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SOI: [1.1/TAS](#) DOI: [10.15863/TAS](#)

### International Scientific Journal Theoretical & Applied Science

p-ISSN: 2308-4944 (print) e-ISSN: 2409-0085 (online)

Year: 2020 Issue: 07 Volume: 87

Published: 21.07.2020 <http://T-Science.org>

QR – Issue



QR – Article



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## SOCIAL WORK BASED ON THE RELIGIOUS BELIEFS OF PEOPLE WITH ONCOLOGICAL DISEASES AND AIMED AT IMPROVING THEIR QUALITY OF LIFE

**Abstract:** Cancer is one of the three most common causes of death in the world, following cardiovascular diseases, traffic accidents and incidents. Social work with persons with oncological diseases in the Republic of Bulgaria is underdeveloped, almost non-existent. In the process of the oncological disease, the emphasis is placed mainly on its treatment, and during this period the feelings and experiences of the patients are not worked with. The spiritual well-being of people diagnosed with cancer is one of the main areas of the quality of life identified by the World Health Organization. The purpose of this publication is to present the results of a conducted research on the religious beliefs of people with pre-existing cancer and to analyse how it can be a resource for improving their quality of life. The research was conducted among 304 people with oncological diseases in the age group 35-60 years, residents of the regions of Ruse, Razgrad and Silistra in the Republic of Bulgaria.

**Key words:** social work, oncological disease, quality of life, religious belief.

**Language:** English

**Citation:** Bratoeva Vasileva, E. T. (2020). Social work based on the religious beliefs of people with oncological diseases and aimed at improving their quality of life. *ISJ Theoretical & Applied Science*, 07 (87), 19-25.

**Soi:** <http://s-o-i.org/1.1/TAS-07-87-5> **Doi:**  <https://dx.doi.org/10.15863/TAS.2020.07.87.5>

**Scopus ASCC:** 3301.

### Introduction

In recent years, there has been a rapid growth of interest in the influence of spirituality in various aspects of human life. In today's urban world, with intensified emigration and immigration processes, social workers around the world face the challenge of working with clients with different religious views and beliefs. One of the fields of professional intervention to clinical social workers, in which spirituality is inevitably represented, is the oncological social work. The aim of the conducted research is to present the results regarding the religious beliefs of people with pre-existing oncological disease and to analyse how it can be a resource for improving their quality of life during the treatment of the disease.

The religious affiliation of the citizens of the Republic of Bulgaria is diverse. Bulgaria is a secular

country. As a constitutional republic, it guarantees freedom of religion. About 80% of the population are believers, but only 13.6% of them attend religious services regularly. According to the census from 2011, 76% of the population identify themselves as Eastern Orthodox Christians, most of whom belong to the Bulgarian Orthodox Church. According to the same census, Muslims - the second largest religious group – are approximately 10% of the population, followed by Protestants (1.1%) and Catholics (0.8%). Orthodox Christians from the Armenian Apostolic Orthodox Church, Jews, Mormons, Jehovah's Witnesses, Krishna, and others together make up 0.2% of the population. 4.8% of the respondents answered that they do not have a religion, and 7.1% did not indicate one (Report on the state of religious freedoms - by countries for 2016 - Bulgaria). According to the same census from the regions of Ruse, Razgrad and Silistra

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(the population among which the survey was conducted), just over 60% identify themselves as Eastern Orthodox Christians, about 15% - as Muslims, about 1% are Catholics and Protestants. The rest of the population does not self-identify, has no religion or does not indicate one.

**II. MAIN TEXT**

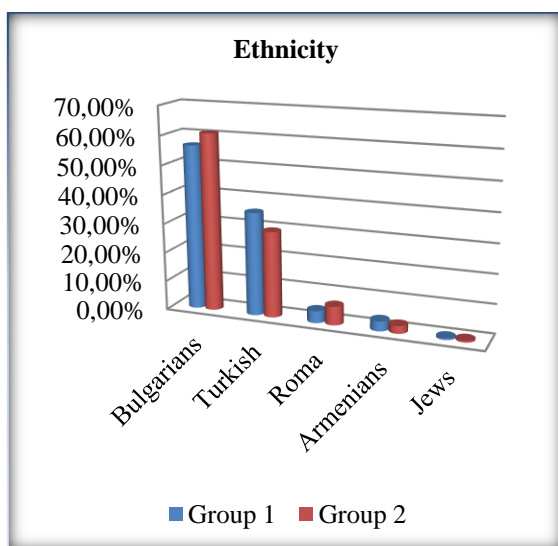
The presented in the article research was conducted in 2018 and 2019 among 304 people with oncological diseases in the age range 35-60 years, residents of the Ruse, Razgrad and Silistra regions in the Republic of Bulgaria. The research was conducted with a questionnaire adapted for its purpose, developed on the basis of a researching quality of life tool by the World Health Organization - World Health Organization Quality of Life (WHOQL). The participants in the research were selected at random. They all agreed to be included in it. Participation in the conducted survey is voluntary and anonymous. The research covered 148 respondents in their initial stage of treatment (two weeks after diagnosis) and 156 respondents - in follow-up stage of treatment, at least one year after diagnosis. The two groups of subjects

were given an identical questionnaire, containing questions related to their religious affiliation, attitude to spirituality and the impact of the disease on the inner attitudes of the individual to it, coping with the disease process and making decisions about the treatment. The analysis of the answers was done in parallel for the two groups of respondents. To achieve clarity in the interpretation of the results, the subjects who are in the early stages of the disease are presented as the 1<sup>st</sup> group, and the persons in whom at least one year has passed since the diagnosis of the disease at the time of the research - the 2<sup>nd</sup> group.

1. Discussion of the obtained results regarding the ethnicity of the surveyed persons.

Figure 1 shows the visual distribution of the respondents by indicator "ethnicity":

Of the 148 respondents from group 1, 56.5% identify with the Bulgarian ethnic community, 35.4% with the Turkish, 4.1% with the Roma, 3.4% with the Armenian community and 0.6% with the Jewish community. The answers are identical in the 2<sup>nd</sup> group of subjects. With 156 respondents covered, 60.9% identify themselves with the Bulgarian ethnic community, 29.5% with the



**Fig.1: Distribution of the surveyed persons according to their ethnicity.**

Turkish community, 6.4% with the Roma community, 2.6% with the Armenian community, and 0.6% with the Jewish community. The answers regarding the ethnic identity of the surveyed persons directly correlate with the statistics on the ethnic distribution of the population on the territory of the districts where the respondents are residents.

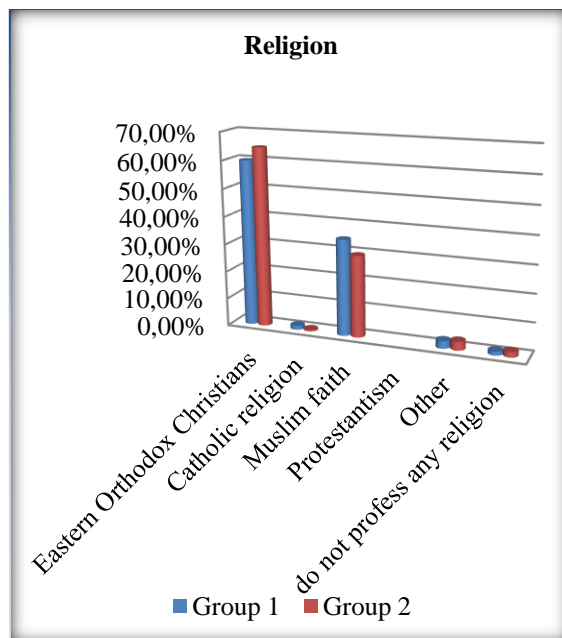
2. Discussion of the obtained results regarding the religion of the surveyed persons.

Figure 2 presents visually the answers regarding the religion of the respondents.

Based on the ethnicity to which the subjects self-identify, the results we received on the question of which religion they profess are expected. Of the 148 respondents from Group 1, 59.9% answered that they are Eastern Orthodox Christians, 34.7% profess the Muslim faith, 1.4%

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**Fig.2: Distribution of the surveyed persons according to their religion.**

are Catholics, 2.7% - other religions and 1.4% do not profess any religion. The answers are identical in the 2<sup>nd</sup> group of subjects. Of the 156 respondents covered, 64.7% profess the Eastern Orthodox Christian faith, 29.5% - the Muslim faith, 3.2% have another religion, 0.6% are Catholics and 1.9% - do not profess any religion. Here we notice that all the respondents who stated that they identify themselves with Turkish ethnicity firmly profess the Muslim faith, while in the other ethnic

communities we find a slight discrepancy between ethnicity and the professed faith (religion). Figure 2 presents visually the answers regarding the religion of the respondents.

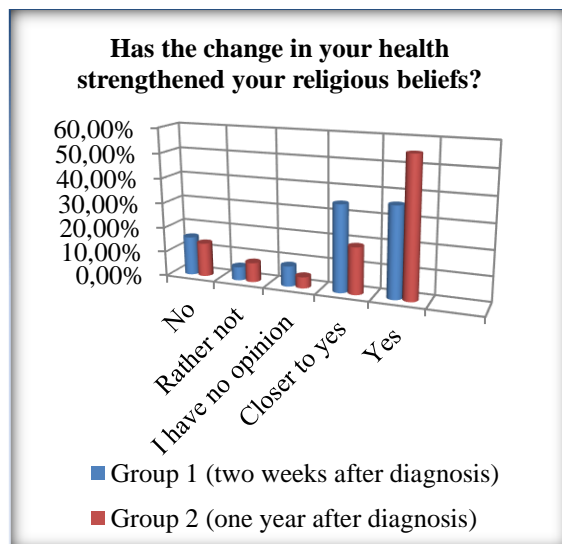
3. Establishing the degree of religious belief of the surveyed individuals.

In order to achieve the main goal of the research - to determine the degree of religious belief in the subjects at the time of their cancer treatment - they were asked the question: "Has the change in your health strengthened your religious beliefs?". In persons who have been diagnosed with oncological

disease recently (group 1) we receive the following answers: no - 15.6%, rather not - 5.4%, I have no opinion - 8.2%, closer to yes - 34.7% and yes - 36.1%. My view is that the answers follow a certain logical sequence - people in whom the change in health has not led to the adoption of certain religious beliefs and in whom there has been no change in their spiritual needs, we cannot expect their health to strengthen their religious conviction and vice versa - those in whom the disease has provoked the adoption of certain religious beliefs and notice a change in their spiritual needs, report a strengthening of their religious beliefs as a result of a change in health. The answers to this question received from the respondents from Group 2 differ, with positive ones predominating. The largest number (55.2%) of this group answered categorically "yes", and 18.8% - "closer to yes". The overall share of positive answers is 74%. 13.6% answered "no", 7.8% answered "rather not", and those who had no opinion are 4.5%. Figure 3 illustrates the answers to this question.

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**Fig.3: Influence of the health on the religious beliefs.**

4. Research of the degree of religious belief in the representatives of different religions.

Of research interest is the question "Among the representatives of which religion is the highest degree of strengthening of religious beliefs due to the presence of oncological disease?". To establish this, a cross-analysis of the answers to the two questions: "What is your religion?" and "Has the change in your health strengthened your religious beliefs?" is

performed. The analysis was performed for each group of individuals separately to determine the presence or absence of differences.

The analysis of the answers received to the questions from the respondents from the two groups are presented in Table 1. The numerical data represent a percentage of the total share.

**Table 1: Percentage between the answers to two questions**

What is your religion?	Group	Has the change in your health strengthened your religious beliefs?				
		No	Rather not	I have no opinion	Closer to yes	Yes
Eastern Orthodox Christianity	Group 1	11,7	4,1	9,0	15,9	18,6
	Group 2	10,4	5,8	2,6	16,2	29,9
Catholic faith	Group 1	0	0	0	1,4	0
	Group 2	0	0	0	0	0,6
Muslim faith	Group 1	3,4	0	1,4	2,1	28,3
	Group 2	1,9	0,6	0,6	2,6	23,4
Other	Group 1	0	0	0	0	2,8
	Group 2	0	0,6	1,3	0	1,3
I do not profess faith	Group 1	0	0,7	0,7	0	0
	Group 2	1,3	0,6	0	0	0
Total	Group 1	15,2	4,8	11,0	19,3	49,7
	Group 2	13,6	7,8	4,5	18,8	55,2

Graphically, the answers are visualized in Figure 4 (for Group 1) and Figure 5 (for Group 2).

The table and diagrams show that after the onset of the oncological disease there is a strengthening of religious beliefs in the respondents from Group 1, in whom the disease was recently diagnosed, and in the

respondents from Group 2, in whom the disease is present more than a year.

This is most evident in those who profess the Eastern Orthodox faith and the Muslim faith. 18.6% of Eastern Orthodox Christians who have recently been diagnosed with oncological disease report that

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their religious beliefs have increased. Among the representatives of the same religious community, the

share of this indicator increases to 29.9% one year after the beginning of the treatment of the disease.

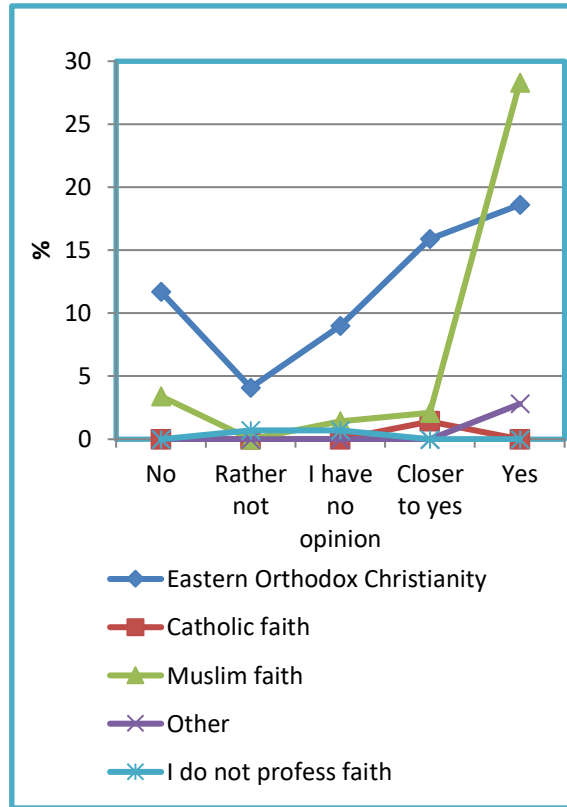


Fig.4 Graphical representation of the answers received from Group 1

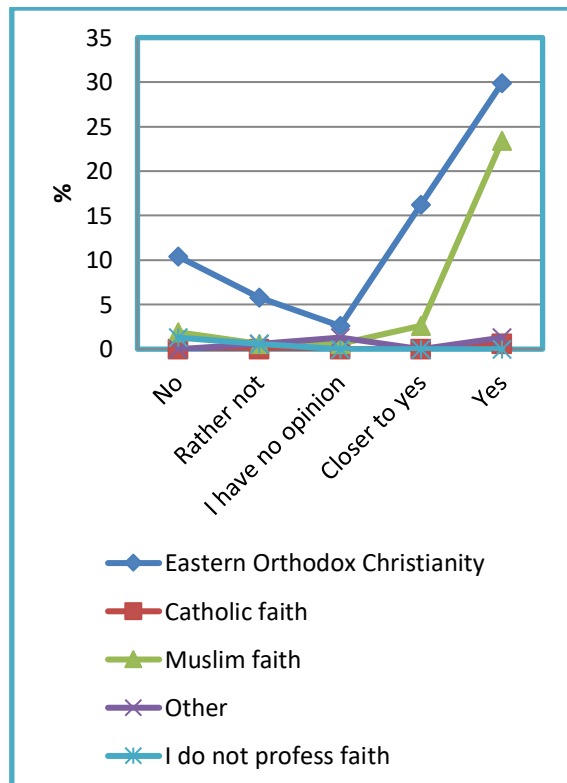


Fig.5 Graphical representation of the answers received from Group 2

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The representatives of the Eastern Orthodox Christianity stated a firmly negative answer to the question, respectively 11.7% in Group 1 and 10.4% - in Group 2. In respondents who stated that they profess the Muslim faith, the positive answers follow the same trend - 28.3% of Group 1 and 23.4% of Group 2 reported that their religious beliefs increased after being diagnosed and treated for oncological disease. There is an interesting trend among the representatives of this religious community - they have a significantly smaller share of people who indicated a negative answer, negative with hesitation and such as "I do not have an answer".

From these results we can conclude that among the Muslims there is a higher religious belief and it increases after the onset of the oncological disease. It can be assumed that the representatives of this community have more confidence in their faith and this is a good prerequisite for the following of the therapeutic process, there are less likely to develop depressive states due to illness and more.

### III. FINDINGS

By conducting the presented research, I set myself the goal to determine whether the presence of oncological disease in people of active working age affects the degree of their religious beliefs. Based on the presented results, the following conclusions can be drawn:

1. The persons covered in the research from the two groups are approximately equal in number, which allows us to more accurately compare the obtained results.
2. The answers received regarding the ethnicity of the respondents directly correlate with the statistics data on the ethnic distribution of the population on the territory of the regions where the respondents are residents.
3. It was found that the respondents who stated that they identified themselves with Turkish ethnicity

professed the Muslim faith, while in other ethnic communities we found a slight discrepancy between ethnicity and the professed faith.

4. Individuals with oncological diseases who adopt certain religious beliefs after the onset of the disease, in both groups that are the subject of the research, is high.

5. The largest share of persons who rather change their religious beliefs among the surveyed respondents, are the ones in which one year has passed since the diagnosis of the disease.

6. Among people professing the Muslim faith, religious belief is higher and it increases after the onset of the oncological disease.

### IV. CONCLUSION

The spiritual care for people with a serious illness, which leads to high mortality among the ill, is poorly represented activity in the Republic of Bulgaria. One of the areas in which it is necessary to provide spiritual care to patients are hospitals and hospices for people with oncological diseases. Among the tasks of the oncological social worker should be to provide a consultation with a cleric. Ill people need to have the opportunity for easy and accessible contact with a spiritual person both in hospital and outpatient conditions. The fight against cancer is always in two directions - physical overcoming and spiritual survival. In modern conditions we notice that the efforts are directed mainly in the first direction, and with the spiritual survival each patient needs to cope alone. The spiritual help and support are provided to some patients, and it is in most cases the basis of the physical overcoming of the disease. The cleric should be part of the multidisciplinary team involved in the treatment of patients with oncological diseases, along with physicians, health care professionals, clinical social workers, and psychologists. Evidence of this is presented through the results and conclusions of the conducted research.

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