



Spiritual well-being among cancer patients and their nurses

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Abstract

Experiences of people living with cancer have revealed that spiritual well-being is a vital aspect of a healthy life, necessary for creating a positive psychology and will guide patients toward a meaningful life. It can also increase cancer patients' adaptability and improve their quality of life and survival. The present study aimed at determining the spiritual well-being among cancer patients and their nurses. This descriptive-cross sectional study carried out with a convenience sampling method and participation of 120 hospitalized cancer patients and their nurses in oncology units. Data were collected using Paloutzian and Ellison well-being questionnaire ($r = 0.82$) and were analyzed using chi-square and t-tests by using SPSS 21. The average scores of religious, existential and spiritual well-being in patients were 52, 46 and 99 respectively. Their average scores of religious, existential and spiritual well-being in nurses were 29, 40 and 70 respectively which falls within an average range (41-99). Comparing spiritual well-being scores between patients and nurses using chi-square and t- tests showed a significant difference ($p=0.001$). Spirituality and positive psychology have always been considered as effective treatment for people who are suffering from cancer. Increased spiritual well-being among nurses can improve spiritual health in cancer patients.

Keywords: cancer patients, spiritual well-being, religious well-being, existential well-being, positive psychology, nurses.

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1. Introduction

Diagnosis of cancer is a disturbing and unexpected experience. So, all the required action should be taken to bring the patient to an adaptive condition. For cancer patients, access to adequate supportive care resources is an important factor in achieving an effective adaptation. It can also decrease psychological distress and improve patients' life quality and psycho-social health (Baljani, Khashabi, Amanpour & Azimi, 2011; Molassiotis, Uytendinck, Hollen, Sarna, Palmer & Krishnasamy, 2015). Cancers is among the leading causes of morbidity and mortality worldwide including Iran, with approximately 14 million new cases and 8.2 million cancer related deaths in 2012 (World Health Organization, 2015). Since cancer diagnosis creates a lot of stress for patients and their families, the disclosure of cancer diagnosis and its other relevant information to the patients and their relatives can be a hard challenge in caring of cancer patients. Patient's spiritual needs can be extremely increased by diagnosis of cancer, since self-esteem and spiritual faith are endangered. This crisis leads to imbalance of thought, body, and soul (Hatamipour, Rassouli, Yaghmaie, Zendedel & Alavi Majd, 2015; Pearce, Coan, Herndon, Koenig & Abernethy, 2012). Relying on the spiritual aspects and spiritual adjustment is the strongest method patients can use to deal with their disease. Since paying adequate attention to emotional and spiritual needs is a necessary part of holistic care in nursing, providing care on the basis of patients' physical, psychological, social status and their ethical codes tendency toward religion, faith, and spiritual sources can be used as an effective post diagnosis psychosocial adaptive approach. However, most of the patients do not receive the required spiritual care by the caregivers (Hatamipour, et al. 2015; Ramazani, Ahmadi, Mohammadi & Kazemnegad, 2014). When emotional and spiritual needs are not met, patients are at risk of depression and reduced sense of spiritual meaning and peace (Pearce, et al. 2012). They must be competent to provide care on physical, mental, social and spiritual levels (Phelps, Lauderdale, Alcorn, Dillinger, Balboni, Van Wert & Balboni, 2012).

2. Literature Review

The findings revealed that people who have received regular spiritual care tend to live longer (Puchalski, 2001). Lin & Bauer-Wu (2003) found that patients with an enhanced sense of psycho-spiritual well-being are able to cope with the process of terminal illness more effectively and find meaning in the experience. McNeil (2015) found that spirituality and religion have been found to have a positive impact on adults with cancer. As far as the researcher knows, there have been little studies concerning the spiritual health of cancer suffering patients and their care givers; therefore, the present study is carried out to investigate the spiritual health of cancer patients and their nurses, given that nurses with high spiritual health are better to be used in order to accomplish in providing patients with an effective spiritual care.

3. Methods

This descriptive-cross sectional study was done with a convenience sampling method and 120 hospitalized cancer patients (n:60) with their nurses(n:60) gaining the required permissions in oncology units of hospitals affiliated to Urmia University of medical sciences, Iran in 2014. The demographical characteristics of the patients included age, education, profession, duration of suffering the disease, disease background, awareness of the disease, patients' perspective on future and life expectancy. Data on age and years of experience were obtained from nurses. Then a questionnaire in a 6-point Likert scale ranging (6-1) form, from 'strongly agree, agree, somewhat agree, somewhat disagree, disagree 'strongly disagree' were given to the participant to be answered. Total scores obtained are classified in low (20-40), average (41-99) and high (100-120) range. 9 items were scored reversely. The spiritual health score is composed of the scores of Religious Well-Being and Existential Well-Being which ranges from 20 -120. The

spiritual health of the patients and nurses was determined after calculating religious and existential well-being scores.

Iranian version of Paloutzian & Ellison (1982) Spiritual well-being scale (SWBS) consisting of two subscales, which are religious well-being includes 10-item (RWB) and existential well-being (EWB) 10-item were used to assess the philosophy of life, perceptions of goals in life, love and forgiveness was used in the study. Existential Well-Being refers to the sense of having purpose and life satisfaction while Religious Well-Being refers to the overall satisfaction with the relationship with a higher power here, God. The reliability of the Paloutzian and Ellison Spiritual well-being scale (1982) was calculated by Balejani, et al. (2012) as R= 0.88 respectively. And the validity of the questionnaire was evaluated by the faculty members of the Urmia University of medical sciences and Islamic Azad University, urmia branch. Data were analyzed using descriptive statistical testes, χ^2 and t-tests by using SPSS 21. The results were considered to be significant at $p=0.05$.

4. Findings

The average age in patients group was 46 with standard deviation of 17 and most of the participant were in the age range of 15-89, 60% were educated, and 88% were self-employed or housewives. For 50% of the participants the duration of suffering from the disease was less than a year, 75% had no disease background, 75% were aware of their disease and 70% of the patients' had a positive perception and life expectancy on cancer and 71% of the families had a positive perspective on cancer. The results of χ^2 and t-tests showed a significance difference between religious well-being, existential well-being and spiritual health of patients and the score of spiritual health was determined as medium. Significant difference was observed among the religious well-being, existential well-being, spiritual health, and patients' awareness of their disease, their perspective on future, life expectancy ($p<0.05$). But no Significant difference was found between religious Well-Being and families' perspective on patients' disease ($p>0.05$), (table 1). Nurses under study had the average age of 27 with the standard deviation of 4 and were in the age range of 23-46. Comparing the obtained data the following results were revealed. 83% of the nurses had 1-5 years of experience, their mean scores of religious well-being was 29, standard deviations of 4, existential well-being mean score was 40, standard deviations of 4.043 and spiritual health was 70 with the standard deviations of 4 respectively. The results of χ^2 and t-tests indicated that there was a significant difference between religious well-being, existential well-being and spiritual health of nurses. Also, a significant difference between the age and experience of nurses working in oncology wards and religious well-being, existential well-being and spiritual health was observed. Spiritual health scores of the nurses were determined as average. Nurses' existential well-being ranked higher than their religious well-being. In general, patients' religious well-being, existential well-being and spiritual health overweighed those of nurses (table 2, Diagram 1).

Table 1. Investigating patients' awareness of their disease and families and patients' perspective on religious well-being, existential well-being and spiritual health

Well-being	Religious Well-Being	Existential Well-Being	Well-Being	Spiritual Well-Being
	Evaluation(p)		n = 60	
Characteristic				
Patients' awareness of their disease	0.001	0.001		0.001
Patients' perspective on future and life expectancy	0.016	0.025		0.001
Families perspective on the disease	0.085	0.001		0.001

Table 2. Comparing the spiritual health between the patients and their nurses in the oncology hospitals under study

	Patient n=60		Nurse n=60		Evaluation (P)
	X	SD	X	SD	
Religious	52 (41-60)	2	29 (21-46)	4	0.001
Existential	46 (28-60)	7	40 (32-52)	4.043	0.001
Spiritual	99 (75-120)	10	70 (59-83)	4	0.001
Evaluation	Average		Average		

5. Discussion

A bunch of studies have shown that spiritual well-being can play a vital role in preventing diseases and developing health when the patient suffers physical, psychological problems. In this research, the spiritual well-being of patients is found to be in a moderate level which is in line with our findings and studies. According to the findings, it can be noticed that spiritual well-being of patients is considerably in a close relation with psychological and spiritual adjustment and cancer suffering patients' spiritual health is evaluated as moderate. The results of his study showed that religious and spiritual well-being is an effective factor on hope of study patients. (Li, Rew & Hwang, 2012; Musarezaie, Najji-Esfahani, Momeni-Ghale Ghasemi, Karimian & Ebrahimi, 2013).

In a similar study Baljani et al. (2011) states that Cancer causes loss of hope, loneliness, depression, and failure to adapt. So, it is strongly recommended that nurses and doctors try to put emphasis on religious and spiritual well-being in order to strengthen their hope. The following 6 factors are introduced as main components of Psycho-spiritual well-being: self-awareness, effective fight against stress, relationships and life, relationships with others, faith, felling powerful, self-confidence and living a meaningful and hopeful life (Lin & Bauer-Wu, 2003).

Most of the participants in the present study had a positive perception of their prognosis leading to the positive effect of spiritual care on their spiritual well-being which was confirmed by Seyedrasooly, Rahmani, Zamanzadeh, Aliashrafi, Nikanfar and Jasemi, (2014).

While the results obtained by Sadat Aghahoseini, et al. (2012) revealed that being aware of the disease had no significant effect on the spiritual well-being of patients. In this study researchers found that there was a significant difference between religious well-being, existential well-being and spiritual health of nurses.

Musarezaie, et al. (2013) states that the nurse can be the first person who recognizes the spiritual needs of a patient and even his/her family and this recognition should be used in meeting the spiritual needs. Therefore, it is strongly recommended that a holistic care plan, based on spiritual care, development, and education of patients be applied for cancer suffering patients. Various studies have highlighted the role of nurses in improvement of patients' spiritual well-being (Lin & Bauer-Wu, 2003; Seyedrasooly, et al. 2014; Vallurupalli, et al. 2012). Vallurupalli, et al. (2012) emphasized the effective role of doctors and nurses up to 87% and 85% respectively in improving cancer suffering patients' spiritual well-being.

The findings of Peteet & Balboni, (2013) confirmed the effect of religion and spirituality on patients' decision making and the quality of life. Developing a better spiritual health can lead to

higher spiritual well-being and preventing decision-making with respect to aggressive care at the end of life.

Study by Oh & Kim (2014) found a significant but medium level effect of spiritual intervening on spiritual well-being, meaning of life and depression of patients. Hong & Park (2015) names social support and self-esteem of the patients as the factor affecting 68% of them and emphasizes on social support of the cancer suffering patients. Results of numerous studies show that there exists a positive relation between spirituality and well-being (Visser, Garsen & Vingerhoets, 2010).

6. Conclusion

Spiritual issues should be in the center of care givers' attention in cancer wards. Spirituality leads to a high level of well-being and is recommended for the patients. It can be improved by increasing patients' life expectancy and preventing any distress, anxiety, helplessness, hopelessness, fear of death and all of such factors which detract them from psycho-spiritual well-being. Achieving that requires training nurses with higher spiritual health. Giving cares according to ethics and nurses spiritual relation with patients are the basics of nursery. The complexity of spiritual cares necessitates training and teaching required more skills to the nurses who take care of cancer suffering patients. In general, it can be concluded that appropriate plan for interventions, and growing number of patients with cancer should be made to pay more attention to the importance of spiritual cares and spiritual well-being. Furthermore, a general and comprehensive support of improving spiritual well-being system policy seems essential.

7. Limitations

Present study suffered from some limitations that may limit the application of its findings. Among them is lack of specific diagnostic techniques and genetic testing which made the prognosis inaccurate and affected patients' perception of the prognosis that plays a vital role their mental condition. The other limitation was having same religion and ethnicity. Therefore, determining the role of cultural, religious and ethnic factors was not possible and the results may not be generalizable to other cultures in Iran. So, conducting similar studies in other ethnic backgrounds and if possible comparing the patient's perception of the prognosis with the actual prognosis is recommended.

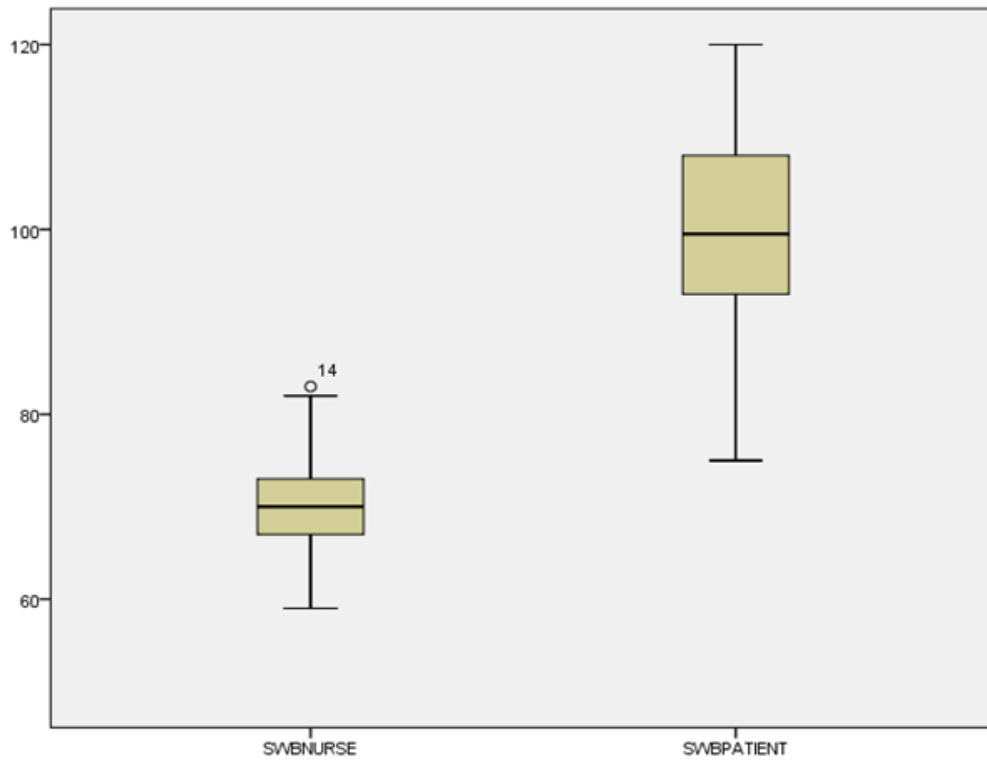
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Appendix A

1: Comparing between nurses and patients spiritual well-being chart



SWBNURSE: Spiritual well-being nurse

SWBPATIENT: Spiritual well-being patient