



The impact of spiritual care on the general health of cancer patients in palliative care clinic of Sayed-o Shohada Hospital in the city of Isfahan, 2013

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ABSTRACT

In order for patients to relief cancer treatments effects and also to make an adaptation to medical problems, cancer seeks for some intervening things. The spiritual care is among these things. Due to the special condition and chronic disease of cancer patients, spiritual care is of a great importance. This study aims at finding the influence of spiritual care on general health of patients suffering from cancer in palliative care clinic of Sayed-o Shohada hospital. this study is a semi empirical study conducted in 2 phases with 2 groups in pretest and posttest design. 60 cancer patients of Imam Reza clinic and the palliative medical center in there, in a statistical method in two intervening and control groups, were examined in this study for 3 months. The general health questionnaire filled before and after spiritual care for each group. All the obtained data of this study were coded and analyzed with SPSS18 software in descriptive and inferential statistical methods (qui square, paired t test and independent t test). The mean of pretest scores for general health of the intervening and control groups has got no meaningful statistical difference. ($p=0.685$) But mean for general health scores in intervening group has got a meaningful and considerable difference before and after spiritual cares. ($p=0.001$). Findings of this study shows that spiritual care of cancer patients decreases the physical sign problems, anxiety, sleep disorders, depression and disorders in their social functions. Also the research results have demonstrated that spiritual care increases the health rate of these patients. So nurses can exploit spiritual care in order for increasing the health rate of patients.

Key words: Cancer, General health, Nurse care, Spiritual care.

INTRODUCTION

Disorders and effects are created to all dimension of health in a period of cancer diseases. Along with these disease effects, the selected treatments for cancer make some side effects as well. Hence they cause some physical changes which may affect self awareness, self confidence, self esteem and sense of admissibility of the patient. Hajiyan et al, (2007) state that various cancer effects may influence mental and social aspects of patient life. Studies show that each type of cancer may have effects such as tiredness, mental and spiritual problems, and disease denial, disorders in the subjective image of a patient due to the change in the form and function of body members and also time of illness itself. (Jun, 2011)

Camer (2001) points out that problems like sleep disorders, anxiety, feeling of seclusion and dissociable, disturbance in interpersonal interaction, losing the feeling of independence in life are also among these effects. "Patients pass and experience steps and feelings like depression, anger and disease denial." Keshvari (2011)

Moreover; after completing the treatment period, patients enter another phase which has its special problems. Almost all patients worry about the passing time of the disease treatment and its effects, remission or not and interaction with other members of their family. (Epplein, 2010)

Finally, it should be said that this disease and its treatment effects influence individual's health and cause disorders in life aspects of a patient. Care of these patients should not just depend to disease and its treatment but rather the nurse care of them should be by their characters and requirements. (Rahnama, 2006)

Studies demonstrate that in order to adapt themselves to medical problems, patients seek for some interventions which will be possible out of medical clinics. Elison et al (2012), shows that spirituality and religion can be used as a Complementary and Alternative Medicine (CAM). According to World Health Organization (2009), they can be used as a part of palliative care and all cancer patients need palliative and mental-social care which is in harmony to their culture.

World Health Organization (WHO) defines spirituality as one of dimensions of health. Accordingly Habib zade writes that spiritual dimension of human is of a special importance like its biological, psychological and social dimensions. (Rahnama, 2012)

So the existing references in health domain increasingly highlight spirituality and its importance in illnesses and health.(Falahi Khoshknab et al,2008)

“Spirituality is propensity to make meaning through a sense of relatedness to dimensions that transcend the self in such a way that empowers and does not devalue the individual” which leads to finding spirituality and goal in life.(Pehler,2009) Also spirituality has been defined as seeking for ultimate or being in a life experience like a disease.(Wai Man ,2007)

Karimi-e Elahi(2007) points out that spirituality is a personal concept which generally consist of an individual attitude and belief related to God , non-material powers of life and nature.

In recent studies, special increasing attention is paid to spirituality as a personal human dimension with understanding its role in remission of a patient. Help in fulfilling the mental requirement of a patient and his family is known as a pivotal clinical care element. As far as spirituality and remission are concerned, references are in agreement that spirituality has influence on remission, ability to face and counter the change and its adaptation, also on conditions related to health and disease. (Rahnama, 2011)

Today in United States of America, people pay special attention to spirituality in treatment. (Cavendish, 2003) Nowadays, the medical science admits the close relation between physical and spiritual health. Studies show when an individual believes in a better premier being (God), his remission and health recovery will be so satisfactory. Spiritual care is an essential and vital dimension of the person who cares of the patients and answers to the basic human questions of him about meaning of life, pain, affliction and death. Nurses should enhance their knowledge and understanding of spirituality in order for preparing appropriate spiritual care and bring spirituality into their care of patients, also improve their interactions with patients and their family (Falahi Khoshknab, 1998)

Studies demonstrate the relation between spiritual beliefs and physical health, decrease in cancer disease and increase in longevity.(Levine and Targ,2002) some researchers believe that spirituality leads to meaningfulness of life for an individual and helps individuals to get along with cancer by means of that. They claim that faith plays an important role in life quality improvement in the primary and advanced phases of disease in cancer patients. (laubmeier et al. ,2004 Bauer-Wu & Farran,2005)

Although attention to spirituality is useful for all patients suffering from cancer, the spiritual care is of a great importance for patients with chronic disease, disabled persons, patients whose death is much more probable, elderly persons, females and religious minority .these people have got much more tendencies to religion and spirituality, so the spirituality factors are likely to be more effective in countering the disease and making treatment decisions. Rezvani(2011)

Puchaiski(2010) believes that spirituality plays a significant role in life of patients with critical disease and in a state of being dead. As spirituality becomes more important in the time of illness than any other time and helps individuals to accept their disease and to find a meaning for the cause of their disease. Therefore, providing the needs of hospitalized people is very significant in accelerating remission, recovering the spiritual health and improving the quality of life. (Mo'omeni, 2011)

Spirituality changes the attitude and behavior of individuals. One can see the effect of spiritual care on all dimension of an individual (spiritual, mental, moral and physical). Spirituality ameliorates the attitude of patients and his family toward "disease and health", "cure and treatment" and "doctor and God". It modifies the relation of patient and doctor to "God, patient and doctor" one. Also spirituality changes seeking health behaviors and in general the way of coping with cancer. Therefore, it is expected that spiritual care affect the social, personal dimension, and to be more precise the general health of cancer patients. (Abtahi, 2011)

Concerning the fact that cancer is getting increased as a widespread non-infectious disease in developing countries, also the fact that patients and their family get anxious and fearful in the time of countering cancer (Mohammadi, 2012) and unfortunately treatments and various medical orders have unfavorable effects on them, therefore patients seek for ways to get adapted to the disease and its side effects. The spirituality and spiritual care are among these ways. Despite the importance of such an issue among treatment cadre and the fact that we are Iranian and Muslim who care a lot about the wide profound and historical role of spirituality and religion in individuals and need to consider and exploit this issue in treatment period of cancer, no research or intervention ever conducted or taken this topic into account in this respect. Then we have decided to conduct a research entitled the impact of spiritual care on the general health of patients suffering from cancer.

MATERIALS AND METHODS

The current study is a semi-empirical one conducted in two phases with two groups of participants in a pretest and post test design. Data were drawn for all the patients who have gone to palliative medicine clinic of Sayed-o Shohada Hospital in Imam Reza clinic from May 2013 to July 2013 in order to get palliative cares. In this study, both control and experimental group were separately selected in a sampling enumeration and studied. Sampling of participants of the study has been done a month before starting the experiment and intervention. After calling the selected patients and explaining the topic of the study to them, providing the consent and awareness of them, they went to the palliative medicine clinic in a determined time in order to fill form of general health as a pretest for primary evaluation. The General Health Questionnaire (GHQ) contains 28 questions prepared by Goldberg and Hillier in 1979. The questions were drawn to an analytical method form with 60 questions consisting of four scales: physical signs, anxiety and sleep disorder, disorders in social functions and acute depression. (Nourbala, 2008)

Reviewing the studies done in different countries concerning the validity of general health questionnaire forms containing 12, 28, 60 questions, proved the high stability and justifiability of the test. Goldberg reports that correlation of scores (GHQ) and the results of disorder evaluations is 44%. He believes that different forms of GHQ have got justifiability and efficiency. (Gholami et al, 2011)

According to Nour bala et al (2008) the rate of sensitivity, aspect and incorrect generic classification in the questionnaire with 28 questions in it is 84.2, 94.4 and 8.8 respectively. This indicates that the results of recent and early studies and the correlation coefficient in the study of Nour bala is 85% which is in confidence level of 99%. This expresses the stability and justifiability of this test. "Therefore this questionnaire can be used in different studies." Nour bala (ibid)

The intervention method was in such a way that after completing the forms and determining the anxieties, requirements and patient's problems by spiritual advisor, advising sessions determined for experimental group. The number of sessions regarding the need of patient, patient's problems and individual's experiences who works in this palliative medical clinic was 6 in a period of 3 months each of them lasted 45 to 60 minutes. Concerning the tolerance and acceptability of patient, the advisor attempted to investigate and determine patient's problems and their spiritual solutions. At the end of each session, different solutions concerning those problems of patient were given by spiritual care advisor. In the 3rd month of spiritual care, the same questionnaire was given to the patient as a posttest this time and evaluation concerning the spiritual care was done accordingly in order for examining the rate of success and efficiency of intervention to the control group which has taken no spiritual care. The results of this

study were analyzed through statistical tool: test of qui-square, paired t, independent t and SPSS18 software. The results of the study are presented in tables and figures below.

RESULTS

The majority of participants in experimental and control group are females.(56.7%in control group and 90% in experimental group). There was no meaningful difference in the mean age of these two groups. Most of participants in experimental group were housekeeper. Also no meaningful difference in variable distribution of marital status in these two groups was seen. ($p>0.05$) So was the case with the educational levels of these two groups. ($p>0.05$)

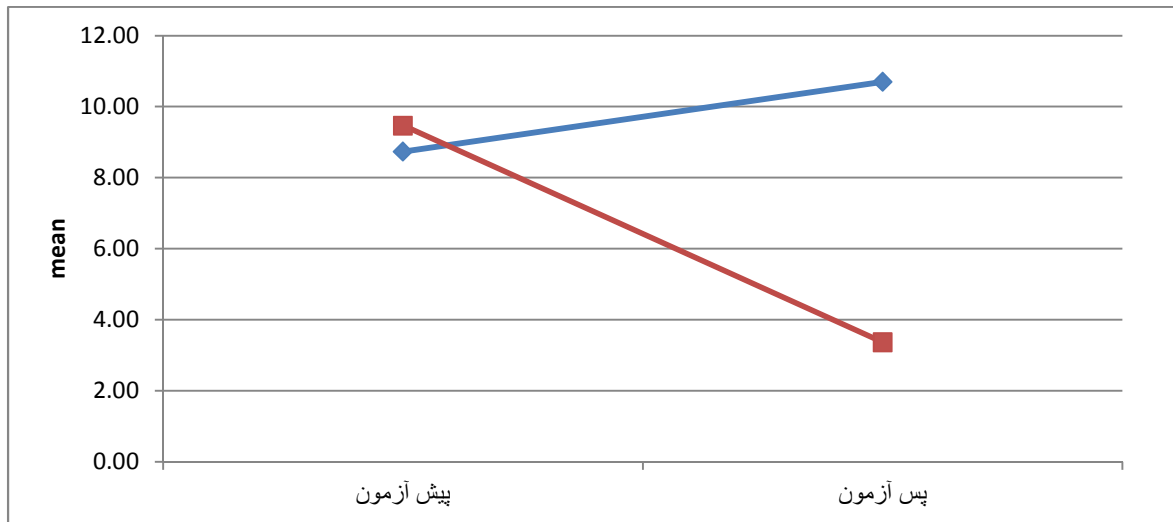


Figure1. Changes in mean of scores of physical signs for experimental and control group in pre and posttest

According to the figure above, the mean scores for physical signs in experimental group in pretest and posttest are 9.47 and 3.37 respectively. This shows that the mean of these scores in post test were meaningfully less than that of pretest.($p=0.000$) Also one can easily see that mean scores for physical signs in control group was meaningfully more than that of experimental group in post test. ($p=0.000$) But the mean scores for physical signs in experimental and control group has got no meaningful difference in pretest.($p>0.05$)

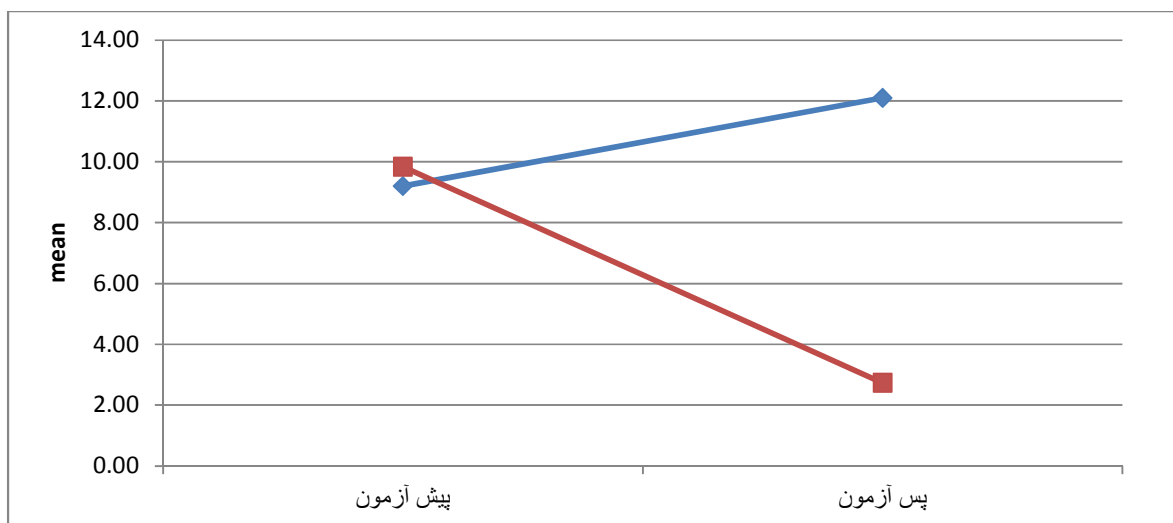


Figure 2. Changes in mean of scores of anxiety and sleep disorder for experimental and control group in pre and posttest

As seen, figure 2 indicates that the mean of scores of anxiety and sleep disorder for experimental group has got a meaningful difference before and after getting spiritual care, so that scores of anxiety and sleep disorder in this group for pretest and posttest are 9.83 and 2.73 respectively. These findings demonstrate that scores of experimental group in posttest is meaningfully less than those of pretest. (p=0.000)

Mean of scores of anxiety and sleep disorder for experimental and control group in pretest has no meaningful statistical difference. (p>0.05) Scores of anxiety and sleep disorder for control group in posttest was 9.83 and 2.73 for experimental group in the same test which shows this score is meaningfully more in the control group in posttest. (p=0.000)

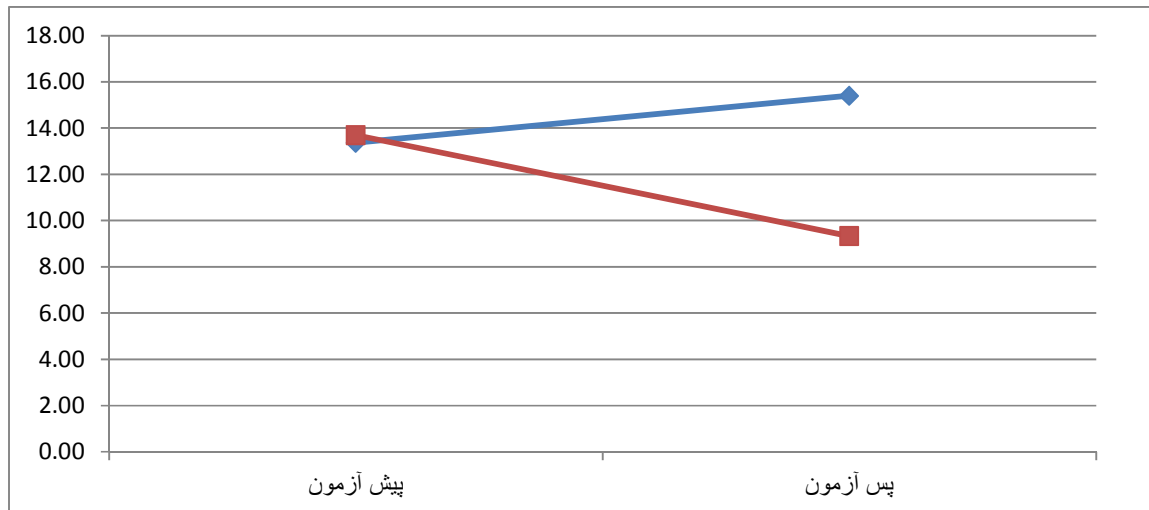


Figure3.Changes in mean of scores concerning disorders in social function of patients for experimental and control group in pre and posttest

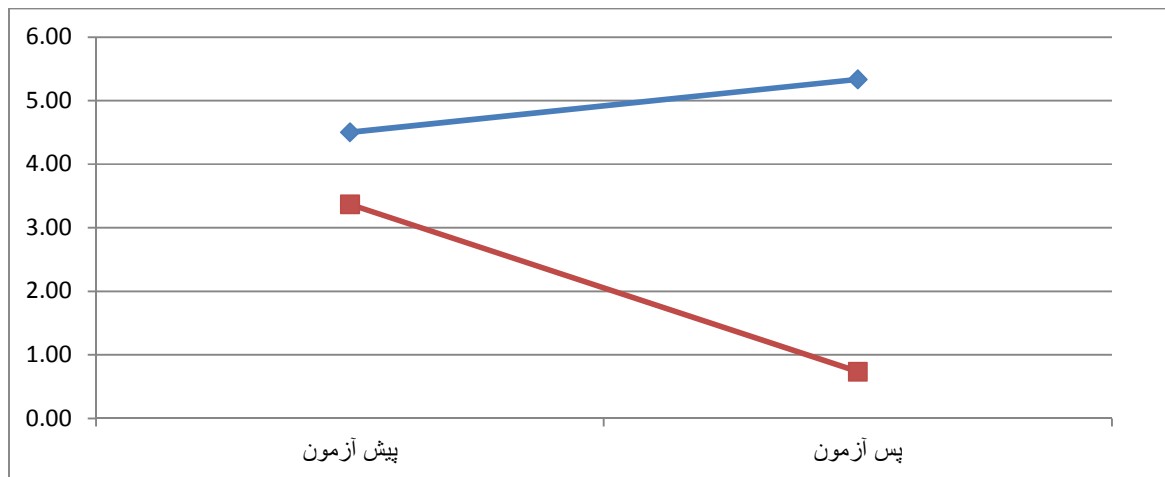


Figure 4. Changes in mean of scores related to depression of patients for experimental and control group in pre and posttest

This figure simply shows that scores of disorders in social function for the experimental group in pre and posttest are 13.70 and 9.33 respectively. These scores indicate that for experimental group the mean of posttest scores is meaningfully less than those of pretests. (p=0.000) Mean of posttest scores concerning disorders in social function of patients for control group is 13.70 and 2.73 for experimental one. (p=0.000) Again one can easily see a meaningful difference in these scores which is for control group more than experimental group. Mean of scores

related to disorders in social function of patients for experimental and control group in pretest has got no meaningful difference. ($p>0.05$)

As shown in the figure 4, mean of scores of depression of patients for experimental group is 3.73 in pretest and 0.73 in posttest which is meaningfully decreased. ($p=0.000$) But the mean of these scores for the two groups in pretest is not meaningfully different. ($p>0.05$) Mean of scores related to depression of patients for experimental and control group in posttest is 0.73 and 3.73 respectively. We see the meaningful difference in these two groups, mean for control group is more than that of experimental group. ($p=0.001$)

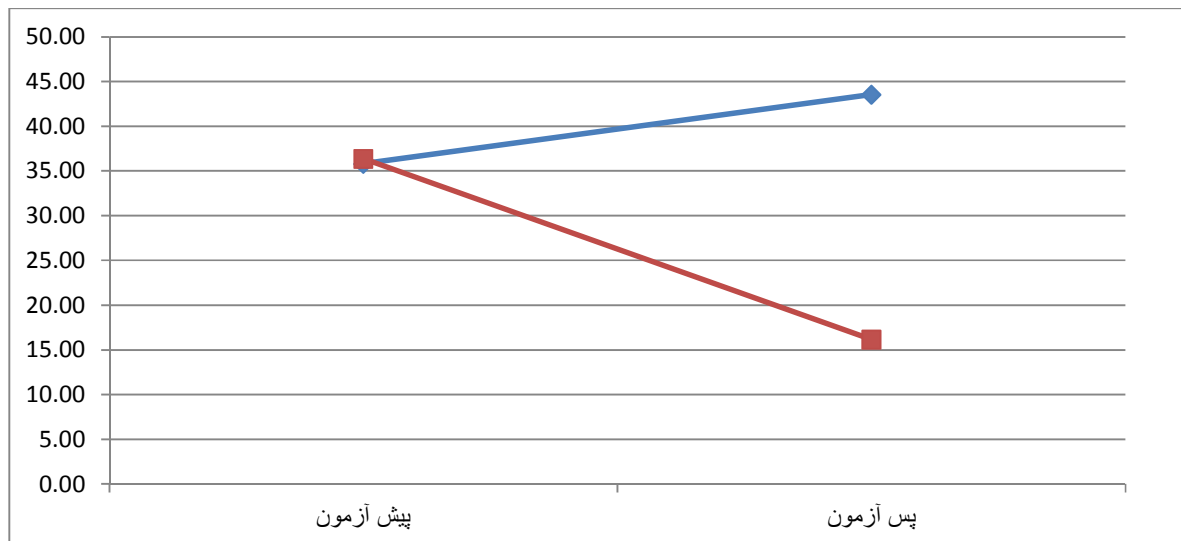


Figure 5. Changes in mean of total score concerning general health of patients for experimental and control group in pre and posttest

Finding in figure 5 demonstrates that mean of total scores of general health of patients for experimental in pretest and posttest is 36.37 and 16.17 respectively. These scores show that for experimental group mean of posttest scores are meaningfully less than those of pretest one. ($p=0.000$) In control group, mean of total scores in pretest concerning all factors of general health of patients have been increased in posttest and this increase is in all cases meaningful. ($p<0.05$) The mean of total score of general health of patients for experimental and control group in pretest has got no meaningful statistical difference. ($p>0.05$) the mean on these score in post test for control and experimental group is 43.53 and 16.17 respectively. These findings show that mean of posttest scores in control group is meaningfully more than those of experimental group. ($p=0.000$)

DISCUSSION AND CONCLUSION

Results of this study show that the mean of physical problems criteria in experimental group has been decreased after spiritual care and increased in the control one. This simply indicates that spiritual care has a considerable impact on the decrease of physical signs and increase in physical health rate which is in good agreement with the results obtained through other studies in this respect; Azhdari fard et al. (2010), Quing (2001), Levine et al.(2002). Mean of scores of anxiety and sleep disorder for experimental group decreased after spiritual care while increased for control group which shows spiritual care can be the cause of decrease in signs of anxiety and sleep disorder. Again, this result is in harmony with previous studies findings in this respect such as Piug et al.(2006), Arjmand et al.(2012), Handerson et al.(2003), Aliyani & Mahin(2003), Qobari bonab(2009), Khatuni (2002), Asad Zandi et al.(2011), Emmy & Park(2007). Mean of scores concerning disorders in social function of patients for experimental also decreased after spiritual care while got increased in control group. This indicates that doing spiritual care can be a good factor in order for improving disorders in social function of patients. The same are the results obtained by two other studies in this respect; Azhdari fard et al. (2010) and Handerson et al.(2003).also the findings of this study demonstrate that mean of scores of depression for experimental group decreased after spiritual care while increased for control group which shows spiritual care play a considerable role in decreasing signs of depression and remission of it. Again, this result is confirmed by findings of plenty of previous studies findings in this respect; Bahrami

Dashtaki et al.(2006), Piers et al.(2012), Heidari(2010), Hebert et al.(2006), Disrozires & Miller (2007),Sora Jaculet al (2008), Dalman(2006), Nilsonet al.(2002), Soleymani zade(2002) , Hamid et al(2011) and finally we find out that mean of scores related to general health for experimental group decreased after spiritual care but got increased for control group which shows spiritual care can be a considerable cause of increase in the level of general health of patients suffering from cancer. Again, this result is in agreement with previous studies findings; Mostafa zade et al(2010), Qolami et al(2011) , Quing et al (2001), Qobari bonab et al. (2009) Hemati et al.(2010), Teylor et al(2009), Kazemi(2009), Richard et al(2007), Azhdari fard et al. (2010) .

Therefore, spiritual interventions, providing the true well organized purposive form of them by trained experts and well conscious for cancer patients (especially the End Stage ones), can lead to the decrease in physical problem's signs and increase in physical health, decrease in anxiety and sleep disorders, improvement of social function, increase in general health of cancer patients and in genera it leads to life quality improvement for both patients and their family.

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