



CORRELATION BETWEEN SPIRITUAL WELL BEING AND COPING AMONG CANCER PATIENTS

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Abstract: A person with cancer may feel anxious, afraid or overwhelmed. It causes stress in them. Spirituality is an element of patient centered care and a critical factor in the way patients will cope with their illness from diagnosis, treatment, survival and dying. This study was conducted to assess the correlation between Spiritual well being and Coping among cancer patients. The main objectives of the study were: Check the spiritual well being among cancer patients, determine the coping among cancer patients. **Research methodology:** The research design used was correlational survey design. The tools used were personal and clinical data sheet, Modified WHOQOL sub scale to assess spiritual well being and a Modified Spitzberg and Copach's (2008) framework for assessing coping. The sample consisted of 44 subjects with cancer selected by purposive sampling technique. **Results and discussion:** The results showed that majority (56.8 %) of subjects had good spiritual well being and 43.2 percent of subjects had moderate spiritual well being. Majority (72.7 %) of subjects were having good coping and 27.3 percent of subjects were having moderate coping. There was a strong positive correlation between spiritual well being and coping among cancer patients with 'p' value 0.001. The study showed that there was association between spiritual well being and routine praying. There was no

association between coping and the selected patient variables. The study is concluded by stating that strategies to promote spiritual well being is important for promoting coping of cancer patients.

Index terms: Spirituality; Spiritual well being; coping; cancer; correlation.

I. INTRODUCTION

WHO defined health as "a state of complete physical, mental, and social well being and not merely the absence of disease or infirmity"¹. Wellness can be defined as freedom from disease². Wellness is an active process of becoming aware of and making choices toward a healthy and fulfilling life. Wellness is more than being free from illness; it is a dynamic process of change and growth³.

Spiritual Wellness is a personal matter involving values and beliefs that provide a purpose in our lives. While different individuals may have different views of what spiritualism is, it is generally considered to be the search for meaning and purpose in human existence, leading one to strive for a state of harmony with oneself and others while working to balance inner needs with the rest of the world. Some common criteria that fall within the category of spiritual health include belief in a supreme being, unity with a greater force, a guiding sense of meaning and value, an organized religion, balance, introspection and meaning. While all of these aspects are not necessary to be spiritually healthy, addressing the main concepts can provide a foundational understanding to this way of approaching one's health⁴.

Random House Dictionary of English language, 1967 defined spirituality as the "experience or expression of the sacred". In 2001 Astrow defined spirituality as "The search for transcendent meaning"- can be expressed in religious practice or exclusively in relationship to nature, music, the arts, a set of philosophical beliefs or relationships with friends and family". According to Coles(1990), spirituality is the search for meaning in life event and a yearning for connectedness to the universe. Mohr(2006) defined spirituality as "a person's experience of, or a belief in, a power apart from his or her own existence"⁵.

Modern systems of spirituality may include a belief in a supernatural (beyond the known and observable) realm, personal growth, a quest for an ultimate or sacred meaning, religious experience or an encounter with one's own inner dimension⁶.

Spiritual well-being is an integral part of mental, emotional and physical health. It is considered to be a primary coping resource on the journey of recovery and healing. Spiritual well-being can be associated with a specific religion but does not have to be. This practice is merely one's own journey to discover things of importance in life as well as one's place among them. It can be practiced in numerous ways, with its main purpose being to find purpose and meaning in life. Spirituality and faith provide an opportunity to detach from circumstances and observe life with clarity and integrity. Spirituality can either be positive or negative⁷.

Cancer is a group of diseases involving abnormal cell growth with the potential to invade or spread to other parts of the body⁸. The person with cancer may feel anxious, afraid or overwhelmed. It causes stress in them. Spirituality is an element of patient centered care and a critical factor in the way patients will cope with their illness from diagnosis, treatment, survival and dying. Spiritual distress as a diagnosis requires attention and treatment just as any other clinical symptom. Coping refers to the attitudes and behavior used by persons to maintain emotional well being and adjust to the stress. Spirituality can motivate a person toward the use of effective coping strategies. Lazarus and Folkman defined coping as cognitive and behavioral efforts aimed to manage external or internal demands that exceed the resources of the person. They proposed two types of coping strategies: emotion focused coping strategies aimed at alleviating negative emotions and problem focused coping strategies that include efforts to deal with stressful situations directly. There have been a range of suggestions for how spirituality affects coping strategies⁶.

II. OBJECTIVES

Check the spiritual well being among cancer patients

1. Determine the coping among cancer patients
2. Test the correlation between spiritual well being and coping among cancer patients.
3. Identify the association between spiritual well being and selected variables of cancer patients.
4. Determine the association between coping and selected variables of cancer patients.

III. METHODOLOGY

3.1 Study design: A Non experimental research approach was used with a Correlational Survey Design.

3.2 Population and sample: The accessible population were all the cancer patients who met the criteria that the researcher has established and are receiving treatment from Baby Memorial Hospital, Kozhikode. Non probability purposive sampling technique was used. Sample size was calculated by the formula $n = [(Z_{\alpha} + Z_{\beta})^2 / C^2] + 3$.

Inclusion criteria: The sample of the study comprised of 44 cancer patients who were willing to participate in the study, who were in the age group of 18 to 65 years and who could comprehend Malayalam or English.

Exclusion criteria: Patients who were unconscious, having any cognitive impairment, critically ill and having hearing impairment were excluded in this study.

3.3 Setting: The study was conducted in the chemotherapy unit and in the oncology ward of Baby Memorial Hospital, Kozhikode which is a 620 bedded multi-specialty hospital.

3.4 Materials: The data was collected using the following tools:

3.4.1 TOOL 1: Personal data sheet

Section A- socio demographic data

Section B- clinical data

3.4.2 TOOL 2 Rating scale to assess coping- Modified WHO QOL

3.4.3 TOOL 3 Rating scale to assess spiritual well being- Modified Spitzberg and Copach's (2008) framework

3.5 Data collection process: Patients with cancer admitted in the chemotherapy unit and the oncology ward were selected for the study. The investigator gave description about the nature as well as the purpose of the study. The researcher pursued the subject's willingness to participate in the study and obtained informed consent from the patients or significant others. The investigator assured confidentiality and anonymity of their identity and responses. The socio demographic data sheet and the clinical data sheet were completed by the

researcher by asking question as well as with the help of patient's medical records. Modified WHOQOL subscale to assess spiritual well being and Modified Spitzberg and Copach's (2008) framework for assessing coping were given to the patient for filling and the questionnaires were collected back after completing the same.

3.6 Data analysis process:

The data collected were analyzed by using descriptive and inferential statistics

IV Results

Data collected from 44 subjects were analyzed by using descriptive and inferential statistics and SPSS version 18 was used in this study.

Table 1: Frequency and percentage distribution of subjects based on biographical data

Personal characteristics and clinical variables	Frequency	Percentage
Age		
18- 30	3	6.8
31- 43	6	13.6
44- 56	15	34.1
57- 65	20	45.5
Sex		
Male	16	36.4
Female	28	63.6
Religion		
Hindu	29	65.9
Christian	5	11.4
Islam	10	22.7
Religious belief		
Present	41	93.2
Absent	3	6.8
Routine prayers		
Present	40	90.4
Absent	4	9.1
Practice of religious rituals		
Present	30	68.2
Absent	14	31.8

As shown in table 1 a majority of participants (45.5%) belonged to age group of 57-65 years and a percentage of 63.6 were females. Majority of participants (65.9%) belonged to hindu religion and 93.2 percentage of people didn't had any religious beliefs. 90.4 percentage of participants used to do their routine prayers and 68.2 percentage practices religious rituals.

Table 2: Level of spiritual well being of cancer patients

Category(n=44)	F	%
Poor	00	00
Moderate	19	43.2
Good	25	56.8

Analysis of spiritual well being of subjects showed that majority (56.8 %) of subjects were having good spiritual well being and 43.2 percentage of subjects were having moderate spiritual well being and no one had poor spiritual well being(table 2).

Table 3 : Level of coping in cancer patients

Category(n=44)	F	%
Poor	00	00
Moderate	12	27.3
Good	32	72.7

The table 3 shows that 72.7 percentage of subjects were having good coping and 27.3 percentage of subjects were having moderate coping and no one had poor coping.

Table 4: Correlation between spiritual well being and coping

Variables (n=44)	Mean	Standard deviation	Pearson correlation coefficient	p value
Spiritual well being	110.77	9.74	1	0.001
Coping	43.32	3.17		

The correlation between spiritual well being and coping among patients was tested with Pearson Correlation coefficient. The coefficient obtained was 1 with p value of 0.001 at 0.05 level of significance as shown in table 4. This shows a strong correlation between spiritual well being and coping among cancer patients. The data displayed on the scatter diagram (fig 1) resembles a line rising from left to right. Since the slope line is positive, there is a strong positive correlation between the spiritual well being and coping ($r= 1$, 'p' value= 0.001). According to this set of data the higher the spiritual well being score, the higher will be the coping score.

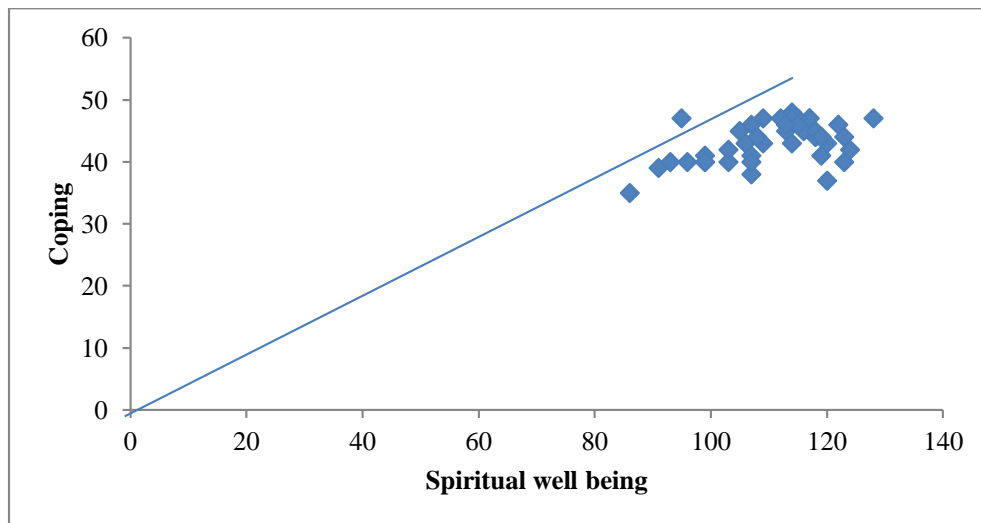


Fig: 1 Scatter diagram showing the correlation between spiritual well being and coping among cancer patients.

Table 5: Association of spiritual well being and coping strategies with selected variables of cancer**patients**

Variables (n=44)	Spiritual well being χ^2 (p value)	Coping χ^2 (p value)
Age	6.367 (0.095)	0.474 (0.924)
Gender	3.824 (0.65)	0.65 (0.798)
Religion	3.073 (0.215)	4.206 (0.122)
Marital status	0.025 (0.988)	0.151 (0.927)
Education	1.082 (0.781)	2.202 (0.532)
Occupation	1.225 (0.874)	2.413 (0.660)
Monthly salary	0.352 (0.950)	7.864 (0.059)
Duration of illness	5.965 (0.113)	2.438 (0.487)
Type of illness	9.695 (0.206)	8.288 (0.308)
Religious beliefs	4.236 (0.73)	0.060 (0.807)
Praying	5.789 (0.029*)	1.146 (0.284)
Rituals	5.940 (0.201)	5.347 (0.216)

Association between spiritual well being and selected variables were tested with chi-square test at 0.05 level of significance Table 5 shows that, there was no association between spiritual well being and selected variables of patient like age, gender, religion, marital status, education, occupation, monthly salary, duration of illness, type of illness, religious beliefs and religious rituals. Table 5 also illustrated that, there was a significant association between spiritual well being and praying.

Association between coping and selected variables were tested with chi-square test at 0.05 level of significance. There was no association between coping and selected variables of patient like age, gender, religion, marital status, education, occupation, monthly salary, duration of illness, type of illness, religious beliefs, praying and religious rituals.

This study have certain limitations like, it was conducted in a single setting which is a coporate multi specialty hospital which limits the generalizability of the study and Non probability purposive sampling technique was used for the study which also limits the generalizability of the finding and subjects were reluctant to participate in the study due to fear of disclosure of information.

DISCUSSION

In the present study the researcher assessed the spiritual well being of cancer patients and found that 56.8 percentage of subjects had good spiritual well being and 43.2 percentage of subjects had moderate spiritual well being and no one had poor spiritual well being. Studies reviewed shows almost similar findings. A qualitative cross sectional descriptive study was done by Helga Martins, Tiago Dias Domingues and Silvia Caldiera to assess spiritual well being of cancer patients undergoing chemotherapy. A convenience sample of 150 participants were included in the study. Data collection instrument was a self-reported questionnaire that included the SWB Questionnaire (SWBQ), whose scores range from 20 to 100. The study concluded as the SWBQ scores were reasonable.⁹

The researcher also assessed coping among cancer patients which showed 72.7 percent of subjects were having good coping and 27.3 percent of subjects were having moderate coping and no one had poor coping. A study that aimed to investigate the relationship between coping styles and QOL in cancer patients was performed on 150 cancer patients (71 females and 79 males) admitted to the hospitals affiliated with Kermanshah University of Medical Sciences. Endler and Parker Coping Inventory for Stressful Situations, and World Health Organization's Quality of Life Questionnaire were used to evaluate their coping style and QOL, respectively. Furthermore, in general, QOL of cancer patients was positively correlated with avoidant coping style ($P < 0.05$, $r : 0.170$) and negatively associated with emotion-focused coping styles ($P < 0.01$, $r : -0.378$). The results suggested that focusing on a patient's coping style, predominantly on an emotion-focused coping style, is essential to improve patient's QOL, and that patients possibly to employ a more emotion-oriented coping style should receive enough notice, particularly before discharge¹⁰.

The study results show a strong positive correlation between spiritual well being and coping among cancer patients. Thus the study findings showed that if there is an increase in spiritual well being, their coping increases. An article explores the role played by spirituality in coping and presents the relationships between spiritual dimensions and coping styles. Spirituality has been considered as an important buffer against stressful events which may help people to overcome their distress and difficulties. The results suggest that three spiritual dimensions, i.e., Religious attitudes, Ethical sensitivity, and Harmony, play an important role in coping processes. The results also showed that there was no statistically significant relationship between Religious attitudes and coping styles¹¹.

Also showed that there is no association between spiritual well being and selected variables other than routine prayers and also there was no association between coping and the selected variables of cancer patients.

CONCLUSION

On the basis of the findings of the study, the following conclusions were drawn:

- The study showed that 56.8 percentage of cancer patients had good spiritual well being and 43.2 percentage of cancer patients had moderate spiritual well being.
- The study also showed that 72.7 percentage of cancer patients were having good coping and 27.3 percentage of cancer patients were having moderate coping.
- There was a positive correlation between spiritual well being and coping among cancer patients.
- There was association between spiritual well being and routine prayers.

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