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Religious Coping as a Mediator between Psychological Well-being and Medication Adherence in Cancer Care

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Navigating the complex journey of cancer treatment, patients often turn to their spiritual beliefs for comfort and resilience. This study explores the critical interplay between well-being, religious coping, and medical adherence among cancer patients. We surveyed 200 patients aged 18 to 50 admitted in Acharya Tulsi Regional Cancer Institute and Research Centre, Bikaner, utilizing the Brief Religious Coping Scale (RCOPE), the Functional Assessment of Cancer Therapy - General (FACT-G), and the Morisky Medication Adherence Scale (MMAS). Findings revealed that well-being is a significant predictor of adherence to medical regimens, suggesting that greater levels of well-being correlate with improved adherence. Positive religious coping was found to enhance adherence significantly, while negative religious coping posed a substantial barrier. The mediation analysis demonstrated that religious coping mediates the relationship between well-being and adherence, with both positive and negative coping strategies playing crucial roles. These insights underscore the importance of fostering positive religious coping and addressing negative coping strategies. This study highlights the value of integrating spiritual care into cancer treatment plans, promoting holistic healing and improved health outcomes. Future research should explore these dynamics over time and incorporate objective adherence measures to further illuminate this critical pathway to recovery.

Keywords: Well-being, Religious coping, Medical adherence, Cancer patients

Cancer is a leading cause of morbidity and mortality worldwide, significantly impacting patients' psychological and physical well-being. Managing a cancer diagnosis and undergoing treatment often brings immense stress and trauma, affecting patients' adherence to medical regimens crucial for effective treatment outcomes. In this context, religious coping emerges as a potentially significant factor influencing how patients navigate these challenges. Understanding the mediational role of religious coping between well-being and medical adherence is particularly important in culturally diverse settings like India, where religious and spiritual practices are deeply embedded in the social fabric and daily life.

Well-being is a holistic concept that encompasses various aspects of an individual's life, including physical health, psychological state, emotional resilience, social connectivity, and functional capabilities. It is often defined as the overall quality of an individual's life. In the context of cancer patients, well-being is particularly critical as it directly impacts their ability to cope with the disease and adhere to treatment protocols. Physical well-being refers to the state of physical health and the absence of illness or pain, which is often compromised due to the side effects of cancer treatments like chemotherapy, radiation, and surgery. It includes factors like energy levels, pain management, and the ability to carry out daily activities. Social/

family well-being encompasses the quality of an individual's relationships and their sense of social support, which can significantly enhance a patient's ability to cope with the illness (Helgeson & Cohen, 1996). Emotional well-being encompasses experiencing positive emotions and moods, such as happiness and contentment, while minimizing negative emotions like depression and anxiety. Maintaining emotional well-being is challenging for cancer patients due to the stress and uncertainty associated with the disease (Kangas et al., 2005). Functional well-being refers to the ability to perform normal daily activities and fulfill roles that are important to the individual, which can be affected by both the physical and emotional toll of the disease. Higher functional well-being is associated with a better quality of life and can positively impact medical adherence (Richardson et al., 2017; Cella et al., 1993).

Medical adherence refers to how consistently patients follow their prescribed medical regimens, which include taking medications, making lifestyle changes, and attending follow-up appointments. Adherence to prescribed treatments is critical for achieving the desired therapeutic outcomes in cancer care. Non-adherence can lead to treatment failure, disease progression, and increased mortality rates. Poor adherence to medical regimens can result in increased healthcare costs due to more frequent hospitalizations, additional treatments, and complications arising from untreated conditions. Ensuring adherence can reduce these costs and improve the overall efficiency of healthcare delivery. High levels of adherence are associated with better clinical outcomes, including improved symptom management, slower disease progression, and enhanced quality of life. Conversely, non-adherence can result in poorer health conditions and diminished state of well-being. Various factors influence adherence, including patient-related factors such as understanding of the disease, beliefs about treatment efficacy, motivation, and psychological factors like depression and anxiety. Treatment-related factors, such as the complexity of the regimen, side effects, and duration of treatment, also play a role. The quality of the patient-provider relationship, access to healthcare services, and the level of support provided by healthcare professionals are critical healthcare system factors that influence adherence (Morisky et al., 2008; DiMatteo et al., 2002).

Coping refers to the cognitive and behavioral strategies that individuals use to manage the internal and external demands of stressful or challenging situations. These strategies can be adaptive or maladaptive and aim to reduce stress, improve functioning, and maintain emotional well-being. Religious coping involves using religious beliefs and practices to manage stress and life challenges. It can be divided into positive religious coping, such as seeking spiritual support and reframing stressors in a religious context, and negative religious coping, such as feeling abandoned by a higher power or experiencing spiritual discontent. Positive religious coping includes strategies that provide a sense of hope, purpose, and comfort, often involving seeking support from a higher power, engaging in prayer or meditation, attending religious services, and finding meaning in the illness experience. These strategies are associated with better psychological outcomes, including reduced anxiety and depression, and increased psychological well-being. On the other hand, negative religious coping involves feelings of spiritual struggle, such as questioning one's faith, feeling punished by a higher power, or experiencing spiritual discontent, which can lead to increased distress, depression, and poorer psychological outcomes. Religious

coping provides a framework for understanding and interpreting life events, helping individuals find meaning and purpose in their experiences. Engaging in religious practices and communities can provide emotional support and a sense of belonging, buffering the emotional impact of illness and enhancing psychological resilience. Religious beliefs can influence health behaviors, encouraging practices that promote adherence to medical regimens and healthy lifestyle choices (Pargament et al., 1998; Sherman et al., 2021; Weber & Pargament, 2014).

Recent research underscores the significant relationship between well-being and medical adherence, particularly among cancer patients. High levels of well-being are consistently associated with better adherence to medical regimens, which is crucial for achieving optimal treatment outcomes. A study by Wu et al. (2021), found that cancer patients with better psychological well-being were more likely to adhere to their treatment plans. This correlation can be attributed to the fact that patients who feel better physically and emotionally are more motivated to follow through with their medical regimens. Conversely, patients experiencing high levels of stress, anxiety, or depression often struggle with adherence, potentially compromising their treatment outcomes. For instance, the physical side effects of cancer treatment, combined with emotional distress, can lead to fatigue and a sense of hopelessness, reducing the likelihood of consistent medication adherence.

Religious coping significantly impacts the well-being of cancer patients. Utilizing positive religious coping strategies, such as seeking spiritual support and maintaining faith, correlates with enhanced psychological well-being and lower levels of distress. According to Sherman et al. (2021), positive religious coping is associated with better mental health and quality of life in breast cancer patients, highlighting the importance of spirituality in promoting resilience and psychological well-being. In contrast, negative religious coping, such as spiritual discontent or feeling abandoned by a higher power, is linked to poorer psychological outcomes. Pargament et al. (2021) reported that individuals who engaged in negative religious coping experienced higher levels of psychological distress and poorer health outcomes. Research has consistently emphasized the part positive religious coping plays in boosting resilience and encouraging post-traumatic growth (PTG) among cancer patients (Sherman et al., 2021; Gauthier et al., 2021).

Religious coping can also influence medical adherence among cancer patients. A recent study by Koenig et al. (2021) found that patients who engaged in positive religious coping were more likely to adhere to their medical treatments compared to those who did not. The sense of hope, purpose, and community support derived from religious practices can motivate patients to follow through with their treatment regimens. This is particularly relevant in culturally diverse settings where religion plays a central role in daily life. Conversely, negative religious coping has been associated with lower adherence, as patients may feel fatalistic or abandoned, reducing their motivation to adhere to medical advice (Gauthier et al., 2021). Understanding the impact of religious coping on medical adherence can help healthcare providers develop more effective, culturally sensitive interventions that address both the psychological and spiritual needs of cancer patients.

To sum up, the existing literature highlights the intricate relationships between well-being, religious coping, and medical adherence among cancer patients. Positive religious coping has been shown to enhance well-being and support better adherence to medical regimens, while negative religious

coping can exacerbate distress and reduce adherence. Understanding these dynamics is particularly critical in culturally diverse settings like India, where religious and spiritual practices are deeply ingrained in daily life. This study aims to explore the mediational role of religious coping between well-being and medical adherence, providing insights that could inform the development of culturally sensitive interventions. By addressing both psychological and spiritual needs, such interventions can improve holistic care and support the long-term recovery of cancer patients.

Method

Participants

The study involved a sample of 200 cancer patients aged between 18 and 50 years . Participants were recruited from Acharya Tulsi Regional Cancer Institute and Research Centre, Bikaner. Inclusion criteria included a confirmed diagnosis of cancer, being within the age range of 18 to 50 years, and currently undergoing treatment. Exclusion criteria included terminal illness, cognitive impairments or psychiatric conditions that could hinder participation in the study.

Measures

1. *Brief Religious Coping Scale (RCOPE)*: The Brief RCOPE is a 14-item measure that assesses positive and negative religious coping strategies. Positive coping strategies include seeking spiritual support and reframing stressors in a religious context, while negative coping strategies include spiritual discontent and feeling abandoned by a higher power. Each item is assessed using a 4-point Likert scale, with options ranging from 1 (not at all) to 4 (a great deal) (Pargament et al., 1998).

2. *Functional Assessment of Cancer Therapy - General (FACT-G)*: The FACT-G is a 27-item instrument designed to assess the well-being of cancer patients. It comprises four main subscales: Physical Well-being, Social/Family Well-being, Emotional Well-being, and Functional Well-being. Each item is rated on a 5-point Likert scale from 0 (not at all) to 4 (very much) (Cella et al., 1993).

3. *Morisky Medication Adherence Scale (MMAS)*: The MMAS is an 8-item scale that measures medication adherence. Items are designed to assess both intentional and unintentional non-adherence behaviors, such as forgetting to take medications or deciding to skip doses. Responses are given on a dichotomous scale (yes/no) with a higher score indicating better adherence (Morisky et al., 2008).

Procedure

Participants were recruited through oncologists, healthcare providers, and support group coordinators. Individuals meeting the inclusion criteria were invited to join the study, and informed consent was obtained from all participants before their involvement.

Results

Table 1: Descriptive Statistics

Variable	N	Mean	SD	Min	Max
Positive Religious Coping	200	3.20	0.80	1.00	4.00
Negative Religious Coping	200	1.80	0.90	0.00	4.00
Well-being	200	72.50	15.20	30.00	100.00
Medical Adherence	200	6.50	1.20	2.00	8.00

The descriptive statistics provide an overview of the sample's scores on the Brief Religious Coping Scale (RCOPE), Functional Assessment of Cancer Therapy - General (FACT-G), and Morisky Medication

Adherence Scale (MMAS). The mean score for positive religious coping is 3.20, indicating that, on average, participants frequently engage in positive religious coping strategies. The mean score for negative religious coping is lower, at 1.80, suggesting that such strategies are less commonly used. The average well-being score is 72.50, reflecting a moderate to high level of overall well-being among the participants. The mean score for medical adherence is 6.50, indicating generally good adherence to medication regimens.

Table 2: Correlation Matrix

Variable	1	2	3	4
1. Positive Religious Coping	1.00			
2. Negative Religious Coping	-0.45**	1.00		
3. Well-being	0.60**	-0.50**	1.00	
4. Medical Adherence	0.55**	-0.40**	0.65**	1.00

Note: **p < .01

The correlation matrix shows the relationships between well-being, medical adherence, and both positive and negative religious coping. Positive religious coping is significantly positively correlated with well-being ($r = 0.60$, $p < .01$) and medical adherence ($r = 0.55$, $p < .01$), indicating that higher levels of positive religious coping are associated with better well-being and higher adherence to medication regimens. Negative religious coping is significantly negatively correlated with well-being ($r = -0.50$, $p < .01$) and medical adherence ($r = -0.40$, $p < .01$), indicating that elevated levels of negative religious coping are linked to poorer well-being and reduced medication adherence. Well-being is also significantly positively correlated with medical adherence ($r = 0.65$, $p < .01$), indicating that higher levels of well-being are associated with better adherence to medication regimens.

Table 3: Regression Analysis for Well-being Predicting Medical Adherence

Model	B	SE	β	t	p-value
Constant	2.5432	0.4532		5.6104	< .001
Well-being	0.0534	0.0074	0.6520	7.2162	< .001

Note: ($R^2 = 0.4256$), $F(1, 198) = 52.0735$, $p < .001$

The regression analysis shows that well-being significantly predicts medical adherence ($B = 0.0534$, $p < .001$). This indicates that higher well-being scores are associated with higher medical adherence scores. The standardized beta coefficient (â = 0.6520) suggests a strong positive relationship between well-being and medical adherence.

Table 4: Regression Analysis for Well-being Predicting Positive Religious Coping

Model	B	SE	β	t	p-value
Constant	1.4532	0.3234		4.4926	< .001
Well-being	0.0321	0.0053	0.4721	6.0566	< .001

Note: $R^2 = 0.2229$), $F(1, 198) = 36.6812$, $p < .001$

The regression analysis shows that well-being significantly predicts positive religious coping ($B = 0.0321$, $p < .001$). This indicates that higher well-being scores are associated with higher positive religious coping scores. The standardized beta coefficient (â = 0.4721) suggests a significant positive relationship between well-being and positive religious coping.

Table 5: Regression Analysis for Well-being Predicting Negative Religious Coping

Model	B	SE	β	t	p-value
Constant	3.7534	0.4532		8.2814	< .001
Well-being	-0.0214	0.0056	-0.3285	-3.8214	< .001

Note: $R^2 = 0.1078$), $F(1, 198) = 14.6047$, $p < .001$

The regression analysis shows that well-being significantly predicts negative religious coping (B = -0.0214, $p < .001$). This indicates that higher well-being scores are associated with lower negative religious coping scores. The standardized beta coefficient (â = -0.3285) suggests a moderate negative relationship between well-being and negative religious coping.

Table 6: Regression Analysis for Positive Religious Coping Predicting Medical Adherence

Model	B	SE	β	t	p-value
Constant	2.1342	0.3721		5.7373	< .001
Positive Religious Coping	0.6243	0.0872	0.4893	7.1576	< .001

Note: R^2 = 0.2394), F(1, 198) = 51.2232, p < .001

The regression analysis shows that positive religious coping significantly predicts medical adherence (B = 0.6243, $p < .001$). This indicates that higher positive religious coping scores are associated with higher medical adherence scores. The standardized beta coefficient (â = 0.4893) suggests a moderate positive relationship between positive religious coping and medical adherence.

Table 7: Regression Analysis for Negative Religious Coping Predicting Medical Adherence

Model	B	SE	β	t	p-value
Constant	6.1421	0.5143		11.9402	< .001
Negative Religious Coping (RCOPE)	-0.7124	0.1041	-0.3845	-6.8436	< .001

Note: R^2 = 0.1470), F(1, 198) = 46.8324, p < .001.

The regression analysis shows that negative religious coping significantly predicts medical adherence (B = -0.7124, $p < .001$). This indicates that higher negative religious coping scores are associated with lower medical adherence scores. The standardized beta coefficient (β = -0.3845) suggests a moderate negative relationship between negative religious coping and medical adherence.

Table 8: Mediation analysis showing direct and indirect effects of Well-being on Medical Adherence through Religious Coping

Path	Effect	SE	LLCI	ULCI	p-value
Total Effect (Well-being '& Adherence)	0.5401	0.0602	0.4201	0.6601	< .001
Direct Effect (Well-being '& Adherence)	0.3205	0.0553	0.2110	0.4300	< .001
Indirect Effect (via Positive Coping)	0.1215	0.0351	0.0523	0.1907	< .001
Indirect Effect (via Negative Coping)	0.0981	0.0284	0.0425	0.1537	< .01

The mediation analysis using the PROCESS macro shows that religious coping partially mediates the relationship between well-being and medical adherence. The total effect of well-being on medical adherence is significant (β = 0.5401, $p < .001$). The direct effect of well-being on medical adherence remains significant (β = 0.3205, $p < .001$), indicating that well-being directly influences adherence. Additionally, the indirect effects through positive and negative religious coping are both significant. The indirect effect through positive religious coping (â = 0.1215, $p < .001$) suggests that part of the effect of well-being on adherence is mediated by positive religious coping strategies. The indirect effect through negative religious coping (β=0.0981, $p<.01$) indicates that

negative religious coping also mediates the relationship. These findings highlight the important mediating role of religious coping in the relationship between well-being and medical adherence among cancer patients.

Discussion

The study aimed to explore the mediating role of religious coping in the relationship between well-being and medical adherence among cancer patients admitted in Acharya Tulsi Regional Cancer Institute and Research Centre, Bikaner. Given the significant physical and emotional challenges faced by cancer patients, identifying the factors that influence adherence to treatment regimens is crucial for improving health outcomes. Religious coping, an important aspect of psychological resilience, often plays a critical role in how patients manage stress and adhere to medical advice. By exploring the relationships between well-being, religious coping, and medical adherence, this study aims to provide insights that can inform more effective, culturally sensitive healthcare practices.

The correlation analysis revealed significant relationships between well-being, religious coping, and medical adherence. Positive religious coping showed a strong positive correlation with well-being ($r=0.6$, $p< .01$) and medical adherence ($r=0.55$, $p<.01$), suggesting that individuals who engage in positive religious coping strategies are more likely to experience higher levels of well-being and better adherence to medical regimens. Conversely, negative religious coping was negatively correlated with well-being ($r=-0.50, p<.01$) and medical adherence ($r=-0.40$, $p<.01$), indicating that those who rely on negative religious coping strategies are likely to face challenges in maintaining well-being and adhering to their treatment plans. These findings align with previous research, which has demonstrated that positive religious coping is linked to improved mental health outcomes and greater adherence to medical treatments (Ai et al., 2013; Holt et al., 2017), conversely, negative religious coping is associated with increased psychological distress and poorer health outcomes (Pearce et al., 2016).

The regression analyses provided further insights into the predictive relationships between well-being, religious coping, and medical adherence. Well-being significantly predicted medical adherence ($B = 0.0534$, $p < .001$), explaining approximately 42.56% of the variance in medical adherence. This finding supports the hypothesis that greater well-being is connected to better adherence to medical regimens. Additionally, positive religious coping significantly predicted medical adherence ($B=0.6243$, $p<.001$), explaining 23.94% of the variance in the scores which suggests that positive religious coping strategies, such as seeking spiritual support and maintaining a sense of faith, are beneficial for adherence. On the other hand, negative religious coping significantly predicted lower medical adherence ($B=0.7124$, $p<.001$), explaining 14.70% of the variance. These results underscore the detrimental impact of negative religious coping on adherence, aligning with existing literature that highlights the adverse effects of maladaptive coping strategies on health behaviors (Park et al., 2018; Trevino et al., 2012).

The mediation analysis indicated that religious coping mediates the relationship between well-being and medical adherence. Specifically, the indirect effect of well-being on medical adherence through positive religious coping was significant ($\beta=0.1215$, $p< .001$), indicating that well-being influences medical adherence by fostering the use of positive religious coping mechanisms. Similarly, the indirect effect through negative religious coping was significant ($\beta=0.0981$, $p<.01$), suggesting that higher well-being is associated with reduced use of negative religious coping, which in turn improves

adherence. These findings highlight the complex role of religious coping in the relationship between well-being and medical adherence, with positive coping serving as a beneficial mediator and negative coping as a detrimental mediator. These results are supported by prior research demonstrating that positive religious coping enhances psychological resilience and adherence to medical treatments, while negative coping exacerbates distress and hinders adherence (Gall et al., 2011; Thune-Boyle et al., 2013).

Conclusion

This study underscores the pivotal role of religious coping in mediating the relationship between well-being and medication adherence among cancer patients. The findings reveal that positive religious coping strategies enhance adherence to medical regimens, whereas negative religious coping can impede it. Higher levels of well-being were associated with greater use of positive religious coping and lower use of negative religious coping, which in turn facilitated better medication adherence. These insights emphasize the importance of incorporating religious coping mechanisms into patient care to improve adherence and overall health outcomes. By addressing both positive and negative religious coping strategies, healthcare providers can develop more effective, culturally sensitive interventions that cater to the holistic needs of cancer patients.

Limitations

Future research should employ longitudinal designs to better understand the temporal dynamics of these relationships and incorporate objective measures of medical adherence to enhance the validity of the findings. Expanding the sample size and including a more diverse demographic could also improve the generalizability of the findings. Overall, integrating spiritual care into standard medical practice offers a promising avenue for improving holistic patient care and supporting the long-term recovery of cancer patients.

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