ORIGINAL ARTICLE

SPIRITUAL ASSESSMENT AND SYMPTOM DISTRESS AMONG CANCER PATIENTS

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ABSTRACT

Objective: To find out the spiritual assessment and physical symptoms distress or discomfort among cancer patients.

Material & Methods: Descriptive cross-sectional study of 168 cancer patients taken from the IRNUM Hospital Peshawar and responses recorded with validated and reliable questionnaires of FACIT-SP and SDS scales.

Results: The median age of the total participants were 43 years. The participants' mean score on the FACIT-SP scale was 42.80, and on SDS scale was 26.88. The negative statistical correlations among the two variables; functional assessment of chronic illness therapy-spiritual well-being (FACIT-SP) and symptom distress scale (SDS) on Pearson correlation (r) was significant and inversely associated ($r = 0.619$, $p < 0.000$).

Conclusion: The results of this study support the hypothesis that spirituality is a predictor and mediator positively associated with the positive outcomes like quality of life, hope, meaning, purpose and satisfaction in life and negatively or inversely associated with negative outcomes of life like physical discomfort and physical distress etc.

Key Words: Cancer, Symptoms distress, Spiritual assessment, Spiritual well-being.

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INTRODUCTION

Religious beliefs and practices have been demonstrated to have positive effects upon illness prevention, recovery from surgery, mental illness, and coping with physical illness.[1-3] Policy, research, and practical guidelines for health care professionals now routinely suggest that spiritual needs are an essential component of holistic health care assessment.[1,4] A couple of evidences suggest spirituality being an integral part in the health care life of patients' and their well-being.[1,5,6] Spiritual health as a component of health accordingly to World Health Organization (WHO) has been studied in various stages and diseases in different populations.[7] It has been shown that in fatal diseases and palliative care spiritual assessment becomes pivotal because it establishes a connection between a person and their supreme being for strengthening faith as well as their transcendental support either to achieve psychological satisfaction as well as preparation for peaceful death.[8] In this instance, the WHO highlighted the provision and assistance of spiritual support specifically in cancer patients and incorporation of their symptoms

management.[9] Religion and spirituality have been associated with health-seeking behaviours.[10] The use of prayers has been described for numerous chronic diseases such as diabetes, various cancer sites, and integrated in a variety of cancer treatments.[11] The use of prayers in persons with chronic diseases has been associated with both more favorable and poorer health outcomes. In one national study, adults with diagnosed chronic diseases, especially cancers, were more likely to use Complementary Alternative Medicine (CAM) (including prayers) within those adults and in the general population of America too. The National Comprehensive Cancer Network (NCCN), an alliance of 20 leading cancer centers in the USA identify spiritual concerns as a symptom of distress in cancer patients and recommends that these should be assessed and managed by healthcare professionals.[10] Despite the established guidelines even in the UK suggest a room for improvement in the spiritual healthcare in the current practices.[11-15] Being diagnosed and living with a life-threatening illness such as cancer is a stressful event that may profoundly affect multiple aspects of an individual's life. Literature found that how cancer is a major public health problem manifests the lives of individuals are mostly in developed countries where the lifestyle and health care facilities are drastically different from the developing countries. Cancer perceiving as one of the horrible and devastating disease with almost poor healthy outcome needs to be studied in Pakistan. This study aims to study the spiritual assessment and symptom distress in cancer patients in Peshawar, Khyber Pakhtunkhwa, Pakistan.

MATERIAL AND METHODS

This is a quantitative research, descriptive in nature. A descriptive cross sectional study was conducted in a public sector specified Oncology hospital of Peshawar. More than 100 patients visit daily to the OPD of the Irnum hospital with different types of cancer diagnosis. The facility of the in-patients admission capacity is there and all those patients diagnosed with cancer was the target population. The data for this study was collected through adopted, validated and reliable likert type questionnaires along with other necessary demographic data. All the elements of ethical concerns were fulfilled including informed consent ensured the right of anonymity, confidentiality and withdrawal. Permission was taken from the institute graduate and ethical committees, our supervisor and director as well as from the director of the said hospital from which the data were collected.

The Raosoft sample size calculator software was used to estimate the sample size and calculated as 168 participants by entering the parameters of anticipatory risk of occurring cancer 12%, 0.05significance level, 95% confidence level, and bound of error 05% with default population size. The data collection process took approximately three weeks, after granted permission from hospital director and respective departments. Data collected by primary investigators through Questionnaires which contained demographic section, 9- items symptom distress scale (SDS), and 12-items spiritual assessment of chronic illness therapy-spiritual well-being (FACIT-SP) on (Likert-type) responses scales. The higher the score indicated more functional assessment of spiritual well-being, and more symptoms distress. Both of the instruments are internationally validated questionnaires.

Each questionnaire was coded with number instead of name to maintain anonymity. Analysis was done by Statistical Package for the Social Sciences (SPSS) version 24.

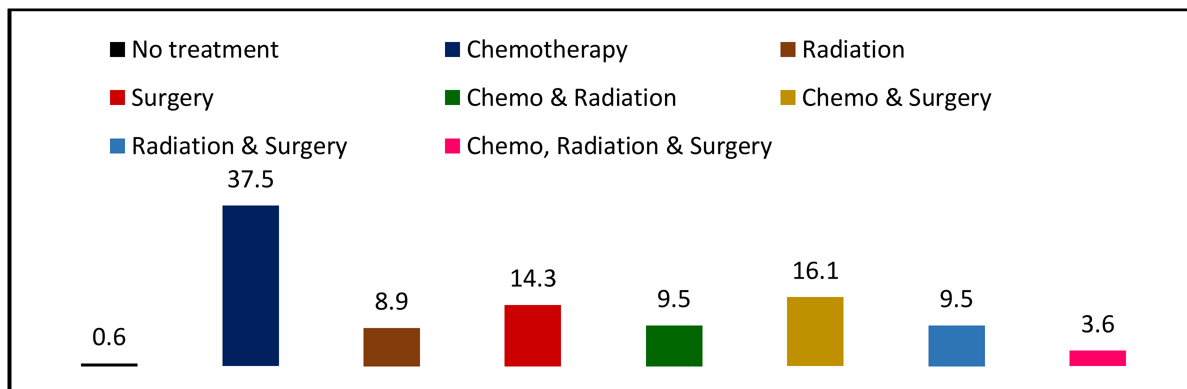
Mean of SDS, FACIT-SP computed. Descriptive analysis (frequencies, percentages & means) depicted by tables and graphs. Pearson t test used to find out association between spiritual assessment and symptom distress.

The study included all the diagnosed cancer patients who were conscious, fully oriented and willing to give data who came to the hospital for seeking and receiving treatment was selected for the collection of the data. All those excluded who had benign cancers, very minor problems which do not need or require oncology treatment, unconscious and complicated patients, advanced staged cancers and under 5 years of age. The sample was drawn by non-probability convenient sampling technique in which the data obtained from the patients who were available at the hospital at that moment.

RESULTS

The 168 participants diagnosed with different types of cancers who were taking various treatment options were selected for the study in a specialized oncology setting meeting the inclusion criteria. Most of the participants in the gender section were female 90 (53.6%). Similarly, married participants were 81.5%, followed by single 16.1% and the last 2.4% were widowed. All the participants were Muslims and their age while collecting data were taken as a whole and kept open in years as a continuous variable. Same is with the duration cancer diagnosed and time passed after that diagnose (follow-up) were taken in months as a continuous variable. The mean age of the participants was 42.80 $\pm$ 16.17 standard deviation and the minimum was 8 years while the maximum 72 years. The mean age of cancer occurred in months was 26.88 $\pm$ 21.59 standard deviation, from the minimum 2 months since diagnosed to the maximum 120 months. The treatments patient receiving or received yet were divided into collectively exhaustive eight possible categories. These included no treatment received 1 person (0.6%), chemotherapy received 63 patients (37.5%), radiation received alone by 15 (8.9%), had surgery by 24 (14.3%), both chemo and radiation by 16 (9.5%), chemo and surgery by 27 (16.1%), radiation and surgery by 16 (9.5%), and all chemo, radiation and surgery by 6 (3.6%) (Graph 1).

Figure 1: Treatment Received type and Percentage



The instrument used to capture spiritual assessment and well-being was the functional assessment of chronic illness therapy-spiritual well-being (FACIT-SP) a 12 items scale on a Likert type scale from “not at all” 0 mark each for a question to “very much” 4 marks for a question stating doing much for enhancing spiritual well-being. The 12-item questionnaire carried 0 marks minimum and 12 x 4 = 48 maximum for a person on average. The three constructs of spiritual well-being was denoted by the four questions each which represent meaning, peace, and faith. The scale was kept open a continuous scale and the highest the mean showed the better the spiritual well-being. The means score of the scale for these participants exhibited a very good score that is 45.08 $\pm$ 5.62 standard deviation. The other scale which measured the physical symptoms of the cancer patients or the degree of discomfort these patients experienced was symptom distress scale (SDS). The scale contained 09 items which were Likert-type responded by no symptom experienced carried 1 mark minimum for each item to almost all the time having experienced that symptom carry maximum 5 points each for that item. So, the minimum score is 9 and the maximum is 9 x 5 = 45. The greater the marks the more is the degree of discomfort or physical distress. The sample in this study showed a mean score of 26.38 $\pm$ 6.31 standard deviation on the symptom distress scale which shows a mild to moderate degree of symptoms distress.

Last but not least was the objective to find association between the two variables spiritual well-being and symptoms distress for the cancer patients. Computed the Pearson correlation test between the mean scores of FACIT-SP and SDS showed a significant negative correlation ($r = -.46$ with a $p < 0.000$). This connotation explains that when the physical distress score decreases the spiritual well-being increases and vice versa. This association is moderate in power, linear in direction and negative or inverse in nature.

DISCUSSION

A Grand National level study conducted and published in the Journal of Alternative and Complementary Medicine upon American cancer patients with multifarious ethnicities predominantly white and among them majorities were women, married or living with a partner with some type of health insurance.[16-22] All patients had history of cancer, 68.5% reported that they had prayed for their own health and 72% reported good or better health status, because of those prayers or spiritual interventions previously.[23-27] Similarly, the inverse association found in the current study is comparable to that study in which praying for own health was inversely associated with good or better health status. The study concluded that the use of prayers and spirituality should be considered by physicians in decision making among cancer patients.[28] Another large cohort study conducted on cancer patients’ rehabilitation among strata’s predominantly in those who had with breast and prostate cancers. Patients were recruited for this study through outpatient clinics at a major university hospital in the Midwest. Significant differences among different strata’s were found in terms of life satisfaction and spirituality, that is, spirituality was found to be strongly associated with quality of life and life satisfaction and a significant predictor for these outcomes among rehabilitation subjects.[29]

Spirituality often is overlooked by healthcare providers, even though several studies have identified aspects of spirituality, such as meaning and purpose in life, prayer, and spiritual perspective, as

beneficial to patients with cancer. Some studies suggested that a link between spirituality and mortality, morbidity, disability, or recovery can be found and spiritual interventions often helpful in risks reduction, somehow 25% if control confounders, in healthy subjects but lack of evidences and constant failures faced to support the hypothesis that religiosity or spirituality slows the progression of cancer or impedes recovery from acute illness.[30]. A cross-sectional co-relational study examined the effects of spirituality on a sense of well-being among women who have had breast cancers. The women were not undergone radiation or chemotherapy for their breast cancers. Additionally, the majority of the participants reported good physical health and functional status on survey items about physical health and function. In terms of spiritual characteristics, 71% of the women believed that they had a close relationship with God. Fifty-one percent of participants reported praying three to four times a day. Religious preferences were Protestant (39%), Catholic (17%), nondenominational (11%), Jewish (4%), and various spiritual groups, such as 12-step programs and support groups. Co-relational analysis of outcome variables (i.e., physical and psychological responses) to sample characteristics showed women with lower symptom distress within those who were employed, had lower stages of cancer and had no metastasis at diagnosis. Women who reported higher psychological well-being also reported lower stages of breast cancer, higher functional status, and closer relationships with God. In comparing the variables (i.e., meaning in life and prayer) to sample characteristics, those reporting more meaning in life were older had better functional status reported closer relationships with God and had greater satisfaction with their income. Women with higher prayer scale scores reported closer relationships with God, lower education levels ($r = -0.37$), and less income to meet their needs. Comparisons between mediator and outcome variables were significant. Meaning in life was positively related to psychological well-being and negatively related to symptom distress. The personal meaning index was positively related to psychological well-being and negatively related to symptom distress. Prayer was positively associated to psychological well-being but not significantly related to symptom distress unlike the current study.[31,32]

CONCLUSION

Certain types of cancers posit a devastated effect on the individuals overall health or holistic condition, even the treatment options offered, contained the hazardous side effects which disturb the balance and comfort of the body. This research was based on the extent how people especially cancer patients perform and maintain their spiritual health status declined by cancer and involved in physical distress and its symptoms magnitude. In the light of study findings, large proportions of cancer patients bound to spiritual interventions and view it as a source to cope with their physical health functions or degree of symptoms distress, which are from the results of disease itself or from the side effects of the treatment. The findings suggest that spiritual health and well-being should be a part of whole health and engagement and strengthening of spiritual beliefs and interventions should be encourage to construct a positive way for the numerous patients to cope in a better way towards well-being through healthy lifestyle.

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