

The Influence of Spiritual Well-being on the Quality of Life of Cancer patients in Palliative care, Chennai.

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KEYWORDS

Palliative care, spiritual well-being.

ABSTRACT

Cancer has become a big threat to India as it has been estimated to have a mortality rate of 0.3 million deaths per day, also there have been recorded 80.6000 existing cases of Cancer patients by the end of the last century. This study is about the influences of spirituality on the quality of life of cancer patients in palliative care. The study was conducted in RMD palliative care and Jeevodaya hospice. All the institutions work with cancer patients who are in their end stage. The researcher used semi-structured interview schedule consisting of Two scales formulated by the European Organization for Research and Treatment of Cancer. The scales were EORTC QLQ- C30 and EORTC QLQ-SWB32. The collected data is analyzed using SPSS software. Pearson's correlation is done to find the relation between spiritual well-being and the Quality of Life of patients. It is found that spiritual well-being has a weak influence on the quality of life. In the Indian context, the patients relate spirituality only to their religious faith and hope. They don't realize how to find meaning in their lives. All the questions answered were about religion, faith, and belief. They live without undergoing much pain, therefore they think their quality of life is good. According to them, pain determines their quality of life. Enhancing their bodily symptoms will not result in a good quality of life. Quality of life is achieved through holistic care. They measure their quality of life in the context of physical well-being and spirituality in the context of religion, due to which the perceived spirituality is different from the actual spirituality.

1. Introduction

According to the report on the global burden of disease, cancer is one of the most life-threatening illnesses and about 10 million people are diagnosed with it, among these 6 million of them die every year, at present 22 million people are suffering from it. It has also been reported that people from low and middle-income countries inexpressively suffer more. Cancer has become a big threat to India where the mortality rate is about 0.3 million deaths per day, and also 80.6000 existing cases of cancer patients in the last century. This study is about the influences of spirituality on the quality of life of cancer patients in palliative care. Whenever it comes to spirituality it is about interconnectedness to something higher than oneself. This article aims to reveal the actual understanding of the spirituality of cancer patients in palliative care centres. This article intends to find out how patients overcome their fears of the end stage and how the idea of actual spirituality pacifies their turbulence of emotions.

SPIRITUAL WELL-BEING FOR A BETTER QUALITY OF LIFE:

Many of the patients stated that they keep religion as personally important^[1], Also the importance of religion is experienced mostly among the minority populations than the majority ones, example the Africans and the blacks were more spiritual than the whites of that particular place, and the religious or spiritual factors help the patients to adapt themselves to the various symptoms of the disease and helps the patients manage them. It often accompanies them during the higher extent of pain, fatigue, and greater difficulties of everyday functioning^[2]. For some patients, the need for their spiritual well-being is not readily satisfied by the religious community and the health care system^[3], as spirituality is more of an internal concept than an external one. It must be felt within and it is not limited to religious rituals and idol worship. Therefore, patients who have satisfied spiritual needs experience a higher quality of life and the patients who are unstable in this context show the lowest quality of life. Patients who suffer from chronic illness, have less possibility to obtain spiritual growth within the treatment trajectory as the health care professionals mostly concentrate on the patient's physical dimension and mental health dimension. Patients in their advanced stages of cancer may face issues and concerns over life and death. The spiritual growth at the end stage may develop peace and meaning in them which eventually helps them with

acceptance and satisfaction of the illness and its consequences.

Spirituality included attaining peace, finding meaning in life, and having faith in an omnipotent power or within themselves. Peace and meaning highly contribute to improving the quality of life whereas faith mostly does not consistently link with the Quality of Life^[4]. Therefore, the positive influence of spiritual well-being is greater than any other well-being like physical, social, emotional functional, etc. Quality of life is the contemplation of how a patient can be better than the actual position of in reality and so the positive influence of spirituality on the quality of life can help cancer patients in the entire process of healing and acceptance^[5]. Spiritual health plays an important role in coping with cancer and also it is very significant in evaluating the quality of life of the patients^[6]. The researchers explained the two domains in the scale, religious and existential, people on testing with this scale showed greater responses to religion than existentialism as people showed greater affinity to religious practices and belief in the phase of crisis and stress and helplessness. The intensity of the spiritual belief of patient is not only related to their age, gender, or marital status but related to their physical symptoms and emotional health. Though spirituality is not in regard with the patient's socio-demographic detail, as anyone irrespective of age, it has a greater role in managing the patient's symptoms and various emotional distress. Spirituality is a special domain that may have some relation to the religiosity that a patient experiences. However, it is not confined to religious activities alone. Spirituality and religiosity are the major coping strategies for survival^[7]. Patients can gradually develop their spirituality in the regular course of treatment that includes spiritual strengthening which can be done by physicians, counsellors social workers, etc., without interference from religious people like Priests and Nuns^[8]. Therefore, it has been concluded that patients especially in terminal centers should be indulged in enhancing their spiritual beliefs for a better quality of life^[9]. According to this research, they say cancer can significantly increase spiritual needs and the inclusion of spiritual needs also corresponds to holistic health care assessment. Better spiritual health contributes to the better management of psychological concerns and helps protect against hopelessness and fear of death^[10]. the cancer patients reported that their spiritual health is the only reason for them to cope with the cancer experience and helps them to be meaningful and find their purpose in life^[11]. The researcher concluded that the assessment of spiritual wellbeing should be done systematically and the incorporation of the spiritual care by the clinical professionals in palliative care is a must. Most of the patients stated their loss of self which would be addressed by the spiritual strengthening therapies. Unlike many other patients, the sample population of this research highlighted their need for death as they would escape from reality which is fully occupied with severe distressing symptoms of the illness^[12]. spirituality would help patients to redefine the worth of the events happening at present, it also helps patients to foresee the meaning of what generates their lives and what disintegrates their lives^[13]. Whenever patients end up with this fatigue they find comfort in spirituality which stimulates them with positive psychological ideas and symptoms to cope with the illness^[14]. Also, patients, who recite prayers regularly could able to handle these problems and could develop their spiritual well-being to cope with this decline in QOL. The regular citation of mantras and prayers and their participation in community activities help them to develop hope for their future and motivate them to strengthen their belief system optimistically^[15]. Spirituality helps patients to deviate from feelings of worthlessness which may trigger them to end their lives^[16]. In some of the studies, spirituality and psychological distress are inversely associated but on further strengthening of the spiritual needs the patients may experience better psychological condition.

2. Materials And Methods:

AREA OF STUDY:

The study is quantitative and was conducted in RMD palliative care and Jeevodaya hospice in Chennai. Both institutions work with cancer patients who are in their end stages. They work with the motive to improve the quality of life of patients. Their main objection is to improve their quality of life, irrespective of their caste, religion, and community. The researcher has chosen these institutions as they offer good quality services, and with their help, it was easy to make samples co-operate and to understand them better.

UNIVERSE OF THE STUDY:

The population in the universe is infinite and cannot be described in definite numbers as it varies each month.

SAMPLING TECHNIQUE:

The researcher used the purposive sampling technique to select patients for this study. The researcher approached patients, explained about it and if willing the patients were included in the study.

ETHICAL CONSIDERATION:

The consent from each of the patients was collected before taking the interview and also confidentiality is maintained regarding their private information.

TOOLS OF DATA COLLECTION:

The researcher used a semi-structured interview schedule consisting of Two scales formulated by the European Organization for Research and Treatment of Cancer. The scales are EORTC QLQ-C30 and EORTC QLQ-SWB32. The other details included by the

researcher in the questionnaire are the sociodemographic details of the patients and the diagnosis of the illness. The patients are interviewed and the questionnaire is filled by the researcher without personal bias.

INCLUSION CRITERIA:

- Cancer patients in palliative care with solid tumors undergoing radiotherapy
- Patients who can understand Tamil and can communicate

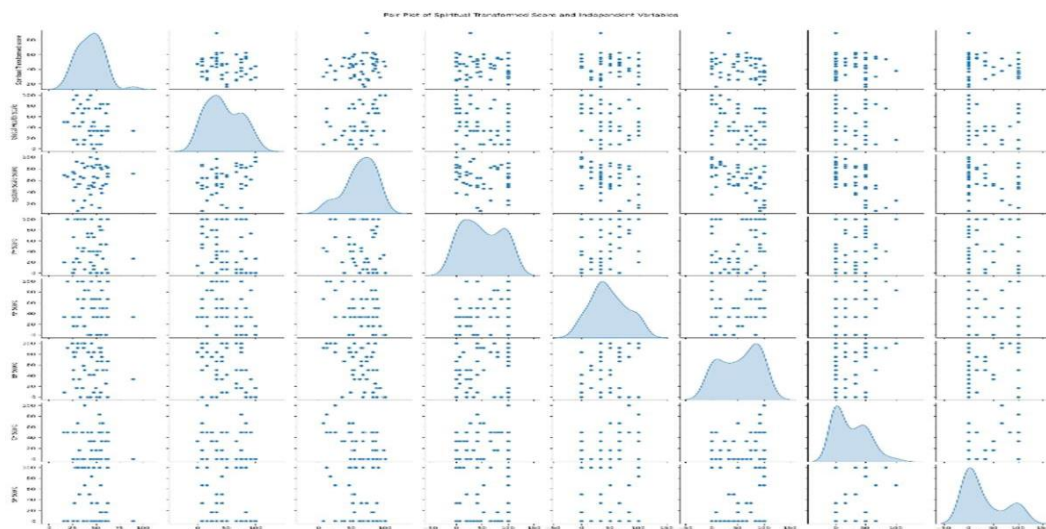
EXCLUSION CRITERIA:

- Patients with other illnesses and in palliative care center.
- Patients who are severely bedridden and unable to respond.

3. Results:

The analysis of the data is obtained with the help of the SPSS Software version 20. The quality of life questionnaire is calculated based on the scoring system provided and its mean is mentioned in table 2 and the overall score of the spiritual well-being scale is mentioned in table 3. Patients' symptoms score and emotional functioning are high compared to other domains in the quality of life questionnaire. Pearson's correlation is done and the findings suggested that most of the correlations are weak (close to 0), indicating no strong linear relationships between spiritual well-being and the other variables. The P values for Global health status, System Scale score, physical functioning (PF), Role functioning (RF), Emotional functioning (EF), Cognitive functioning (CF), and Spiritual Functioning (SF) are 0.4420, 0.3094, 0.8499, 0.9830, 0.1377, 0.9085, 0.6246 respectively which are greater than the typical significance level of 0.05, suggesting that this correlation is not statistically significant.

Table 1 - pair plot provides a visual summary of the relationships between spiritual well-being and various independent variables



The diagonal elements reveal distinct distributions, with the spiritual well-being being skewed and other variables showing varied patterns. The scatter plots indicate weak or no linear relationships between spiritual well-being and the independent variables, consistent with earlier statistical analyses showing non-significant correlations. Overall, the plot suggests weak associations between the dependent and independent variables,

indicating that additional modelling approaches or variables may be needed to better explain the variance in the spiritual well-being of the patients. The results suggest that these independent variables might not be strong predictors of spiritual well-being and also none of the independent variables have a pvalue less than 0.05, so we fail to reject the null hypothesis for all variables. This means there is no significant evidence that any of the independent variables have a meaningful effect on the spiritual well-being of the patients.

Table-2 shows the mean of different domains in Quality of life

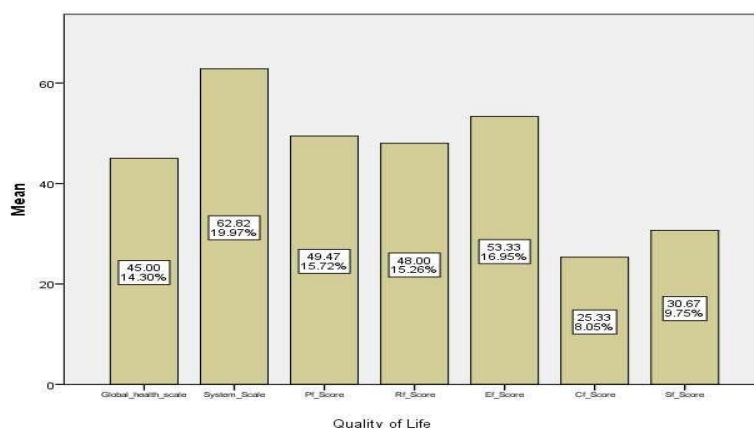
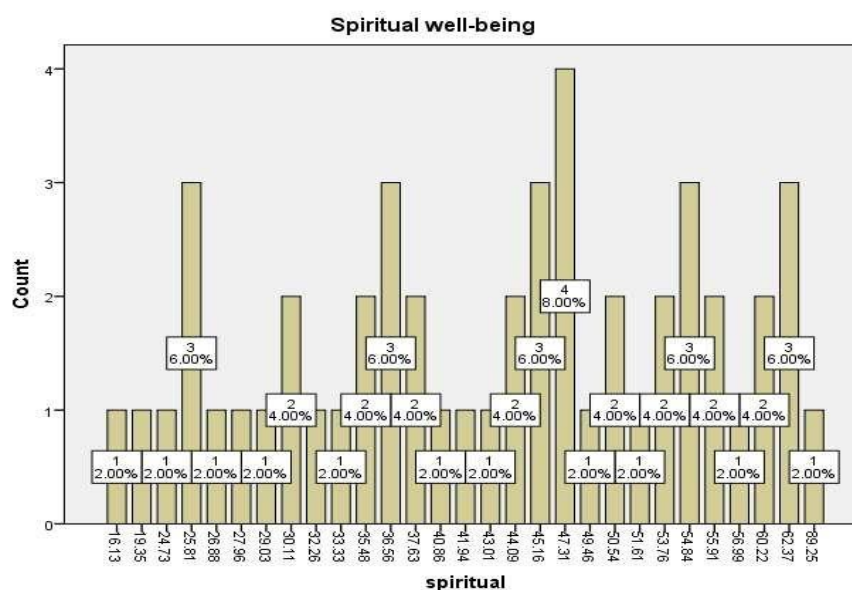


Table 3- shows the spiritual wellbeing of the samples



4. Discussion:

Spirituality has a weak influence on the quality of life of cancer patients. In the Indian context, on observing the patients, they relate spirituality only to their religious faith and hope. They don't give much importance to finding meaning in their life. Spiritual needs are often high in cancer patients, especially in the domain of hope, positivity, gratitude, and peace. Cancer can significantly increase spiritual needs and the inclusion of spiritual needs also corresponds to holistic health care assessment. Usually, patients who have strong spiritual beliefs experience reduced psychological stress and anxiety and the patients themselves consider spiritual component which enhances their lifestyle. However, in this study the patients did not understand the actual spirituality, whenever they rated spirituality they think the religious aspects and beliefs. They believe, doing religious rituals and chanting mantras all the time, visiting temples regularly shows their spiritual strength but it does not improve their overall health much. They feel tense they have a fear of death and a fear about the future, some even believe the illness is because of the karma they committed in the last birth or the past. They do get good care in the palliative care centers that helps them with pain management and so their physical symptoms are considerably managed which makes them to rate good quality of life and the psychological support is also provided. But, they

need help in finding the true essence of spirituality which can help them to calm themselves from all the intrusive thoughts of death. Future research on the topic is indispensable to improve the holistic health of cancer patients suffering from palliative care with increased population size. Research focusing on spirituality and spiritual well-being should be improved as the spiritual domain is the least concentrated one in the areas of quality of life. The professionals in the palliative care centers should focus on the spiritual aspect as well. Palliative care centers should focus on improving the quality of the days the particular patient is going to live rather than striving hard to improve their quantity of life. Patients do have psychological turbulences relating to spirituality as they feel that it is unfair to get this illness and God has punished him for his past sins, which should be addressed. Spirituality is more important than any other domain as it is interconnected to the other domains in improving the overall quality of life. As far as the researcher's observation all the palliative care centers focus only on the management of physical and emotional symptoms, no other therapeutic means were employed to improve their health holistically which must be considered by them.

5. Conclusion:

Human beings have spirits that pave the way for their overall well-being. The spirit of the being should be in an optimistic view for healthy living. Whenever a person encounters any illness they may have some differences or variations in their spiritual wellbeing. Quality of life is achieved through holistic care. With the above results, patients identify spirituality as religiosity and have immense faith but that faith has no relationship in improving the Quality of Life of them. Actual quality of life will be improved, which is lagging among the samples of the study. In conclusion, patients start to rely more on God and religious rituals when they come to know there's nothing they can do as it is not curative, they rely on the omnipotent power for a painless and peaceful death. Finally, Spirituality lives everywhere but people cannot understand the real meaning and worth of it.

ARTICLE INFORMATION AND DECLARATIONS:

Acknowledgment:

None

Data availability statement:

The required data presented in the study is given in the article, further inquiries can be directed to the corresponding author.

Ethics statement:

Consent was obtained individually from the patients and the organization in which the study was conducted. Ethical clearance is not needed.

Author contributions:

Conceptualization, literature survey, methodology, data collection, data analysis, and original draft writing.

Conflict of Interest:

None

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Reference

- [1] Andrea L. Canada, & George, F. (2010). *psycho-oncology* (2 ed.). Oxford University Press.
- [2] Balboni T.A., Vanderwerker, L.C., et al., (2007). Religiousness and spiritual support among the advanced cancer patients and associations with end of life treatment preferences and quality of life, *Journal of Clinical Oncology*, 25, 555-560.
- [3] Bethany T. Samuelson, E. K. (2012, september). Changes in spirituality and quality of life in patients undergoing radiation therapy. *The American Journal of Hospice and Palliative care.*, 29(6), 449-454.

- [4] Mei Bai, & Mark Lazenby. (2015, march 1). A Systematic review of associations between Spiritual well-being and Quality of life at the scale and factor levels in studies among patients with cancer. *Journal of Palliative Medicine*, 18(3), 286-298.
- [5] Rafat Mohebbifar, Amir H Pakpour, Azin Nahvijou, & Atefeh Sadeghi. (2015). Relationship between Spiritual health and quality of life in patients with cancer. *Asian Pacific Journal of Cancer prevention*, 16, 7321-7326.
- [6] Jahani. A., et al., (2012). The Relationship Between Spiritual Health and the Quality of Life in Patients with Coronary Artery Disease. *Islamic Lifestyle Centered on Health* 1(2): 17-21.
- [7] O' Mahony. S (2010). *Journal of Marriage and Families*, 1999-2009: A Relational Spirituality Framework.
- [8] Bovero A, Leombruni P, Miniotti M, & Torta R. (2016). Spirituality, quality of life, psychological adjustment, in terminal cancer patients in Hospice. *European Journal of Cancer Care*, 25, 961-969.
- [9] A Kandasamy, S. C. (2011). Spirituality, distress, depression, anxiety and quality of life in patients with advanced cancer. *Indian Journal of Cancer*, 48(1), 55-59.
- [10] Srinagesh Simha, S. N. (2013, August 21). Spiritual Concerns in Hindu Cancer Patients undergoing Palliative Care: A qualitative Study. *Indian Journal of Palliative Care*, 19(2), 99-105.
- [11] Nicolas Vonarx, S.-R. H. (2013). Religion, Spirituality, and Cancer: The Question of Individual Empowerment. *Integrative Cancer Therapies*, 12(1), 69-80.
- [12] Shirley Lewis, N. S. (2014). Spiritual well-being and its influence on fatigue in patients undergoing active cancer directed treatment: A correlational study. *Journal of*
- [13] *Cancer Research and Therapeutics.*, 10(3), 676-680.
- [14] Parveen Chagani, Y. P. (2017, June). Quality of life and its determinants in Adult Cancer Patients Undergoing Chemotherapy Treatment in Pakistan. *Asia-Pacific Journal of Oncology Nursing.*, 4(2), 140-146.
- [15] Devaki Nandan Sharma, G. K. (2018). The Spiritual belief and Quality of life of Cancer patients: A correlational Enquiry. *Madhya Bharti* , 159-246.
- [16] Vidhya D.C, S. G. (2016, june). Spirituality and its association with psychological distress in cancer patients and attending a tertiary care hospital in Bangalore, India.
- [17] *International Journal of Community Medicine and Public Health*, 3(7), 1812-1815.
- [18] Brady, A. (2019, october 10). Religion Vs Spirituality: What is the difference? The Chopra Centre.
- [19] Britain, A. (Ed.). (2003). *CANCER: What causes it, What Doesn't*. American Cancer Society.
- [20] Krentzman, A.R. (2016). University of Minnesota. Retrieved from www.takingcharge.csh.umn.edu.
- [21] David Hui, E. B. (2016, March). Integrating Palliative care in to the trajectory of Cancer care. *Nature Reviews. Clinical Oncology*, 13(3), 159- 171.
- [22] Irman Ali, W. A. (2011). Cancer scenario in India with Future Perspective. *Cancer Therapy*, 8, 56-70.
- [23] "Quality of Life: How Good is Life for You?". University of Toronto Quality of Life Research Unit. Retrieved 14 October 2009.
- [24] IARC cancer epidemiology databases, including GLOBOCAN 2000 and the WHO Cancer Mortality Database: <http://www-dep.iarc.fr/>
- [25] Sankhe, K. D. (2017). Spiritual Care Therapy on Quality of Life in Cancer Patients and Their Caregivers: A Prospective Non- randomized Single - Cohort Study. *Journal of Religion and Health*, 56, 725-731.
- [26] Francisca Rego, C. P. (2018). The Psychological and Spiritual Dimensions of Palliative Care: A Descriptive Systematic Review. *Neuropsychiatry(london)*, 8(2), 484-494.
- [27] Lee, Y. H. (2019). Spiritual Care for Cancer Patients. *Asia-Pacific journal of oncology Nursing*, 6(2), 101-103.
- [28] Lu Xing, Xiujing Guo, Lu Bai, Jiahui Qian, & Jing Chen. (2018, August 21). Are Spiritual interventions beneficial to patients with cancer? *Medicine*.
- [29] Mansoorh Azizzadeh Forouzi, B. T. (2017, Oct-Dec). Spiritual needs and quality of life of Patients with Cancer. *Indian journal of palliative Care.*, 23(4), 437-444.
- [30] Mei Bai, Mark Lazenby, Sangchoon Jeon , Jnae Dixon, & Ruth Mccorkle. (2014, June 1). Exploring the relationship between spiritual well-being and quality of life among patients newly diagnosed with advanced cancer. *Palliative and supportive care*, 1-9.
- [31] Michael W. Rabow, & Sarah J. Knish. (2015). Spiritual well-being among outpatients with cancer receiving concurrent oncologic and palliative care. *Support Care Cancer*, 23, 919-923.
- [32] Shalini Sunderam, S. H. (2016, June). Assessment of quality of life of cancer patients attending Oncology Clinic in a tertiary care hospital of Jharkhand, India. *International Journal of Community Medicine and Public Health.*, 3(1), 281-286.