reliability of its retest were also considered acceptable [21]. In this research, internal consistency (Cronbach's alpha) was used to determine the reliability of the instruments, which was  $\alpha = 0.81$  for the religious coping questionnaire and  $\alpha = 0.83$  for the quality of life questionnaire. Therefore, the questionnaires were provided to 15 patients who had the characteristics of the samples. After completing the questionnaire by them, their Cronbach's alpha was

measured. After confirm the Instruments, used in data gathering.

Statistical analysis

The data were analyzed using SPSS 22 software. For descriptive, variables with two status, such as marital status and multi-degree (i.e. classification of education), were calculated for frequency and percentage for each group. For quantitative variables, mean and standard deviation was calculated. Chi-square, independent t-test, Pearson correlation and simple linear regression were used for inferential purposes. A P value less than of 0.05 was considered significant.

**RESULTS**

In this study, 85 patients with colorectal cancer with mean age of 65.28 (± 8.28) years were analyzed. Mean

duration of ostomy in patients was 13(±7) months. Regarding ethnicity, 27 patients (31.8%) were Persian and 26 patients (31.6%) were Azari (31.5%). Regarding education the Maximum of patients, there were 29 primary (34.1%), at least 7 diplomas 8.2%) (Table 1). The mean score of positive religious coping was 17.10 (± 5.47) and negative religious coping was 13.54 (±4.57) (Table 2).

The mean total score of quality of life in patients with ostomy was 232/58(±41.17) obtained. Maximum mean scores of patients' quality of life were reported in social 72/85 (±22.50) and psychology health 71.12 (±21.79) dimensions. The minimum mean score of quality of life was obtained in the domain of spirituality 29.41(±10/30) (Table 3).

**Table 1.** Demographic Characteristics in Patients under Study

Demographic Variable	Frequency	Percentage
<b>Gender</b>		
Male	27	31.8
Female	58	68.2
<b>Education</b>		
Illiterate	16	18.8
Primary school	29	34.1
Secondary school	16	18.8
High-school	8	9.4
Diploma	7	8.2
University	9	10.6
<b>Economic status</b>		
Good	9	10.6
Moderate	41	48.2
Bad	36	41.2

**Table 2.** Mean and Standard Deviation of Total score and Dimensions of Religious Coping in Patients under Study

Religious Coping	Mean	Standard Deviation	Rang
Positive	17.10	5.47	4-28
Negative	13.54	4.57	4-28

**Table 3.** Mean and standard deviation of total and dimensions of quality of life scores in the patients under study

Variable	Mean	Standard Deviation	Rang
Physical health	58.92	14.55	0-110
Psychological health	71.12	21.79	0-130
Social health	72.85	22.50	0-110
Spiritual health	29.41	10.30	0-60
Total score of quality of life	232.58	41.17	0-410

**Table 4.** Correlation between mean total score of religious coping and dimensions and total score of quality of life

Quality of Life	Religious Coping			
	Positive		Negative	
	Correlation (r)	P value	Correlation (r)	P value
Physical health	0.06	0.489	-0.076	0.543
Psychological health	0.011	0.923	-0.027	0.834
Social health	0.105	0.177	-0.063	0.137
Spiritual health	0.369	0.013	0.453	0.023
Total score of quality of life	0.455	0.101	0.397	0.123

The results showed that Pearson correlation coefficient showed a weak correlation  $r = 0.455$  between the mean score of the quality of life of the subjects under study and religious coping, which was not statistically significant ( $P = 0.101$ ). There was a negative correlation between physical health domain and religious coping, indicating that religious coping increased with decreasing physical health. The correlation between spiritual health and

religious coping (0.369) was moderate. However, there was a significant correlation between the quality of life of patients and spiritual health dimension ( $P = 0.013$ ) (Table 4).

**DISCUSSION**

The aim of this study was to investigate the correlation between religious coping strategies and quality of life in

elderly patients with ostomy colon cancer. Findings of the study indicate that more patients in this study use positive religious coping strategies and styles than negative religious coping. In religious confrontation, one uses religious resources to deal with stressful events and life problems. In the study of Taheri Kharameh et al., The rate of patients' use of positive religious coping strategies has been reported more [26]. The impact of spirituality on health and quality of life is particularly prominent for people who have experienced harm from being diagnosed with the disease [27]. Findings show that religious beliefs are an important source for adapting and living with negative events and an important factor in achieving the expected outcomes [28, 29].

The mean overall quality of life score in the present study was above average. However, the effect of ostomy on the quality of life of patients with colorectal cancer has been shown in various studies [30, 31] and the findings of some studies show that more than 30% of patients do not have a good quality of life [32, 33]. Findings from the study by Liu et al. Also showed that the quality of life of patients with ostomy was low [34]. A study by Zewude et al. In Ethiopia also showed a lower quality of life for patients with ostomy, and found that more than 70% of patients had to change their diet and lifestyle. They also had difficulty functioning socially for reasons such as lack of proper bags, lack of self-control, dietary restrictions, and time-consuming ostomy care [35].

Consistent with the findings of the present study, the study of Naseh et al. In this study was also the overall quality of life and its dimensions in patients with ostomy was above average [21]. Also in the study of Krouse et al., The findings showed that although ostomy has a negative effect on the patient's quality of life, but patients with ostomy due to cancer had a better quality of life than non-cancer patients [36].

The participants in the present study seem to have decided to have surgery following a diagnosis of cancer, and have assumed that surgery is their main treatment. Therefore, due to the fact that most patients had a permanent ostomy, their quality of life was above average. According to the patients during the interviews, it seems that when the patient has a permanent ostomy and knows that the ostomy will be with him for the rest of his life, he inevitably evaluates it as a new way of life and therefore tries to look at it. By adapting to the ostomy, touching and caring for it, it can regain its independence as quickly as possible, and this leads to better adaptation, reduced physical and psychological complications of surgery, and thus improved quality of life. But for a patient who sees the ostomy as merely a temporary treatment, the very word "temporary" can be like a shelter, causing him to look temporarily at this period and its not-so-favorable conditions, and thus a

desire to care for the ostomy and learn. Do not have care techniques.

Findings of some studies also show that the quality of life of patients with a permanent ostomy is significantly better than that of people with a temporary ostomy [34, 37].

In the present study, the mean score of religious coping with the dimensions of physical, mental and social health showed a poor correlation with the overall score of quality of life, a moderate correlation that was not statistically significant. The mean score of religious confrontation with the dimension of spiritual health and quality of life also showed a weak correlation, which was statistically significant; This means that with increasing the score of religious confrontation, the average quality of life of patients in the spiritual dimension increased. Findings of studies show that chronic stress and incurable diseases reduce the quality of life of patients [20]. But because of being subjective, dynamic, and multidimensional, people's perceptions and interpretations of quality of life are different. Studies also show that religious affiliation and adaptation are not used equally in different societies and individual and cultural values are involved in it [38].

Taheri Kharameh et al. In a study investigated the relationship between positive and negative religious coping styles with quality of life in patients with coronary artery disease whose findings showed that there was no significant relationship between religious coping styles and quality of life [39]. Also, Taheri Kharameh et al. In another study aimed at evaluating spiritual health and coping styles in hemodialysis patients reported that there is a direct and significant relationship between spiritual health and positive religious coping strategies and the relationship between spiritual health and negative religious coping strategies is inverse. And was significant [26]. Jadidi et al. Also found in their study that there is a significant relationship between the spiritual health of the elderly and their quality of life [40]. In his study, Khanjari et al. Also introduces negative religious coping styles that affect social performance and quality of life [41].

It seems that considering the cultural context of Iran, where religion is an inevitable part of people's lives, identifying useful and harmful forms of religious confrontation and guiding religious beliefs and practices can play an effective role in promoting mental health and quality of life. In patients with colorectal cancer, following physical changes in excretion and digestive problems, as well as the importance of the disease, the tendency to religious strategy increases in order to overshadow their quality of life.

## CONCLUSION

The aim of this study was to determine the correlation between religious coping strategy and quality of life in

the elderly with colorectal cancer referred to the colorectal clinics of Shahid Beheshti University of Medical Sciences. Findings and their analysis show that there is a positive and significant correlation between the strategy of religious confrontation and quality of life in the spiritual dimension. It should be noted that although there was a weak and sometimes inverse relationship between religious coping strategy and other aspects of quality of life, these correlations were not statistically significant. It seems that educating more patients about the strategy of religious confrontation and making them more familiar with the benefits of this strategy can be effective in changing patients' views and attitudes and thus improving their quality of life.

#### LIMITATIONS

One of the limitations of this study was non-random sampling and limited sample size. This can reduce the generalizability of the findings.

#### ACKNOWLEDGMENTS

This article is the result of the design of the Student Research Committee of Shahid Beheshti University of Medical Sciences with the ethics code IR.SBMU.PHNM.1396.908. The Vice Chancellor for

#### REFERENCES

- Casellas-Grau A, Font A, Vives J. Positive psychology interventions in breast cancer. A systematic review. *Psychooncology*. 2014;23(1):9-19. doi: 10.1002/pon.3353 pmid: 23897834
- Craik FI, Salthouse TA. The handbook of aging and cognition. Psychology press. 2011. doi: 10.4324/9780203837665
- Safdari R, Sadeghi F, Mohammadiazar M. Aged Care and Services Programs in Iran: Looking at the Performance of Relevant Organizations. *Payavard*. 2016;10(2):155-66.
- Mohammadi E, Allahyari T, Darvishpoor Kakhaki A, Saraei H. Determining Psychometric Properties of Iranian Active Aging Measurement Instrument. *Salmand Iran J Age*. 2018;12(4):414-29. doi: 10.21859/sija.12.4.414
- Javadian SR. 'Gerontological Social Work'. *Quarter J Soc Work*. 2015;4(2).
- Lavretsky H. Spirituality and aging. *Aging Health*. 2010;6(6):749-69. doi: 10.2217/ah.10.70
- World Health Organization. 'World report on ageing and health'. World Health Organization: Washington.2015.
- van Erkelens A, Sie AS, Spanier MBW, van Kouwen M, Visser A, Prins JB, et al. An online self-test added to colorectal cancer screening can increase the effectiveness of familial cancer risk assessment without increasing distress. *Colorectal Dis*. 2018;20(10):897-904. doi: 10.1111/codi.14319 pmid: 29956442
- Siegel RL, Miller KD, Jemal A. Cancer statistics, 2016. *CA Cancer J Clin*. 2016;66(1):7-30. doi: 10.3322/caac.21332 pmid: 26742998
- Ramsey SD, Andersen MR, Etzioni R, Moinpour C, Peacock S, Potosky A, et al. Quality of life in survivors of colorectal carcinoma. *Cancer*. 2000;88(6):1294-303. doi: 10.1002/(SICI)1097-0142(20000315)88:6<1294::AID-CNCR4>3.0.CO;2-M
- Johns LE, Houlston RS. A systematic review and meta-analysis of familial colorectal cancer risk. *Am J Gastroenterol*. 2001;96(10):2992-3003. doi: 10.1111/j.1572-0241.2001.04677.x pmid: 11693338
- Sarabi N, Nasiri ZF, Safarabadi FT, Hosseini AF. A survey of ostomy patient satisfaction with nursing care. *Iran J Nurs (IJN)*. 2011;24(69):43-52.
- Fayers PM, Machin D. Quality of life: the assessment, analysis and interpretation of patient-reported outcomes. John Wiley & Sons 2013.
- Folkman S. Stress: appraisal and coping. Springer: Berlin.2013.
- Gall TL, Guirguis-Younger M. Religious and spiritual coping: Current theory and research.2013.
- Pargament KI, Murray-Swank NA, Magyar GM, Ano GG. Spiritual struggle: A phenomenon of interest to psychology and religion.2005.
- Nasvall P, Dahlstrand U, Lowenmark T, Rutegard J, Gunnarsson U, Strigard K. Quality of life in patients with a permanent stoma after rectal cancer surgery. *Qual Life Res*. 2017;26(1):55-64. doi: 10.1007/s11136-016-1367-6 pmid: 27444778
- Feddern ML, Emmertsen KJ, Laurberg S. Life with a stoma after curative resection for rectal cancer: a population-based cross-sectional study. *Colorectal Dis*. 2015;17(11):1011-7. doi: 10.1111/codi.13041 pmid: 26112651
- Herrle F, Sandra-Petrescu F, Weiss C, Post S, Runkel N, Kienle P. Quality of Life and Timing of Stoma Closure in Patients With Rectal Cancer Undergoing Low Anterior Resection With Diverting Stoma: A Multicenter Longitudinal Observational Study. *Dis Colon Rectum*. 2016;59(4):281-90. doi: 10.1097/DCR.0000000000000545 pmid: 26953986
- Mikaili P. Evaluation of the effect of chemotherapy on functional scales of quality of life of patient with breast cancer. *IJBD*. 2014;6(4):26-34.
- Naseh L, Rahimi F, Sheikhi R. 'The quality of life and its related factors in patients with intestinal stoma'. *Iran J Surge*. 2012;20(3):34-44.
- Oraki M, Amir Abadi M, Heidari SH. Study of relation between life quality and anger indices with mental health in Ostomy Patients of Tehran. *Health Psychol*. 2016;4(16):31-42.
- Ahmadi N, Moradi A. Relationship between Mindfulness, Coping and Perceived Stress with Quality of Life in Cancer Patient. *J Modern Psychol Res*. 2014;9(35):171-88.

24. Rohani C, Khanjari S, Abedi HA, Oskouie F, Langius-Eklöf A. Health index, sense of coherence scale, brief religious coping scale and spiritual perspective scale: psychometric properties. *J Adv Nurs*. 2010;66(12):2796-806. doi: 10.1111/j.1365-2648.2010.05409.x pmid: 20722813
25. Anaraki F, Vafaie M, Behboo R, Esmailpour S, Maghsoodi N, Safaee A, et al. The city of hope-quality of life-ostomy questionnaire: persian translation and validation. *Ann Med Health Sci Res*. 2014;4(4):634-7. doi: 10.4103/2141-9248.139355 pmid: 25221719
26. Taheri kharameh Z, Asayesh H, Zamanian H, Shoori bidgoli A, Mirgheisari A, Shariffard F. Spiritual Well-being and religious coping strategies among hemodialysis patients. *IJPN*. 2013;1(1):48-54.
27. Symonds LL, Yang L, Mande MM, Mande LA, Blow AJ, Osuch JR, et al. Using pictures to evoke spiritual feelings in breast cancer patients: development of a new paradigm for neuroimaging studies. *J Relig Health*. 2011;50(2):437-46. doi: 10.1007/s10943-010-9403-2 pmid: 20953710
28. Askari N, Nikmanesh Z. The Role of Religious Coping in Predicting Quality of Life in Patients with Multiple Sclerosis. *Armaghane Danesh*. 2014;19(5):470-9.
29. Babapour J, Zeinali S, Zarezade F, Nejati B. The Structural Association of Religious Attitude and Coping Style with Quality of Life and Fatigue in Cancer Patients. *JHC*. 2016;18(1):45-54.
30. Boraii S. A Descriptive Study to Assess Quality of Life in Egyptian Patients With a Stoma. *Ostomy Wound Manage*. 2017;63(7):28-33. pmid: 28759426
31. Vonk-Klaassen SM, de Vocht HM, den Ouden ME, Eddes EH, Schuurmans MJ. Ostomy-related problems and their impact on quality of life of colorectal cancer ostomates: a systematic review. *Qual Life Res*. 2016;25(1):125-33. doi: 10.1007/s11136-015-1050-3 pmid: 26123983
32. Ferrandina G, Petrillo M, Mantegna G, Fuoco G, Terzano S, Venditti L, et al. Evaluation of quality of life and emotional distress in endometrial cancer patients: a 2-year prospective, longitudinal study. *Gynecol Oncol*. 2014;133(3):518-25. doi: 10.1016/j.ygyno.2014.03.015 pmid: 24637198
33. Torre LA, Sauer AM, Chen MS, Jr., Kagawa-Singer M, Jemal A, Siegel RL. Cancer statistics for Asian Americans, Native Hawaiians, and Pacific Islanders, 2016: Converging incidence in males and females. *CA Cancer J Clin*. 2016;66(3):182-202. doi: 10.3322/caac.21335 pmid: 26766789
34. Liu H, Zhu X, Yu J, He P, Shen B, Tang X, et al. The Quality of Life of Patients with Colorectal Cancer and a Stoma in China: A Quantitative Cross-sectional Study. *Adv Skin Wound Care*. 2021;34(6):302-7. doi: 10.1097/01.ASW.0000744348.32773.b9 pmid: 33979818
35. Zewude WC, Derese T, Suga Y, Teklewold B. Quality of Life in Patients Living with Stoma. *Ethiopia J Health Sci*. 2021;31(5).
36. Krouse RS, Grant M, Rawl SM, Mohler MJ, Baldwin CM, Coons SJ, et al. Coping and acceptance: the greatest challenge for veterans with intestinal stomas. *J Psychosom Res*. 2009;66(3):227-33. doi: 10.1016/j.jpsychores.2008.09.009 pmid: 19232235
37. Wilson TR, Alexander DJ. Clinical and non-clinical factors influencing postoperative health-related quality of life in patients with colorectal cancer. *Br J Surg*. 2008;95(11):1408-15. doi: 10.1002/bjs.6376 pmid: 18844250
38. Esfandiyar B, Khashabi J, Amanpour E, Azimi N. Relationship between Spiritual Well-being, Religion, and Hope among Patients with Cancer. *Hayat. J Facult Nurs Midwife*. 2011;17(3):27-37.
39. Taheri-Kharameh Z, Saeid Y, Ebadi A. The relationship between religious coping styles and quality of life in patients with coronary artery disease. *Iran J Cardiovasc Nurs*. 2013;2(1):24-32.
40. Jadidi A, Farahaninia M, Janmohammadi S, Haghani H. The Relationship between Spiritual Well-Being and Quality of Life among Elderly People Residing in Kahrizak Senior House. *Iran J Nurs*. 2011;24(72):48-56.
41. Khanjari S, Oskouie F, Langius-Eklöf A. Lower sense of coherence, negative religious coping, and disease severity as indicators of a decrease in quality of life in Iranian family caregivers of relatives with breast cancer during the first 6 months after diagnosis. *Cancer Nurs*. 2012;35(2):148-56. doi: 10.1097/NCC.0b013e31821f1dda pmid: 21760493