RESEARCH ARTICLE

Spiritual Needs of Patients with Cancer Referred to Alinasab and Shahid Ghazi Tabatabaie Hospitals of Tabriz, Iran

Akram Ghahramanian[1], Abdollah Khorrami Markani[2]*, Arefeh Davoodi[1], Ahad Bahrami[1]

Abstract

Background: Patients' spiritual needs increase drastically after a diagnosis of cancer because of its threatening nature. It is very important to recognize any spiritual crisis. This study aimed to determine needs among Iranian patients with cancer. Materials and Methods: This cross-sectional study was undertaken among 200 patients with cancer referred to Alinasab and Shahid Ghazi Tabatabaie hospitals of Tabriz, Iran. The Spiritual Needs Scale was used for data collection. Results: The mean age of participants was 45.9±16.4 years. The majority expressed their main spiritual wishes as "think to God", "trust to God", "see others happy", "try for life beside the disease", "to be prayed for by others', and "need for kindness and help others". Regarding the relationship between demographic characteristics, factors related to disease and the total score of spiritual needs, the results of chi-square tests showed a significant statistical correlations with occupation (p=0.01) and number of children (p=0.03) . Also the results of Pearson correlation showed that there is a significant statistical correlation between hospitalization frequency and patients' spiritual needs (p<0.01, r=-0.24). Conclusions: Determination of spiritual needs of patients with cancer in this study can help health carers and especially nurses to design appropriate spiritual care programs based on individual preferences.

Keywords: Spiritual needs - cancer patients - Iran

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Introduction

Cancer, one of the most common, chronic and non-contagious diseases, is the cause of 9% of mortalities worldwide (White, 2005). After cardiovascular diseases, it is the second death cause in developed countries and the fourth in developing countries. According to the statistics, totally 50millions deaths occur annually that more than 5millions is related to cancer(Held et al., 2009).

Cancer treatment, in most cases with invasive methods such as surgery, radiation therapy and chemotherapy can result in changes in patient appearance and finally disorder in body image of patients. Because of the chronic nature of cancer, patients have to accept long treatment with poisonous chemicals drugs, and tolerate change and psychological and mental problems. Various hospitalizations as the result of cancer recurrence and conflict feeling prevent from normal life and treatment procedures cause fear and anxiety in patients (Tehrani, 2003).

Patients' spiritual needs increase drastically after diagnosing cancer because of its threatening nature. Their self-confidence and religious beliefs will be endangered and interpersonal relations can be disturbed because of lack of reliance to future. Perhaps more than any other profession medicine gives power to its practitioners. "It is difficult to remain emperor in front of a physician" claims the Roman emperor Adrian in his memories. While I cannot identify a single experience as a turning point, certainly an accumulation of experiences, personal and professional contributed to the abandonment of this facade and the embracement of the spiritual dimension in the practice of medicine (Balducci, 2010).

Also, previous compatibility mechanisms seem inappropriate and frequent hospitalizations induce solitude to the patient. The main reason of anxiety in these patients is fear of death. They suffer from spiritual grief in finding life meaning and purpose, death and also events after death. All these cases finally cause spiritual crisis in the patients (Brunjes, 2010a). Spiritual pain/ suffering is commonly experienced by persons with life-limiting illness and their families. Physical pain

*[1]Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, [2]Faculty of Nursing and Midwifery, Urmia University of Medical Sciences of Khoy Branch, Khoy, Iran *For correspondence: khorami.abdolah@gmail.com*

itself can be exacerbated by non-physical causes such as fear, anxiety, grief, unresolved guilt, depression and unmet spiritual meets. Likewise, the inability to manage physical pain well can be due to emotional and spiritual needs(Brunjes, 2010b).

It is very important to recognize individual's spiritual needs in spiritual crisis. These needs include need to confide in God, believe in God, and also believe in life meaning and need to be hopeful(Taylor et al., 2015). Nurses strive to provide holistic care, including spiritual care, for all patients. However, In most care environments especially complex and crowded situations such as cancer care, nurses often feel driven to focus on patients' physical care, possibly at the expense of emotional and spiritual care (Abu-El-Noor). On the other hand considering the importance of patient satisfaction in the health system, evidence suggests addressing spiritual needs was positively associated with overall satisfaction (Hodge et al., 2016). Joint commission on Accreditation of Healthcare organizations has considered the spiritual dimensions and sources as parts of patients' rights standards (Held et al., 2009). Shelly and Fish regarded spiritual needs as the need to find the meaning of life, need to love and forgive that exist in all mankind (Shelly, 2001). Religious acts include worshipping, reading holly books such as Quran, confessing the sin and repenting, retreating for pray, rebuilding threatened beliefs, searching the meaning of grief, and talking to religious leaders (Toivonen et al., 2015) As the essence of health in humans, spiritual health is a fundamental concept for discussing chronic diseases such as cancer and a major approach for improving quality of life in patients is through creating meaningfulness and purpose (Mohebbifar et al., 2015). According to the results of studies, paying attention to spiritual needs of patients with cancer and providing support, feeling, kindness, respect, empathy, peace, relations, approval, acceptance and care for them can decrease their anxiety and depression and as a result decrease their mortality (McClain-Jacobson et al., 2004; McSherry, 2006)

Respecting the patient with cancer as a human being creates reliance between patient and nurse and this reliance helps the patient to talk to his/her career freely about spiritual matters. Respect includes diagnosing and considering special values and life plans of patient with cancer and career's desire to recognize patients' spiritual needs, sources and preferences (Zamanian et al., 2015) Cancer destroys not only the physical well-being of the patients but also threatens the social, functional, and emotional well-being of the patients (Zamanian et al., 2015).

Based on the studies, nurses don't meet the spiritual and emotional needs of patients thoroughly so the patients experience mental tensions like depression and anxiety and may then suffer from posttraumatic distress (Clark et al., 2003). Mental tension includes spiritual concerns that can appear as anger, anxiety, stress and depression and can have negative effect on physical dimensions of health. There is a close relationship between patients' satisfaction with nursing services and meeting their spiritual and emotional needs (Shelly, 2001). Spiritual pain/suffering is commonly experienced by persons with life-limiting illness and their families. Physical pain itself can be exacerbated by non-physical causes such as fear, anxiety, grief, unresolved guilt, depression and unmet spiritual meets. Likewise, the inability to manage physical pain well can be due to emotional and spiritual needs. This is why a holistic, interdisciplinary assessment of pain and suffering is required for each patient and family. The mind, body and spirit are understood in relationship to each other and, in those cases, in relationship to a deity or deities are important to understand. Cultural interpretations of pain and suffering may conflict with the goals of palliative care. Understanding the spiritual framework of the patient and family can help to assure that the physical and spiritual suffering of the patient can be eliminated to provide a peaceful (Brunjes, 2010b).

Regarding the importance of spiritual needs in patients with cancer and recognizing them by nurses and other experts, this study was carried out for determining the spiritual needs of patients with cancer hospitalized in Alinasab and Shahid Ghazi Tabatabaie hospitals of Tabriz-Iran.

Materials and Methods

This is a cross-sectional study with 200 subjects of patients with cancer. The statistical population of the study is all the patients with cancer referred to Alinasab and Shahid Ghazi Tabatabaie hospitals of Tabriz. Shahid Ghazi Tabatabaie hospital is the only professional center of cancer treatment in Tabriz and a referral center in Northwest of Iran, and Alinasab hospital is the only center of cancer treatment covering social insurance in the northwest region. The inclusion criteria of the study were: having cancer based on physician diagnosis, being aware of the disease, having the ability to communicate and answer the questions, elapsing at least two months after the diagnosis, and being more than 18 years old. The exclusion criteria were: having intense psychological disease like schizophrenia, depression or other intense disorders based on physician's diagnosis.

Data collection tool was "spiritual needs scale" designed by Hatamipour etal. (2013) including 38 items in 5 subscales of " religious need during to disease ", "need to meaning and purpose", "need to communicate", "need to peace" and "need to support and independence" grading in 6-point likert scale (from very low to very high). In their study scale validity was confirmed by 4 methods of content validity, face validity, construct validity and convergent validity (r=0.74) and its reliability was confirmed by internal consistency by Cronbach alpha coefficient (α=0.81) and test-retest (r=0.89). Sample size was determined 200 patients with cancer regarding 80% statistical power and 95% confidence interval using a pilot study with 20 patients with cancer. The samples entered the study by convenience sampling and after the ethical considerations and administrative approvals. Before the sampling, some issues were explained to the patients including the purpose of the study and its advantages, the secrecy of the data, and leaving the study and they signed the informed consent form. The spiritual needs scale were

filled by interview with patient and the data related to the disease were extracted from patients' medical record. The data were then coded and entered the computer and analyzed by SPSS v16. The most important spiritual needs of patients were recognized after statistical analysis.

Results

According to the results of the study, the mean age of participants was 45.92±16.4. Fifty four of participants were male, 77.2% were married, 31.3% had diploma, and 27.4% were housewives. The income of 27.4% was less than expenditure in a month, most of them were Shia, 83.1% went under chemotherapy, 73.3% had the history of surgery and 31% had the history of radiation therapy.

Considering "religious needs during disease", the highest mean scores were related to the items of "Think to God frequently." and "I need to trust to God" and the lowest mean score was related to the item "I need to talk to a clergyman about my fears and concerns" (Table 1).

In the need to "finding the meaning and purpose", the highest mean was related to "I need to see others happy" and the lowest mean score was related to "I need to know the reason and meaning of my disease" (Table 2).

In the subscale of "need to peace", the highest mean score was related to "I need to try for life beside my disease" and the lowest mean score was related to "I need to help people" (Table 3).

Considering "the need to communicate", the highest mean score was related to "I need to be prayed by others" and the lowest mean score was related to "receive spirit and comfort from others" (Table 4).

In relation to "need to support and independence", the highest mean score was related to "I need to be kind others with me and help me more than before" and the lowest mean score was related to "I need to be understood by others regarding my situation and problems" (Table 5).

Regarding the relationship between demographic

Table 1. Frequency of Patient Answers in Relation to "Religious Needs" during the Disease

Number	Items/ During the disease, I need to…	mean±sd	very low	Low	average	High	very high	No Idea
1	Perform religious acts more than before.	3.35±0.88	-	26(13.1)	37(18.6)	118(59.3)	13(6.5)	4(2)
2	Access the necessary equipment to perform religious acts	3.32±0.79	-	20(10.2)	42(21.3)	120(60.9)	12(6.1)	3(1.5)
3	Strengthen my religious beliefs.	3.56±0.89	-	35(17.6)	60(30.2)	89(44.7)	13(6.5)	2(1)
4	Go to religious places.	3.64±1.07	-	49(24.6)	51(25.6)	70(35.2)	25(12.6)	3(1.5)
5	Resort to Imams.	3.92±096	-	70(35)	54(27)	62(31)	13(6.5)	-
6	Think to God frequently.	3.92±0.93	-	69(7.34)	48(24.1)	77(38.7)	3(1.5)	1(0.5)
7	Trust to God.	3.13±1.30	9(4.5)	19(9.5)	47(23.6)	64(32.2)	34(17.1)	26(13.1)
8	Talk to a religious person about my fears and concerns.	3.67±1.08	1(0.5)	52(26.1)	61(30.7)	59(29.6)	19(9.5)	7(3.5)

Table 2. Frequency of Patient Answers in Relation to "Finding the Meaning and Purpose" during the Disease

Number	Items/ During the disease, I need to…	mean±sd	very low	Low	average	High	very high	No Idea
1	know the reason and meaning of my disease	3.39±1.21	2(1)	40(20)	54(27)	58(29)	31(15.5)	15(7.5)
2	Have an overview in my life and acts.	3.40±1.22	5(2.5)	32(16)	63(31.5)	55(27.5)	29(14.5)	16(8)
3	Complete my incomplete actions.	3.56±1.16	2(1)	47(23.6)	59(29.6)	54(27.1)	27(13.6)	10(5)
4	Appreciate the rest of my life and my opportunities	3.56±1.17	-	59(29.6)	39(19.6)	65(32.7)	27(13.6)	9(4.5)
5	Accept my disease	3.53±0.88	3(1.5)	22(11.1)	71(35.7)	91(45.7)	7(3.5)	5(2.5)
6	Succeed in life	3.58±0.95	5(2.5)	48(24)	72(36)	66(33)	6(3)	3(1.5)
7	See others happy	3.89±0.89	1(0.5)	53(27.2)	77(39.5)	55(28.2)	7(3.6)	2(19)

Table 3. Frequency of Patient Answers in Relation to "Need for Peace" during the Disease

Number	Items/ During the disease, I need to…	mean±sd	very low	Low	average	High	very high	No Idea
1	Have a good mood	3.89 ±0.91	2(1)	51(25.8)	82(41.4)	55(27.8)	4(2)	4(2)
2	Be given the power by God to face with disease.	3.89 ±0.89	1(0.5)	63(31.7)	72(36.2)	57(28.6)	3(1.5)	3(1.5)
3	Try for life beside my disease	3.96 ±0.20	1(0.5)	50(25.1)	87(43.7)	51(25.6)	5(2.5)	5(2.5)
4	To be forgiven	3.87 ±0.91	5(2.5)	55(27.6)	68(34.2)	46(23.1)	21(10.6)	4(2)
5	To be hopeful.	3.82 ±1.08	2(1)	53(26.8)	62(31.3)	64(32.3)	13(6.6)	4(2)
6	Have my needs met respectably by doctors and nurses.	3.77 ±1.01	4(2)	55(27.6)	72(36.2)	53(26.6)	12(6)	3(1.5)
7	To have others (family members, relatives, neighbors, and friends) behave normally with me.	3.88±0.99	6(3)	45(22.6)	76(38.2)	60(30.2)	9(4.5)	3(1.5)
8	To have others be satisfied with me	3.84±0.97	2(1)	49(24.6)	74(37.2)	58(29.1)	13(6.5)	3(1.5)
9	Live without anxiety	3.79±0.96	6(3)	38(19)	85(42.5)	52(26)	12(6)	7(3.5)
10	Help people	3.76±1.03	1(0.5)	46(23.2)	60(30.3)	71(35.9)	11(5.6)	9(4.5)

Table 4. Frequency of Patient Answers in Relation to "the Need to Communicate" during the Disease

Number	Items/ During the disease, I need to…	mean±sd	very low	Low	average	High	very high	No Idea
1	Be met by others	3.63±1.05	6(3)	20(10)	69(34.5)	78(39)	18(9)	9(4.5)
2	Be given good mood and relief	3.45±1.04	4(2)	38(19.1)	58(28.7)	76(38.2)	12(6)	11(5.5)
3	Be with others	3.56±1.09	2(1)	42(20.8)	68(34.2)	64(32.2)	13(6.5)	10(5)
4	Be with my family and friends	3.62±1.07	2(1)	53(27)	69(35.2)	60(35.2)	5(2.6)	7(3.6)
5	Have the family prefer my health to other things	3.82±1	4(2)	54(27.1)	80(40.2)	50(25.1)	6(3)	5(2.5)
6	Be prayed by others	3.92±0.97	6(3)	50(25)	74(37)	57(28.5)	9(4.5)	4(2)

Table 5. Frequency of Patient Answers in Relation to "Need to Support and Independence" during the Disease

Number	Items/ During the disease, I need to…	mean±sd	very low	Low	average	High	very high	No Idea
1	Be kind others with me and help me more than before	3.87±1	10(5.1)	36(18.3)	70(35.5)	54(27.4)	20(10.2)	7(3.6)
2	Be respected	3.70±1.14	1(0.5)	38(19.2)	78(39.4)	64(32.3)	9(4.5)	8(4)
3	Have a role in decisions about myself	3.66±0.98	3(1.5)	35(17.7)	78(39.4)	61(30.8)	15(7.6)	6(3)
4	Be in a quiet place.	3.65±1	2(1)	36(18.2)	71(35.9)	74(37.4)	8(4)	7(3.5)
5	Be understood by others regarding my situation and problems.	3.64±0.97	2(1)	33(16.5)	83(41.5)	65(32.5)	11(5.5)	6(3)
6	Be independent in doing my own works	3.66±0.95	6(3.1)	41(20.9)	62(31.6)	64(32.7)	15(7.7)	8(4.1)

characteristics and factors related to disease of patients with cancer and the total score of spiritual needs during the disease, the results of chi-square showed that there is a significant statistical correlation between spiritual needs score and occupation ($p=0.01$) and number of children ($p=0.03$) during the disease. Also the results of Pearson correlation showed that there is a significant statistical correlation between hospitalization number and patients' spiritual needs score ($p<0.01$, $r=-0.24$)

Discussion

Spiritual needs of 200 patients with cancer were determined in this cross-sectional study. This diagnosis helps health careers especially nurses to design appropriate spiritual care program based on patients' spiritual needs. Hatamipour etal emphasize spiritual needs of cancer patients should be recognized, realized, and considered in care of patients by the medical team. An all-out support of health system policy makers to meet patients' spiritual needs is particularly important. (Hatamipour et al., 2015).

Regarding to religious needs, one of the most important results of this study that the patients with cancer expressed during their disease, was the need to "think to God" and "trust to God". FThis result corresponded with the results of the study by Bussing et al.(Bussing et al., 2010). In their study, religious needs were the most important need for patients with cancer. Also, their study showed that religious needs of patients with cancer and meeting those needs are more important than the needs of patients with chronic and debilitating diseases. In another study by Bussing et al. carried out on Chinese patients with cancer (Bussing et al., 2010; Bussing et al., 2013), religious, thinking, and releasing needs are less important than gift buying, peace and internal relief needs which do not correspond with the results of this study. The reason of this paradox can be related to religious discrepancies between the samples of two studies. The importance of this dimension of spiritual needs Higgins (Higgins, 2013) revealed for achieving good practice in this aspect, staff in care homes should aware of residents' life histories and preferences, including their faith practices.

Considering disease meaning and life purpose, the item of "I need to see others happy" was the most important in patients' viewpoint and the item of "I need to know the reason and meaning of disease" was the least important. In this field, Murray et al. found out in their study that in patients' idea paying attention to spiritual needs like love, meaning, purpose and sublimation were significantly important (Murray et al., 2004). Their study showed paradoxical patterns of spiritual needs and matters in patients with lung cancer and heart failure. It seems that the reason why patients expressed they don't need to know the reason and meaning of their disease was related to their lack of spiritual knowledge especially their existential spiritual needs which led to the lack of correspondence between the results of two studies.

Another result of the study can be spiritual need in "need to peace". In this dimension, the patients' most need was "trying to live beside disease". This result corresponds with the results of the study by Bussing et al.(Bussing et al., 2010). They found out that four needs of religious, internal peace, existence (reflection/meaning) and being active were the most important spiritual needs of patients with cancer. Considering the need to understand the meaning of disease, the result of this study corresponded with the result of the study by Bussing et al. because in the present study this need was less important in patients' viewpoint.

The patients participated in this study needed to be prayed by others. This result corresponds with the results of the study by Galek et al. in which belonging or loving was one of the seven important constructs of spiritual needs (Galek et al., 2005). Bussing study showed that gift buying and forgiving others are the sub-scales of measuring spiritual need construct which correspond with the results of the present study (Bussing et al., 2013).

The final result about spiritual needs of patients with cancer concerning "need to support and independence" was related to the item "I need to be kind others with

me and help me more than before" which is expressed by most patients as an important spiritual need. Other studies also highlight the importance of support by family and caregivers from the patient's perspective through treatment of cancer (Given et al., 2001; Hatamipour et al., 2015). Grant et al. (2004) in their study showed that patients with cancer were worried about losing their roles, identity and death. They were also anxious, hopeless, and insomniac which resulted to be supported by professional health staff. They concluded that equipping patients to face with their spiritual needs by professional health staff may improve life quality and decrease using health sources (19). This result almost corresponds with the last result of the present study.

Conclusion

In this study, Muslim patients with cancer expressed their spiritual needs in pre-designed and constructed items. Considering the emphasis of Islam on theology and monotheism and interwoven nature of religious and spiritual matters, the possibility of finding other patients' spiritual needs through semi-constructed interviews and qualitative researches is expected although participated patients in this study expressed their main spiritual needs as needs to "think to God", "trust to God", "see others happy", "try for life beside the disease", "to be prayed by others', and "need to be kind others". Diagnosing spiritual needs of patients with cancer enables treatment staff to try to have appropriate nursing interventions in order to meet the spiritual needs and promote patients' spiritual health.

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