



Content list available at:
<https://journals.carc.com.pk/index.php/CRISS/issue/view/1>

CARC Research in Social Sciences

Journal homepage: journals.carc.com.pk



Spirituality and Its Impact on Cancer Patients' Health-Related Quality of Life

Nimra Aziz

Department of Sociology, University of Swabi – Pakistan



ARTICLE INFO

Article history:

Received: September 18, 2022
 Revised: September 29, 2022
 Accepted: September 29, 2022
 Published: September 30, 2022

Keywords:

Cancer
 HRQoL
 Spirituality

ABSTRACT

The main theme of the present study is to evaluate the impact of spirituality on the quality of life of cancer patients. Moreover, this study is conducted in the following hospitals namely NORI, Shifa hospital, and fuji foundation hospital. A sample size of 50 respondents was randomly selected from the above-mentioned hospitals. The study was analyzed at a univariate level. The findings of the study revealed, that 60.0% of patients have a medium level of spirituality level, and 60.0% of patients find very much comfort and strength in their spiritual practices. The study concluded that spirituality positively affected the quality of life among the study respondents. The study also explores that cancer patients should engage in spiritual activities to enhance their quality of life. Patients should discuss their medical concerns with family members and medical staff so they can offer better care. Patients should have access to both emotional and practical help from family members to make their illness more pleasant.

Copyright © 2022 CARC Research in Social Sciences. Published by Center for Advocacy Research & Communication – Pakistan. This is an open access article licensed under CC BY:

(<https://creativecommons.org/licenses/by/4.0>)

1. INTRODUCTION

Cancer is a major economic and public well-being problem, and its burden is probable to upsurge. According to the current report, the death toll from cancer has touched 9.6 million (WHO, 2018). The growing trend of deaths from cancer appears to be exacerbated by mutations and the underlying disease. According to the World Health Organization (WHO), "Cancer is the large group of illnesses that can occur in nearly any organ where abnormal cells grow out of control, crossing their normal boundaries to invade connective tissue and/or spread to further organs."

The Quality of Life is one of the extremely important health problems affecting oncology patients. In many cases, cancer patients experience sleep disorders, depression, and poor quality of life after the diagnosis and treatment of

cancer. Therefore, assessing quality of life among cancer patients is important in designing interventions to improve patient outcomes. In world literature, the concept of spirituality is still divisive. Some scholars equate spirituality and religiosity, whereas others prefer to distinguish between the two (Tisdell 2003). Many people with cancer, are unable to fix their "issue" and instead must find methods to cope with their condition and keep their bodily, mental, and spiritual health despite hazy prognoses. Over the past 20 years, an expanding number of published studies, comments, and reviews have examined the link between spirituality/religion, health, and quality of life, and its potential for prevention, healing, or coping with disease (Büssing, Ostermann, Koenig, 2007).

In the 1920s and 1930s, the spiritual impact of an individual and their level of life received a lot of attention. Researchers have demonstrated an increasing connection between spirituality and good health in people with cancer disease (Koenig, 2012). Because of its ability to help with negative side effects and symptoms, spirituality has been discovered to have positive benefits on many areas of health related to cancer, and its significance has lately been examined in a variety of health care settings (Weaver & Flannelly, 2003). Numerous studies have revealed the expansion of organizations dedicated to spirituality and

*Corresponding author: Nimra Aziz, Department of Sociology, University of Swabi – Pakistan

E-mail: nimra.iiui@gmail.com

How to cite:

Aziz, N. (2022). Spirituality and Its Impact on Cancer Patients' Health-Related Quality Of Life. *CARC Research in Social Sciences*, 1(1), 01-03.

DOI: <https://doi.org/10.58329/criss.v1i1.2>

health, and a more recent study has revealed a 60% rise in spiritual research and cancer patients' quality of life (Fitchett & Canada, 2010). However, greater study findings have shown spirituality as a significant influence in cancer patients' health. Spiritual research investigations are complicated and offer a range of results. Additionally, it has been discovered that spirituality and dealing with illness and disease have a significant favorable relationship (Koenig, 2012). Brady (1999) found a connection between spirituality and the capacity to appreciate one's health while undergoing treatment for cancer or in its last phases. Similar to this, Fehring, Miller, and Shaw (1997) discovered that spiritual practices were linked to increased optimism and favorable perspectives toward older patients with cancer. Significantly reported high levels of spirituality can indicate the likelihood of minor traumatic occurrences throughout the course of therapy.

Spirituality was mentioned by several breast cancer patients as a source and organizer that is frequently utilized to address problems with health and act. Researchers have created a strong link between the mechanisms of air and health effects. When a person was analyzed with a serious illness, most of them received spiritual support from higher / higher powers, faith, various forms of prayer, meditation, and scripture study for life (Pargament, 2007). In addition, further research has shown that spiritual activities such as prayer and meeting with religious/spiritual leaders are significant and play an important role in controlling cancer (Jenkins & Pargament, 1995). Muslims are said to have performed Islamic rites such as reciting the Holy Quran, praying, doing the Hajj, and performing the Du' for healing. Furthermore, spirituality will improve patients' capacity to cope with mental and physical suffering, as well as bring comfort during tough moments (Pargament, 2007).

According to 2012 research by Akhu-Zaheya and Alkhasawneh, Jordanian Muslim cancer patients often utilize Zam Zam water and recite verses from the Holy Quran as supportive rituals. Muslims with cancer who trust in Allah can cope with their diseases by engaging in spirituality (Akhu-Zaheya & Alkhasawneh, 2012). However, there hasn't been much study based on Muslim patients' experiences. Researchers have recommended that it is important to investigate how Islamic healing practices affect many areas of physical, mental, and social health. For cancer patients to attain mental and physical wellness, spiritual activities are an important aspect of a pleasant health experience (Jassim & Whitford, 2014). For instance, ignorant Muslims frequently begin and follow Islam after receiving a cancer diagnosis. their religion by reading the Holy Quran regularly and praying more than 05 times a day (Akhu-Zaheya & Alkhasawneh, 2012).

Spirituality, according to Jenkins and Pargament (1995), plays an important part in the lives of cancer patients since it reduces future losses. While previous research studies have demonstrated that spirituality protects against anxiety and helps cancer patients avoid the negative effects of anxiety. According to research, a higher degree of spiritual / spiritual components is connected with a lower level of anxiety and negative thoughts in patients (Krupski, 2005). A study by Brady (1999) provides evidence that the quality of spiritual patients has a clinical impact. When patients were divided into two groups based on their degrees of pain and tiredness, those with high spiritual ratings had greater QOL than those with lower spiritual scores who had equal levels of pain or fatigue. Although scholars have suggested that it should be, spirituality has never been deemed a

"fundamental" component of QOL (Brady, Peterman, Fitchett, Mo, & Cella, 1999). Borman and Nicholas (1999) assessed the physiological, spiritual, and religious well-being of 75 cancer patients throughout their first year of treatment.

2. RESULTS

Among 50 cancer patients the majority of the patients were female (60.0%). The study concluded in every age cancer disease occurs, there was no specific age for cancer diseases. It has been also observed that most of the respondent (80.0%) were unmarried. The majority of the patients (50.0%) did matric level studies. It means there is no such high education of the respondents. The study further explored that majority of the respondent were stage 03 and 04. Most of the patients were female so the percentage of ovarian cancer and breast cancer was high (30.0% each). Moreover, a great number of the patients were highly spiritual, recited specific *Quranic* verses and used *Zam Zam* water (Holy water). However, most of the patient's QoL is influenced by cancer emotionally (40.0%) and have a medium (60.0%) level of spirituality level. The majority patients thought that there is no (80.0%) family member diagnosed before with this disease. Most of the patients had never changed (40.0%) their spiritual practices and most of the patients changed (40.0%) their spiritual practice after being diagnosed. The majority of patients were very much (60.0%) enthusiastic about living and has been very much (60.0%) productive about living. Most of the patient's life (40.0%) lacks meaning and purpose. They thought that there is no such meaning and purpose to live in this world and most of the patients thought that their life is peaceful (60.0%). The majority of patients faced very much (60.0%) trouble with feeling peace of mind and somewhat (70.0%) they can reach down deep into themselves for comfort. However, most of the patients find very much (60.0%) comfort in their spiritual practices and find very much (60.0%) strength in their spiritual practices. The majority of patients thought that their illness has very much (60.0%) strengthened their spiritual beliefs. The majority of patients very much (60.0%) know that whatever happens to their illness, the thing will be okay. Patients thought that they can do somewhat (80.0%) work without any outside help. Most of the patients said they somewhat (50.0%) lack physical energy. Now, came to the QoL of cancer patients. Most of the patients thought they have somewhat (60.0%) nausea and thought that due to their physical state, somewhat (40.0%) they have met the needs of their families. Most of the patients thought that they were somewhat (50.0%) bothered by the side effects of treatment and thought very much (40.0%) that they were forced to spend time in bed. The majority of patients said that they felt very much (60.0%) close to their friends and (50.0%) get emotional support from their family. The majority of patients thought that they get very much (50.0%) support from their friends. So, its mean that patients have very much social support that they can help to curing their illness. Most of the patients thought that their family has very much (40.0%) accepted their illness and very much (60.0%) satisfied with family communication about their illness. Most of the patients said that they somewhat (40.0%) felt sad. Most of the patients thought that they were somewhat (50.0%) satisfied with how they are coping with their illness. The majority of patients thought they were somewhat (40.0%) losing hope in the fight against their illness and were very much (40.0%) worry about dying. The majority of patients said that they were very much (60.0%) worry that their

condition will get worse. Most of the patients thought that they were somewhat (60.0%) can do work. Most of the patients thought that they were very much (60.0%) accepted their illness. The majority of patients said that they were somewhat (60.0%) sleeping well and were enjoying the things usually do for fun. However, most of the patients thought (40.0%) that they were satisfied with the quality of their life right now.

3. DISCUSSION

Cancer is a potentially fatal condition, and patients experience pressure that has an impact on their QoL both before and after treatment. A number of studies were carried out to examine and explore different strategies to minimize the negative effects of cancer on QoL. However, spirituality was considered the most important strategies to cope with chronic diseases. Patients saw spiritual rituals as a healthy source of power and recovery (McSherry, 2000). In actuality, every patient was Muslim and held a firm conviction that God's power and, ultimately, spiritual activities, are what causes sickness and recovery. This study endeavored to explain the separate contributions of spirituality and religiosity to QoL among cancer patients. Data from patients analyzed with a hematologic malignancy discovered that spirituality and religiosity were both related to QoL. Spirituality reported for more of variance in QoL than did religiosity; spiritual concepts such as feelings of peace and harmony, a sense of determination, and spiritual beliefs more powerfully predict QoL than constructs such as time in religious activities, and religious beliefs. The idea of spirituality that was discovered in this study is consistent with the widely held belief that spirituality involves connecting with God (Pargament 1997). Spirituality is going back to the source of everything, including oneself, life, and death. For Muslims, it is remembering and submitting to Allah's Will in order to feel close to Him. This cognitive understanding serves as a potent drive for coping after the sickness. However spiritual believes play an important role while enhancing the QoL among cancer patients. Generally, the respondents believe that religion and spirituality give meaning to our life. It shows purpose of life and inversely related to hopelessness. The current study concluded that had a positive impact on the QoL among respondents and had a meaningful relationship with patients' HRQoL.

References

- Akhu-Zaheya, L. M., & Alkhasawneh, E. M. (2012). Complementary alternative medicine uses among a sample of Muslim Jordanian oncology patients. *Complementary Therapies in Clinical Practice*, 18(2), 121-126.
- Brady MJ, Peterman AH, Fitchett G, Mo M, Cella D. A case for including spirituality in quality-of-life measurement in oncology. *Psycho-Oncology* 1999; 8: 417-428
- Brady, M. J., Peterman, A., Fitchett, G., Mo, M., & Cella, D. (1999). A case for including spirituality in quality-of-life measurement in oncology. *Psychosociology*, 8(5), 417-428.
- Fehring, R., Miller, J., & Shaw, C. (1997). Spiritual wellbeing, religiosity, hope, depression, and other mood states in elderly people coping with cancer. *Oncology Nursing Forum*, 24,663-671.
- Fitchett, G., & Canada, A. L. (2010). The role of religion/spirituality in coping with cancer: Evidence, assessment, and intervention. In J.C. Holland, W. S.
- Jassim, G. A., & Whitford, D. L. (2014). Understanding the experiences and quality of life issues of Bahraini women with breast cancer. *Social Science & Medicine*, 107, 189-195.
- Jenkins, R. A., & Pargament, K. I. (1995). Religion and spirituality as resources for coping with cancer. *Journal of Psychosocial Oncology*, 13, 51-74.
- Koenig, H. G. (2012). Religion, Spirituality, and Health: The Research and Clinical Implications. *Psychiatry*, 12, 122-144.
- Krupski, T. L., Kwan, L., Fink, A., Sonn, G. A., Maliski, S., & Litwin, M. S. (2005). Spirituality influences health-related quality of life in men with prostate cancer. *Psycho-oncology*, 33(12), 1- 11.
- McSherry W. (2000). Making sense of spirituality in nursing practice: An interactive approach. WB Saunders Company.
- Pargament, K. I. (1997). The psychology of religion and coping: Theory, research, and practice. New York: Guilford Press.
- Pargament, K. I. (2007). Spirituality integrated psychotherapy: Understanding and addressing the sacred. Guilford Press.
- Tisdell, Elizabeth. (2003). Exploring Spirituality and Culture in Adult and Higher Education / E.J. Tisdell.
- Weaver AJ, Flannelly LT, Preston JD. Counseling survivors of traumatic events: a handbook for pastors and other helping professionals. Nashville, TN, Abingdon Press, 2003.
- WHO, World Health Organization (WHO) - Latest Global Cancer Data? Press Release No 263, Sept 2018 [Internet], 2018, pp. 6-11. Available from: <https://www.who.int/cancer/%0APRGlobocanFinal.pdf>
- Borman, P. D., & Nicholas, D. R. (1999, August). Spirituality, religiosity, and the quality of life of oncology patients. Paper presented at the Meeting of the American Psychological Association, Boston, MA.