

The Role of Spirituality in Adaptation and Health Outcomes in Oncology: A Scoping Review

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1. BACKGROUND: WHY?

- Cancer is a leading cause of death worldwide, accounting for nearly 10 million deaths in 2020. According to the World Health Organization (WHO), in 2022, an estimated 20 million new cancer cases were reported globally.
- Cancer treatment is one of the priorities of Europe’s Beating Cancer Plan (European Commission, 2021).
- The integration of psychosocial care into cancer treatment plans is vital for improving patient outcomes and quality of life (QoL) (Transforming Cancer Services Team, 2020). However, the limited utilization of psychosocial care appears to be a widespread phenomenon (Dekker et al., 2020).
- Integrated cancer care covers physical, psychological, social and spiritual needs (Casellas-Grau et al., 2021).
- Spiritual care is essential in the context of oncology, as the life-threatening nature of cancer challenges a patient’s spiritual beliefs and worldview (Casellas-Grau et al., 2021).
- Most spirituality research in oncology looks at palliative and end-of-life care. Little is known about patients in active treatment with a favourable prognosis or in remission.
- Spirituality has a dual nature: some constructs link to better mental health, others to harm.

AIM

To map how spirituality can serve as a means of adaptation to life during and after cancer treatment.

REVIEW QUESTIONS

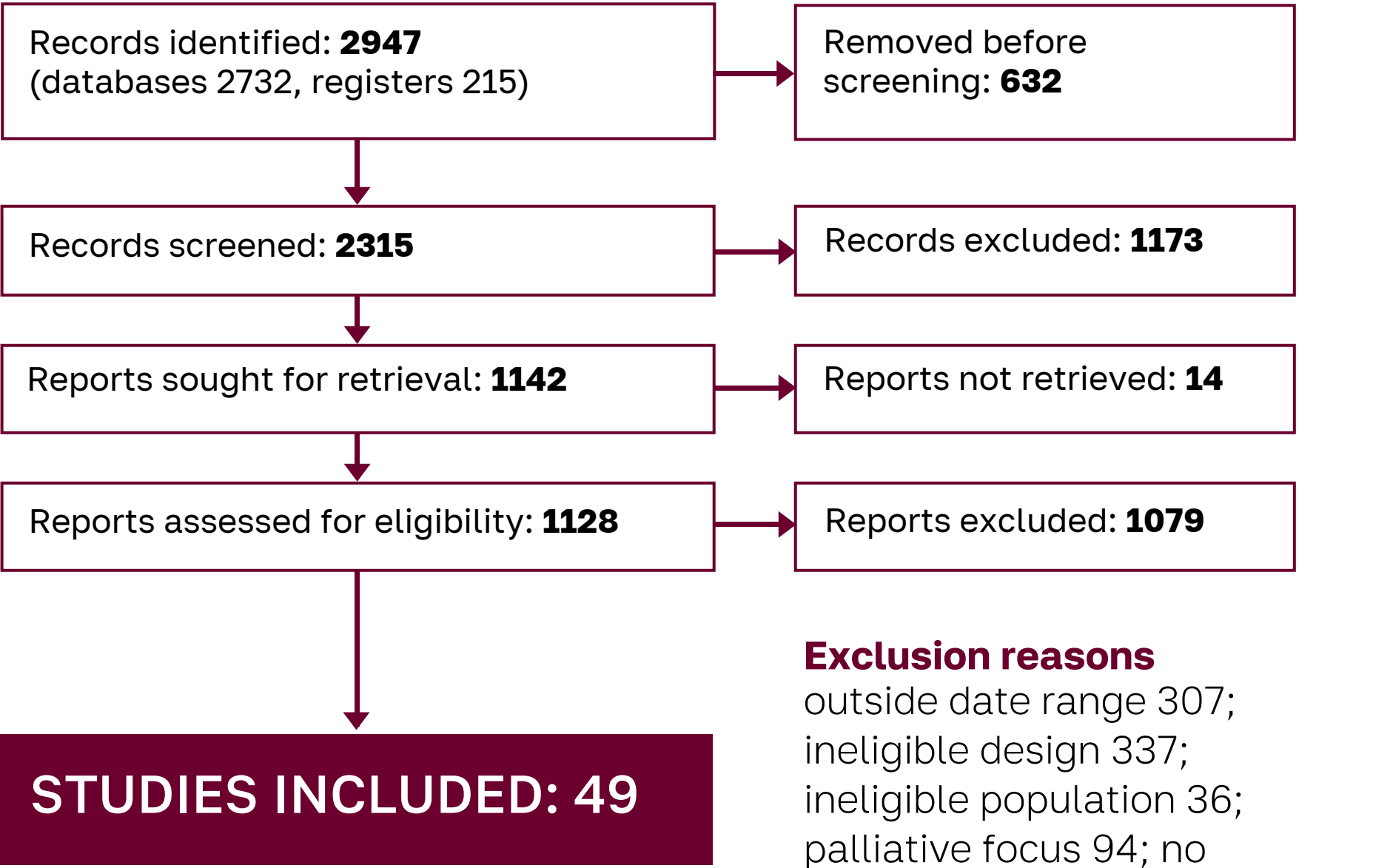
1. What spiritual domains have been studied and how are they measured?
2. What associations are reported with psychosocial adaptation and coping?
3. What risks or negative effects of spirituality have been identified?

2. METHODS: HOW?

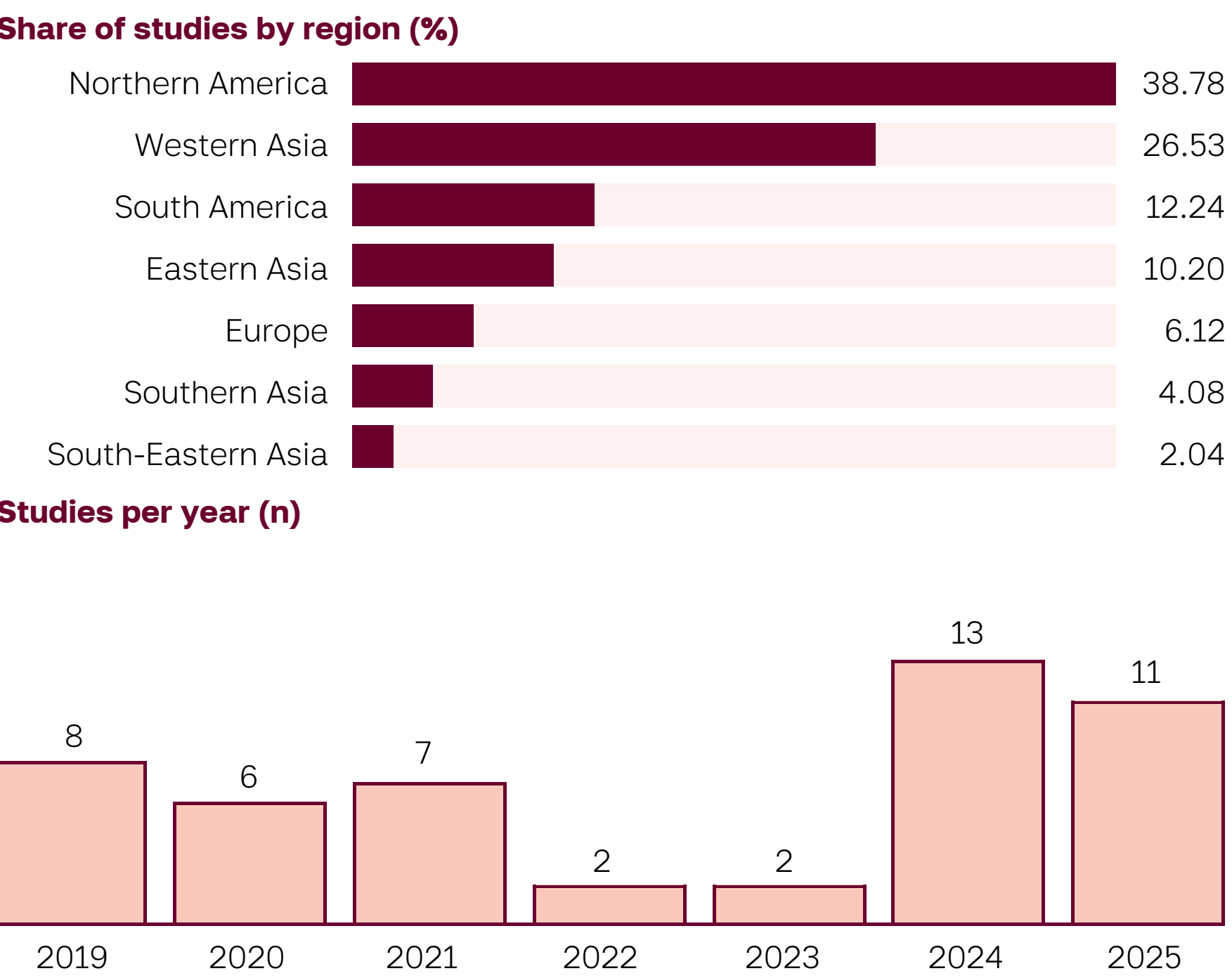
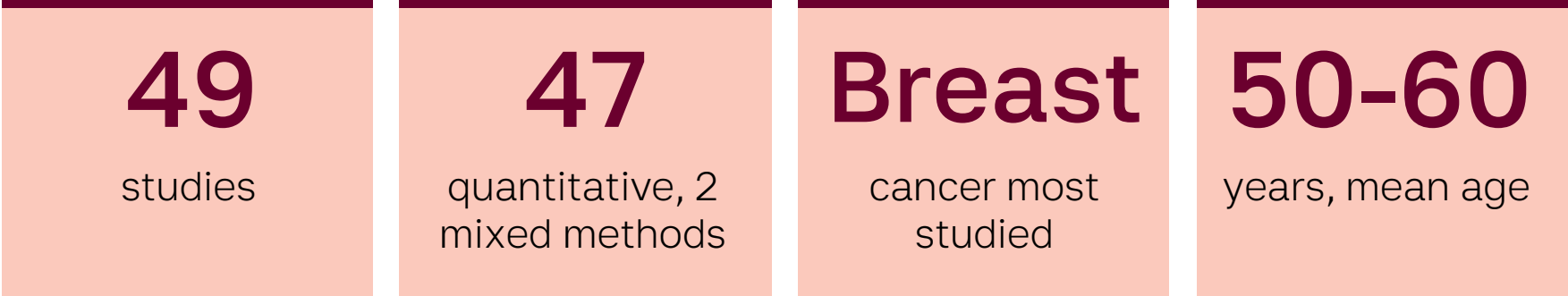
- Scoping review (Arksey & O'Malley, 2005), reported per PRISMA- ScR (Tricco et al., 2018).
- Seven databases: EBSCO, ProQuest, MEDLINE via PubMed, ScienceDirect, Taylor & Francis, Scopus, Cochrane Central.
- Searches run by two librarians, 1 Dec 2022 to 19 Dec 2025.
- Included: 2019-2025, primary quantitative studies, participants aged 15–64 years, in or after treatment, spirituality as a central and validly measured construct, psychosocial outcomes.
- Excluded: palliative or end-of-life focus, qualitative designs, reviews, religiosity without a separate spirituality measure.
- Screening in Rayyan. Four researchers charted data, consensus across all reviewers.
- No risk-of-bias assessment, consistent with scoping review methodology.

3. RESULTS: WHAT?

3.1 STUDY SELECTION



3.2 STUDY CHARACTERISTICS



3.3 DOMAINS AND INSTRUMENTS

- 15 spiritual domains studied, among them spiritual well-being, spiritual and spiritual care needs, religiosity, spiritual health, spiritual practices, Religious and spiritual coping, attachment to God, Religious and spiritual struggles, self-transcendence, spiritual distress, spiritual intelligence.
- FACIT-Sp was the most used instrument, in 51.02% of studies.
- Other tools: SWBS, TFSWBS, EORTC QLQ-SWB32, QOL-CSV, WHOQOL-SRPB, Ironson-Woods Index, SBI-15R.

Caution: several widely used scales contain items overlapping with mental health and well-being content and may be considered "contaminated", potentially inflating reported associations (Koenig & Carey, 2024).

3.4 KEY FINDINGS

Positive manifestations

- Consistent positive association with quality of life across cancer types and cultures.
- Meaning and peace components had stronger effects on QoL than faith alone.
- Higher spiritual well-being linked to fewer depressive symptoms and lower anxiety.
- Better perceived physical functioning, lower symptom burden, adequate sleep duration.

Negative manifestations and risks

- Religious and spiritual struggles associated with distress, negative emotions, poorer coping.
- Negative image of God linked to higher depression and anxiety.
- Negative religious coping linked to distress and sleep disturbance over time.
- Low baseline spirituality predicted later emotional distress in initially low-distress patients.
- Higher spiritual care needs associated with lower hope.

3.5 EVIDENCE GAPS

Gap	Studies found
No study analysed the dual nature of spirituality	0
Spiritual bypass, spiritual experiences	0
Return to work and vocational reintegration	1
Spiritual intelligence	1
Studies not differentiating between cancer types	≈ 40%

4. CONCLUSIONS: SO WHAT?

- Higher levels of spirituality are often associated with better physical, emotional, and functional well-being.
- Spiritual struggle and unmet spiritual needs tend to co-occur with greater psychological vulnerability.
- Future research in the context of psychosocial care for cancer patients should consider cancer type specificity, as it impacts how patients are psychologically prepared for their future prognosis.
- Spirituality must be clearly conceptualized within the health care context, despite its broad nature.
- Health psychologists should distinguish supportive spirituality from spiritual struggle when assessing psychosocial adaptation and designing person-centred oncology care.

Selected references

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