



## **The Concept of Resilience and Spirituality among Cancer Surviving Women**

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### **Abstract**

Cancer has long caused fear and significant emotional and physical aftermaths. Resilience is needed in navigating the physical and emotional challenges caused by cancer because it provides cancer patients with strength and adaptation skills throughout their journey. This study aims to understand the concept of resilience and spirituality among employed cancer women. A phenomenological approach was used to understand the conceptualisation of resilience and spirituality held by ten employed women in Klang Valley suffering from different types of cancer. Semi-structured interviews were conducted, assisted by the participants' social media updates on their cancer journey. Their activities related to resilience and spirituality from the day of diagnosis until returning to work were observed. The data were analysed using thematic analysis. Six themes emerged from the data collected: (a) resilience through painful experience, (b) resilience through acceptance, (c) cognitive resilience, (d) emotional/psychological resilience, (e) behavioural resilience, (f) spiritual strengthening. The study postulates some insights in understanding the conceptualisation of resilience and spirituality among cancer women in balancing their work and family responsibilities. Mental health practitioners and counsellors may benefit from the study's results as guidelines for vigorously helping women to achieve resilience.

**Keywords:** Cancer, cancer surviving women, resilience, spirituality

### **Abstrak**

Kanser telah lama menyebabkan ketakutan dan mempunyai akibat emosi dan fizikal yang hebat. Daya ketahanan diperlukan dalam menghadapi cabaran fizikal dan emosi pengidap kanser kerana ia memberikan kekuatan dan kemahiran penyesuaian. Kajian ini bertujuan untuk memahami konsep daya tahan dan kerohanian di kalangan wanita kanser yang bekerja. Pendekatan fenomenologi digunakan untuk memahami konsep daya tahan dan kerohanian di kalangan sepuluh wanita bekerja daripada pelbagai jenis kanser yang tinggal di Lembah Klang. Temu bual separa berstruktur telah dijalankan dibantu oleh kemas kini media sosial mengenai perjalanan kanser mereka. Aktiviti mereka yang berkaitan dengan daya tahan dan kerohanian dari diagnosis sehingga kembali bekerja diperhatikan. Data dianalisis menggunakan analisis tematik. Enam tema muncul daripada data yang dikumpul: (a) daya tahan melalui pengalaman yang menyakitkan, (b) daya tahan melalui penerimaan, (c) ketahanan kognitif, (d) ketahanan emosi/psikologi, (e) ketahanan tingkah laku, (f) pengukuhan rohani. Kajian itu mengemukakan beberapa pandangan dalam memahami konsep daya tahan dan kerohanian dalam kalangan wanita kanser dalam mengimbangi tanggungjawab kerja dan keluarga mereka. Pengamal dan kaunselor kesihatan mental mendapat manfaat daripada hasil kajian sebagai garis panduan untuk membantu wanita mencapai daya tahan.

### **Kata kunci**

Kanser, wanita penghidap cancer, daya tahan, kerohanian.

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## Introduction

Cancer has long caused fear and has significant emotional and physical consequences. Molina et al. (2014) delineated that in finding meaning at the end of their life due to illness, cancer survivors struggled to maintain a definite outlook. Similarly, Mei et al. (2014) mentioned that cancer individuals showed minor symptoms of depression, major depressive disorder and adjustment disorder within 24 months of their follow up sessions. Dimitrovska et al. (2015) defined psychological resilience as an individual's ability to safeguard their individual and mental health when dealing with adversity such as a cancer diagnosis. Furthermore, research conducted among breast cancer women indicated a relationship between psychological resilience and religious practice/belief among breast cancer patients.

Biological, psychological, social and spiritual domains have been identified as resilience protective factors and barriers by cancer-surviving women in assisting them to cope with the impact of cancer (Valenti, 2011). Throughout their cancer experience, these women constantly acknowledged the significance of their cancer experience by re-establishing a sense of control over their cancer journey. The participants define control from biological, medical, psychological, spiritual, and environmental aspects. Research conducted involving breast cancer women in Greece showed that their mental health had benefited from their psychological resilience. On the contrary, the deprivation of psychological well-being has resulted from the symptoms burden of the disease (Fradelos et al., 2018).

Furthermore, research conducted among women with breast cancer indicated a relationship between psychological resilience and religious practice/belief among breast cancer patients. The association is manifested by facilitating religious belief through social support in enhancing the psychological adaptation to the illness. Hence, this approach should be recognised by health care professionals and the social circle of cancer women (Fradelos et al., 2018). Numerous international research has shown that psychological distress is negatively related to resilience (Matzka et al., 2016; Min et al., 2013; Schumacher et al., 2014; Silvera et al., 2005).

Meanwhile, cognitive resilience is defined as the ability of individuals to handle the stressful effects of events on cognitive functioning. Cognitive resilience is characterised by the brain's capability to cushion against disease or adversity and recuperate from trauma. Technically, our brain can compensate for any traumatic events. Hence, this research aims to identify the Malaysian context and how these cancer-surviving women conceptualised their resilience and spiritual strengthening throughout their illness. However, most research in the West focuses on women and does not specify the employed women with multiple roles at home and work.

## Methodology

### Research Design

This study explores the living experience of resilience conceptualisation and spirituality among cancer surviving women who were employed. The study data were acquired through in-depth interviews and data triangulation. The phenomenological approach is best suited as a rational approach in reflecting participants' living experiences (Groenewald, 2017). This research applies Interpretative Phenomenological Approach (IPA) as outlined by (Charlick et al., 2016), with seven essential steps in understanding the concept of resilience and spiritual strengthening of the participants. As (Charlick et al 2016) mentioned, the most rational approach is to reflect on the participants' living experience as it deals with rich information in its natural setting. Using Interpretative IPA enables participants to focus on an in-depth exploration of personal experiences and how people perceive and ascribe meaning to make sense of their experience (Smith & Osborn, 2015). Hence, this study fills the gap in the existing literature using the IPA to make sense of these cancer women's conceptualisation of resilience and spiritual strengthening when navigating their illness.

### Participants

This research applies the snowball sampling method, where a sample is expanded by asking and getting participants from others to be interviewed (Groenewald, 2017). The

participants were all informed about the study, and they participated voluntarily. The participants are cancer survivors and were among employed women with a history of either operation, chemotherapy, radiotherapy or medication who have returned to work. Another criterion is that the respondents should be within five years of experiencing cancer from Stage 1 until 4, starting from day of the diagnosis until the time of the study. Ten employed women participated in this research, with 9 Malays and only one Chinese. They ranged from different kinds of cancer; most of them were breast cancer. Seven of them were government servants, and the remaining were with the private sectors. Other than ethnicity and different working sectors, the participants were homogenous as they shared similar conditions: female cancer survivors with responsibilities towards their spouse, children, and workplace. Table 1 shows the characteristics of the ten participants involved in this study, including types of cancer, treatments received and their working sector. All of the participants were given pseudo names. Their ages ranged between 32 until 59 years. One of them is a widow, and the rest are married.

### **Data Collection Procedure**

Data collected in this study were from in-depth interviews and documented social media analysis. This study received ethical approval from University Malaya, with the Reference Number: UM.TNC2/UMREC\_1007.

### **Interview**

The interviews were conducted using semi-structured interview questions, with the duration of each interview ranging from 35 minutes to 90 minutes. The transcriptions of the recorded interview were produced immediately after the interviews. Overall, the interview sessions were held over a period of two to three months. Reflective notes on non-verbal communication of the participants were observed and recorded for further exploration during the interview sessions. The interview protocol was also used as guidelines if probing the participants was necessary. In this instance, probing is a helpful mechanism to gather more information related to this study's research questions and objectives. Probing is a technique used in collecting further and richer data from the participants. The

interviews were conducted until the data had been saturated.

### **Social Media Documents**

The advancement of technologies permits the participants to share their experiences and tips that can benefit others based on their individual yet valuable experiences. The researcher can help better analyse related documents even through the interview sessions. Their social media updates were analysed and monitored for approximately eight months from their first diagnosis until the study. The two main social media platforms used were Facebook and Instagram. Only six out of ten participants actively used social media in this study. Observations from the participants' social media usage allowed the researchers to collect raw data related to their cancer journeys, starting with the diagnosis, treatment, resilience process, and how they cope with their new life once they return to work. The method includes the data from Facebook and Instagram, consisting of pictures and related captions. These data revealed their living experience, conceptualisation, and spirituality, triangulating additional points.

### **Bracketing**

The bracketing method was applied throughout the research process to avoid bias or preconceptions of the phenomena. Bracketing started from constructing the objectives until the data were analysed and findings were tabled. The researcher must remain aware and relate only to perception, memory, judgement, feelings, and anything that exists in that particular time, known as bracketing (Sheehan, 2014). As Creswell (2017) asserted, researchers' perceptions and judgments must be put aside, and they must rely solely on the participants' indicators of meaning, knowledge, truth, and experiences in attaining bracketing (*epoche*). Hence, the researchers started the bracketing method before collecting data by listing all the personal biases, existing knowledge, and experience on the conceptualisation of resilience and strengthening the participants' spirituality. In ensuring the reliability and trustworthiness of the data analysis process, researchers depend on the interview sessions as primary data and triangulate them with document analysis.

Table 1: Participants' Background

Pseudo names	Types of cancer	Treatment received	Working sector	Conceptualization of resilience
Anne	Breast (2 <sup>nd</sup> stage) and Thyroid cancer Radiotherapy Adjuvant hormone treatment (Tamoxifen) + (Zoladex)	Lumpectomy Chemotherapy	Government	Acceptance resilience Painful resilience Cognitive resilience Emotional resilience Behaviour resilience Spiritual strengthening
Suzy	Breast cancer (3 <sup>rd</sup> stage) -relapsed 4 times Hormonal injection	Lumpectomy Mastectomy Chemotherapy	Self-employed	Acceptance resilience Cognitive resilience Behaviour resilience Spiritual strengthening
Shira	Colon cancer 3 <sup>rd</sup> stage) -diagnosed during her early pregnancy	Operation Chemotherapy	Private sector	Painful resilience Cognitive resilience Behaviour resilience
Laili	Breast cancer (3 <sup>rd</sup> stage)	Lumpectomy Mastectomy Chemotherapy Radiotherapy  Adjuvant hormone treatment (Tamoxifen)	Private sector	Acceptance resilience Painful resilience Cognitive resilience Emotional resilience  Behaviour resilience Spiritual strengthening
Eliz	Breast cancer (1 <sup>st</sup> stage)	Chemotherapy Radiotherapy	Government	Acceptance resilience Cognitive resilience Spiritual strengthening

Sharifah	Breast cancer (3 <sup>rd</sup> stage)	Mastectomy Chemotherapy Adjuvant hormone treatment (Tamoxifen)	Government	Acceptance resilience Cognitive resilience Spiritual strengthening
Ariza	Breast cancer (3 <sup>rd</sup> stage)	Mastectomy Chemotherapy Adjuvant hormone treatment (Tamoxifen)	Government	Acceptance resilience Painful resilience Cognitive resilience Emotional resilience Behaviour resilience Spiritual straightening
Junita	Breast cancer (2 <sup>nd</sup> stage) -diagnosed during her early pregnancy	Mastectomy Chemotherapy Radiotherapy Adjuvant hormone treatment (Tamoxifen)	Government	Acceptance resilience Painful resilience Cognitive resilience Emotional resilience Behaviour resilience Spiritual straightening
Niki	Breast cancer (2 <sup>nd</sup> stage)	Lumpectomy Radiotherapy Hormonal therapy (Nonlatex)	Government	Painful resilience Cognitive resilience Emotional resilience Spiritual strengthening
Filzah	Breast cancer (2 <sup>nd</sup> stage) -relapse 3 times	Chemotherapy Radiotherapy On oral medication	Government	Acceptance resilience Cognitive resilience Behaviour resilience

## Data Analysis

Atlas.ti. software version 8.4.24 was used to organise and analyse the transcribed data as it helped to inductively code the transcripts in more effective and reliable ways. Data were analysed using thematic analysis. The transcripts were read multiple times to allow the researcher to get accustomed to the different data for each transcript. Significant phrases that emerged in different interviews with diverse participants were highlighted as the main theme. Subsequently, the main theme was divided into several sub-themes that reflected some important characteristics under the umbrella of the main theme. For instance, the sub-theme "resilience through acceptance" and "spiritual strengthening" emerged as significant points for the majority of the participants. During the coding process, coded themes were validated by experts in the field to countercheck the validity. The interview transcript and the codes were redefined if any discrepancies emerged. This study's outcomes reflected and answered the research questions extracted from the interview. Research questions developed from the analytical framework combine the study's outcome resembling the main themes and sub-themes. The researchers followed the seven important steps in IPA for analysis procedure proposed by Charlick et al. (2016), including steps reading and reading, initial noting, developing emergent themes, searching for connection among the emergent themes, migrating to the next case, searching for patterns across the themes, and lastly taking interpretation to a deeper level.

### Reliability and validity

The triangulation processes, such as member checking and peer review, ensure reliability and validity. The triangulation process is a continuous process in data analysis, occurring when the researchers have diversified the sources and used multiple triangulation sources to ascertain an extra in-depth understanding of the data. For instance, besides face-to-face interviews, monitoring was conducted on the participants' social media from their first diagnosis until they returned to work. The daily postings of the cancer journey and conceptualisation of resilience on social media were triangulated with the interviews' data. This combination resulted in an

equilibrium understanding of the realistic conceptualisation of resilience and strengthening spirituality of the participants during their cancer journey.

Overall, the researchers observed three different phases of triangulation. The same method was used for various participants during the data triangulation process. First, the researchers derived imperative words, phrases, and overrated words mentioned by the participants. The second phase was followed by combining the interview data with social media and field notes. The data from different sources were then compared, and a more comprehensive report of the participants' meaning-making of coping mechanisms in their cancer journey was obtained. The study showed that participants emphasised how they conceptualised their resilience and attaining spiritual strengthening through social media. The conceptualisation of resilience and spirituality were manifested through images and status captions on their social media. Furthermore, this research has revealed that the participants shared more information during face-to-face interview sessions than on social media. The triangulation process involved interpreting each data analysis and comparing recorded data.

### Member check

This research applied member checks to ensure the reliability of the data collected. Participants' validation was crucial to identify the credibility of the results. For instance, after the interview, the researcher requested clarification from the participants on the information shared in the previous interview. Hence, the participants gave feedback on the information they shared earlier.

### Peer review

The research also applied peer review conducted by two qualitative experts in the research field to ensure accuracy, reliability, credibility, and validity.

### Results

Data collected showed six themes emerged on how these employed women' conceptualised their resilience and spiritual strengthening. Semantic topics were used to add rich information related to the research questions. Those themes included (a) resilience through painful experience, (b)

resilience through acceptance, (c) cognitive resilience, (d) emotional/psychological resilience, (e) behavioural resilience, (f) spiritual strengthening. The quotes from this study were used to illustrate these employed women conceptualised resilience and spirituality. For that purpose, related excerpts were used to reflect on the research questions and set as examples in explaining the detailed and rich description of their live experience. Inductive analysis was applied through the descriptive statement given by the participants about their significant experiences. The interview contents of this study were diversified from one participant to another as they occasionally strayed off the topic, and most of them had an abundance of information to share. The primary themes were considered illustrative, which reflected the meaning-making participants made. To discuss the conceptualisation and spiritual strengthening, the participants have come out with:

#### **Resilience through painful experience**

The participants mentioned resilience as a painful experience. Most of them acknowledged that they conceptualised resilience and spirituality through painful experiences.

*"Sometimes, I feel a bit weak in front of my kids. Initially, I always mentioned death."*

*(Ariza/ Transcript Interview1/Line 322-324).*

#### **Resilience through acceptance**

Participants also experienced resilience through acceptance. In this instance, most participants agreed that their conceptualisation of resilience emerged from their ability to accept their current situation.

*"When there's no choice, and that's the only option I have. And I decided to make that choice; I think I have to set my mind. I mean, I know it's going to be difficult."*

*(Anne Transcript Interview1/ Line 89-91)*

#### **Cognitive resilience**

The conceptualisation of resilience was also manifested through the cognitive process. For instance, the participants used cognitive and

logical thinking throughout their resilience journey.

*"So, I just continue working like usual. I have already blocked my mind, telling myself. Not to overthink on my illness. Just continue with the treatment. Now my strength is my baby in the womb, and if I am weak, so does the baby."*

*(Shiera/Transcript Interview1/ Line 303-306)*

#### **Emotional/psychological resilience**

Resilience is conceptualised based on emotional/psychological aspects. Participants reported that their psychological state had allowed them to attain resilience better.

*"But like me, when I was diagnosed with cancer, I knew that other people have cancer. I want to help them. I feel like I wanted to guide them."*

*(Laili/Transcript Interview1/ Line759-761)*

#### **Behavioural resilience**

Having engaged in specific behaviour is said by most participants to have helped them conceptualise the meaning of resilience.

*"My life is like that. I have this problem. I'm done with it. I just move on to the next chapter."*

*(Eliz /Transcript Interview1/ Line 268)*

#### **Spiritual strengthening**

Their conceptualisation of resilience is enhanced through strengthening spirituality. Cancer has brought them closer to the Almighty. Participants shared:

*"That is wrong. Actually, or me, we have to believe that this is the test from Allah for us. He is not wrong. Right. So, we have to not only be redho (accept), but we still have to put some effort."*

*(Sharifah/Transcript Interview1 Line 372-374)*



In conclusion, the participants mentioned spirituality as significant for conceptualizing resilience. They all illustrated the most effective ways to conceptualise resilience gained through spiritual strengthening involving their cognitive, physical, and emotional functioning.

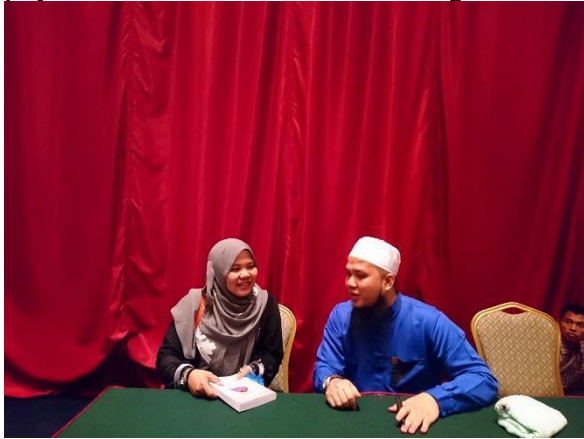


Figure 1: Laili's sharing on social media about her enlightenment from spiritual aspects.

*"Patience and calm" are not easy to calm down when the test befalls but alhamdulillah all praise be to Allah ... I ask Ustaz, please pray for me this time ... Opportunity to meet at the sunnah family course. Allah has arranged it beautifully ... being able to meet Ustaz when I need the spirit to continue to be patient and calm ..."*

*(Laili/ social media/October 2017)*

*"The first time I went to chemo...I have no experience...I just got the information from the internet...the fear is real...but because I want to be healthy, I just face it... But you guys out there, don't worry if you know the tips and trick InshaAllah with Allah's will; the chemo is just OK."*

*(Facebook throwback, -Oct 12, 2020)*

## Discussion

Overall, the study's findings showed that the conceptualisation of resilience and spiritual strengthening were used in their journey of surviving the illness. Although the participants were affected initially by the cancer diagnosis, their determination to undergo and endure the suggested treatment and their resilience allowed

them to develop specific coping mechanisms. All the participants showed their ability to conceptualise resilience through acceptance and painful experiences. Hence, this condition could be manifested by applying spiritual strengthening throughout their illness at home and work.

Numerous findings have indicated that it is normal for many cancer individuals to have anxiety, fear, and depression, which results in more negative effects. Participants of this research also admitted that their resilience was gained through a painful experience. As they mentioned, their cancer journey's physical and psychological pain did not jeopardise their resilience experiences.

The ability to be fully aware of one's current condition is defined as acceptance (Thompson et al., 2011). Acceptance has three processes; psychological events observed, desire to amend the frequency of the incidents and distinguished psychological experiences from the actual events from outside circumstances (Follette, Palm, Hall, 2004). In medical conditions and psychological disorders such as generalised anxiety disorders and chronic pain, acceptance-based intervention and mindfulness were significant to individuals involved. In summary, acceptance is defined as experiencing psychological events as comprehensive and brief reactions towards external events rather than segregating it as severe psychological individual distress which should be shunned (Orsillo & Batten, 2005; Palm & Pearson, 2014). The female cancer survivors in this study had attained spiritual and psychological resilience. They claimed that humour, optimism, reframing, acceptance, and goal setting were among the psychological factors that eased them to achieve resilience.

Exposure to traumatic events combined with more significant psychological adjustment is supplementary to the trait of mindfulness and acceptance (Thompson et al., 2011). Meanwhile, emotional disengagement, which includes persistent disassociation, experiential avoidance, and coping strategies, is related to PTSD syndromes and psychopathology. PTSD theory of acceptance shows that mindfulness and acceptance skills enhance the recovery process from the main symptom of the disorder. Concerning this statement, all the participants



eventually gained their resilience through acceptance. They confessed that their health would improve even before accepting their fate and proceeding with the suggested treatments. Ahmadi et al. (2019) emphasised that cancer individuals usually accept cancer as a reward from God. Another essential theme elaborated based on this research findings was the effect of resilience these participants experienced. Resilience had affected them in many ways, such as cognitive, emotional, or psychological effects, engaging in specific behaviour, and strengthening the participants' spiritual. In addition, the participants shared that their resilience experience had resulted in several significant aspects of their daily lives in their efforts to move on with their future, where they would resume their routine.

In their research, Thompson et al. (2011) mentioned that psychological resilience followed by traumatic exposure resulted from mindfulness and accepting the orientation towards experiencing psychological issues. This condition may arise among cancer individuals due to inadequate treatment (Dewi et al., 2020). Resilience has been identified as a reliever to related psychological problems among cancer individuals (Wu, Sheen, Shu, 2012; Li et al., 2016). Positive and negative experiences of life changes are associated with the cancer experience. Through pharmacological and psychological interventions, resilience and post-traumatic growth can be modified. Therefore, promoting resilience and post-traumatic growth in cancer care are significant components (Seiler & Jenewein, 2019). Concerning the findings, the participants reported that the experience of the cancer journey had given them the various effects of emotional and psychological resilience. Since the diagnosis, all of them had experienced being stunned by the news. They took some time to rationalise the news themselves with mixed feelings of anger, low self-esteem, dissatisfaction and other negative feelings. However, these women managed to view these initial emotions as a stepping platform to continue with the treatment and regain life like before. Furthermore, Gokal et al. (2015) mentioned that physical activity intervention effectively

alleviated emotional distress and fatigue among breast cancer women.

The participants mentioned that they were caught amid many emotional and psychological states after the diagnosis. Hence, gaining social support from the persons with the same concerns (who had experienced the cancer journey) might give them some insights into their situation. They appreciated the information sharing from any support group for better plans during their cancer journey. A support group is a structured group that provides mutual support through interpersonal interactions consisting of common notions (Usta, 2012). Furthermore, support groups that function as a psychological intervention have a remarkable effect in reinforcing the actual conceptualisation of resilience. The support group served as a psychological intervention providing social support for cancer women. They were dealing with the consequences of the disadvantages of cancer treatments. Social support is a significant mediator of positive effects and optimism among cancer individuals (Hodges & Winstanley, 2012; Zabalegui et al., 2005).

Furthermore, Seiler and Jenewein (2019) mentioned that social factors are the main contributor to the resilience level of cancer patients, enhancing their constructive psychological and emotional development and treatment-related outcomes. Participants reported that they gained new knowledge and increased social support by joining a support group. In return, they could contribute to other cancer patients by sharing related information, treatment, and experiences as female cancer survivors. As such, the participants had experienced post-traumatic growth. Most of the participants sought social support from the designated support group as their psychological and emotional resilience. Emotional support facilitates psychological adjustment during the crisis, and it is identified as a form of social support for cancer patients. Furthermore, support groups function as psychological interventions to reinforce effective coping mechanisms and conceptualise resilience (Usta, 2012). Therefore, participating in groups helps cancer patients develop effective coping strategies and improve emotional adaptations as sharing cancer

experiences with other group members could have positive circulating effects.

The participants demonstrated different specific behaviour relating to this. For instance, the participants reacted differently during the diagnosis; some accepted the diagnosis with no tears, some were stunned with no words, and some cried terribly upon receiving the news. The majority of the participants mentioned that they only took two weeks to decide at the very most. After the diagnosis, they acknowledged their mixed feelings, sadness, puzzlement, and anger but eventually, they abided by the professional advice given by the doctors. Cognitively, they engaged in a high determination and perseverance to start the cancer treatment to ensure they would get back to their everyday life as soon as possible. Another significant effect of resilience emerged as they developed some new characteristics. In conceptualising resilience, they held onto hope besides the efforts to follow the cancer treatment regime and other changes. Hardiness, optimism, hopefulness, and confidence are among the essential characteristics of cancer patients (Ikeda et al., 2013; Pinguart & Duberstein, 2010). In addition, hardiness is influenced by some related factors such as social support, self-confidence, and parenting styles. These characteristics gave meaning to their cancer experiences by maintaining a high level of well-being and giving them reasons and directions for survival. Research conducted on Indonesian cancer patients showed that hardiness is a personal trait that makes cancer patients filled with anxiety and fears more resistant, strong, and optimistic in dealing with issues related to their illness (Dewi et al., 2020). Hardiness increases when a person has adequate social support. The hardiness of the participants allows them to reach their resilience. Cooper et al. (2013) argued that hardiness is a personality trait that enables a person to be more durable, robust, and optimistic in facing future obstacles. Hardiness emerges among cancer patients who experience excessive anxiety and fear. Hence, social support, family and self-confidence are essential factors determining hardiness.

Resilience emerged with the enhancements of spirituality among the participants. Developing

cancer had made them closer to the Almighty. Cipriano-Stefens et al. (2019) conducted a study on religious coping mechanisms among cancer patients of different skin colours, where spirituality claimed to be an effective coping mechanism. Spirituality is attained by strengthening the tie and relationship with the Creator. The use of behavioural and cognitive techniques in the time of stressful events which embark on one's religion or spirituality is known as religious coping. Expression of a good and secure relationship with the Creator/God is known as positive religious coping.

Meanwhile, having a less secure connection with the Creator/ God, manifested through distancing and punishing from the Higher Power, is known as negative religious coping or religious struggle (Ahmadi et al., 2019). Therefore, the role of religion and spirituality has caught the significant attention of researchers. As a result, lay literature and scientific discipline can increase awareness about spirituality and religion in health (Kumar & Parashar, 2015). This research stated the importance of spiritual strengthening as a coping mechanism and spirituality in realising the concept of resilience. The findings of this research were similar to what has been reported by Mamani et al. (2010). They argued that spirituality and religion are essential core values in an individual's life which are part of an equilibrium treatment that syncs with these participants' values.

All the participants considered spirituality a source of coping and guidance to conceptualise their resilience. Besides the spiritual, there is a growing recognition of the significance of addressing spirituality among individuals facing a dangerous and severe life-threatening disease (Bentur et al., 2014; Cipriano-Stefens et al., 2019). Many have shown that religiosity and spirituality are among the main factors in the meaning-making of coping. Ahmadi et al. (2019) delineated that culture and religion influence Malay cancer patients, known for having imbued in Islamic belief, in looking at their coping experience as cancer individuals.

The themes elaborated on the concept of resilience and spirituality model for women with cancer were compared with the Wheel of Wellness Model developed by Myers (1998),

highlighting five main life tasks. Those life tasks are spirituality, self-direction, work and leisure, friendship, and love. The Wellness Model is a significant model used in the counselling approach among people with physical and counselling concerns. The Resilience Model proposed by Wagnild & Young (1993) is also influenced by the model, consisting of five dimensions: meaning, self-reliance, equanimity, perseverance, and existential aloneness. In addition to this model, the term 'stages of resilience', coined by O'Leary and Ickovic (1995), has four sets of resilience, including survive (how we respond), adapt (how we adapt), recover (how we bounce back), and thrive (how we grow). Our model has seven dimensions: meaning, spiritual, perseverance, existential aloneness, thriving, self-direction and love, which are incredibly beneficial in understanding the participants' overall conceptualisation of resilience and spirituality in their distinguished ways. This model is significant as it integrates all the seven elements in elaborating the conceptualisation of resilience and spirituality of women with cancer. For instance, the spiritual dimension has been the significant element that allows the participants to conceptualise resilience in their cancer journey better.

Furthermore, existential aloneness, which reflects their uniqueness of personality, has contributed to this model. For instance, hardiness is a significant personality that enables them to gain resilience and spirituality during their illness. Meanwhile, thriving is another process that reflects the stages of resilience to another higher level. For instance, after treatment is completed and the patient returns to work, the phase will be easier than when they received treatment for the first time. The elements of thriving characterised resilience; several elements that characterised resilience and being able to thrive include positive self-esteem, hardiness, vital positive coping skills, self-efficacy, coherence, optimism, determination and perseverance (Ledesma, 2014).

Furthermore, spirituality is the core value in women living with cancer. It is always incorporated into treatment, contributing to identifying the women's values and enhancing their treatment outcome. Lastly, self-direction

refers to participants' state of mind-controlling mindfulness and fulfilling a daily routine for long-term goals that help them survive and give meaning to their journey. We conclude that all those seven dimensions are integrated, and they significantly interact with each other to create equilibrium. The model is presented in Figure 2.



*Figure 2: Model of the concept of resilience and spirituality for women with cancer.*

This study has some limitations. First, the participants were among employed women with cancer. Hence, the age of these women carries different meanings as it signifies that the different ages reflected their different levels of maturity and responsibility towards significant episodes in their lives. As a comparison, their understanding of the world around them is different from that of female homemakers. The Ministry of Health (Malaysia (2017) reported that the highest cancer occurrence for all types of cancer among women in Malaysia is at the retirement age (70- 74 years).

In summary, the findings cannot be generalised to all women with cancer. Second, this research only focuses on women; however, cancer affects men. Statistically, there will be one case in nine women and ten men (Ministry of Health (Malaysia, 2017). The number reflects the rampant occurrences of cancer in Malaysia. Third, as a multicultural country that consists of three main ethnicities, namely Malay, Chinese, and Indian, this study involved two primary races in Malaysia: Malays and Chinese only, which makes the study not representative of the actual population. Hence, it needs to include all races as the statistics have shown that out of these three ethnicities, cancer strikes Chinese people most frequently.

## Conclusion

The women's conceptualisation of resilience in this study is related to their perseverance. Findings have provided an in-depth understanding of how this group of selected Malaysian women showed resilience by implementing spiritual strengthening as their coping mechanisms. Their perseverance allowed them to move forward in continuing their lives. The sub-themes of "resilience through acceptance" are the tying knot that binds the sub-themes.

This research used social media to validate the information gathered from the verbatim interview transcripts. Even though social media is an effective mechanism used by many people, this study showed that only limited participants shared information about their journey on social media. Others still observe their privacy and choose not to share information online. This study found many interrelated beneficial conceptualisations of resilience and spirituality for participants after they have returned to work. The findings showed that spiritual enlightenment enhances the resilience to live with cancer and return to work. Therefore, social support seems to be the most effective, most accessible, and fastest medium that has a long-term impact in helping affected women return to normal family and work life.

This study found considerable benefits of inter-related conceptualisation of resilience and spirituality to the participants, specifically after they have returned to work. Furthermore, the findings showed that spiritual strengthening provided them with the coping ability to live with cancer and return to work. Therefore, this study suggested that identifying the concrete concept of resilience with spirituality is significant for women with cancer. Hence, social support from the same group members and caretakers is substantial in allowing cancer women to reach resilience easily.

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