

## Investigating Spiritual Health among Female Patients with Cancer Referred to Hamadan's Shahid Beheshti Hospital in 2015

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**Abstract:** Spiritual health is one the most important dimensions of health in humans. Since, cancer creates deep tensions and fears and the role of spiritual health cannot be denied in adapting patients. This study seeks to investigate the extent of spiritual health in female patients with cancer referred to Hamadan's Shahid Beheshti hospital in 2015. This study is descriptive and cross-sectional which was conducted among 72 female patients referred to Shahid Beheshti Medical Educational Center from September to December 2015. The sample was chosen using a convenience sampling technique. The instruments used to collect data included a demographic form and Palutzian and Ellison's spiritual health questionnaire. The obtained data were analyzed using SPSS (Version 20) and following descriptive statistics. The average age was 48.14 and the number of the family member was 3.69. The education, income and participation in the religious ceremonies were moderate and spiritual health was calculated  $96/595 \pm 11.91$ . The findings of this study suggested that the level of the spiritual health among the patients was moderate and this demands the strengthening and improvement of spiritual health among these patients.

**Key words:** Spiritual health, cancer, women, spirituality, level

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### INTRODUCTION

Spirituality is a newly emerged word introduced by Piedmont (1999) as his internal core and is able to make humans calm when they suffer from stress. Although, it has been argued in the recent years that spiritually as humans' backing are diminishing, research shows that spirituality is gaining more popularity. The studies carried out by Gallup institute in 1997 suggested that 96% of the American believe in God, 58% believed in the role of religion in life and 79% believe in miracles (Riley *et al.*, 1998). Spirituality which is sometimes called spiritual health (Balboni *et al.*, 2007) holds two dimensions and helps to consolidate the other dimensions of health that is to say, the existential and religious or the horizontal and vertical dimensions. The vertical dimension is concerned with supernatural and the horizontal dimension deals with other people and the environment with the aim of understanding meaning and life's goals (Omidvari, 2008).

Different researchers have shown that people who have spiritual orientations respond more appropriately to the situation and are more able to manage the pressures and tensions when facing damages (Wong and Yau, 2010). In the recent years, much research has been done on spiritual health and on its positive effects on

compatibility with acute diseases and these positive effects have been confirmed in diseases such as HIV, Kidney failure, MS and cancers (Litwinczuk and Groh, 2007; McNulty *et al.*, 2004; Benzein and Berg, 2005).

Of the acute diseases leading to stressful and tension situations, mention could be made of cancers (Hosseini *et al.*, 2008). This disease is one of the fast growing diseases in the world and more than 10 million people are yearly affected with this disease. WHO estimates that this number probably increases to 15 million by 2020 (Dow *et al.*, 2006; Mardani and Shahraki, 2009). These people are confronted with depression and fear of dying due to the acuteness of the disease and in some cases; they experience spiritual crises.

Spirituality makes the person more motivated and hopeful, increasing his/her personal ability and making him/her strong to be able to stand against the suffering and pain arisen from the disease (Bolhari *et al.*, 2013). Thus, strengthening and improving spiritual health in acute diseases like cancer are inevitable.

**Objectives:** Considering the importance of spiritual health in the quality of life of cancer patients, the current research aimed to study the spiritual health among female patients with cancer in Hamadan in 2015.

## MATERIALS AND METHODS

The current study is descriptive-analytical and aims to investigate the spiritual health among female patients with cancer who referred to Shahid Beheshti Medical Educational Center in Hamadan. The sampling was convenience and was based on this criteria; participants' willing to attend the study. The 72 female patients with cancer with the age range of 25-75 years attended the research. The data collection instrument includes the demographic questionnaire addressing age, education, the number of the family members, social class, income and their participation in the religious ceremonies as well as the Palutzian and Ellison's spiritual health questionnaire. The spirituality questionnaire contains 20 items and 10 items concern health spirituality and the other 10 items measure the existential health. The scoring criterion was based on a 6 point Likert scale (from 20-120) and is divided into three high, moderate and low levels. In Baljani's paper, the reliability of the paper was estimated using Cronbach's alpha as  $r = 0.88$ . The data obtained were analyzed by SPSS (Version 20).

## RESULTS AND DISCUSSION

The findings obtained from the questionnaires include mean and standard deviation of participants' age as 48.14 (1.521). The minimum and maximum of age were 27 and 69.5, respectively. The mean and standard deviation of the number of the family members were 3.69 (1.61). Concerning the education, 38.1% of the sample was illiterate. Income of most participants (59.9%) was moderate and no one announced a high level of income. The social level of most participants (68.36%) was moderate or high. Most participants (45.25%) had an average amount of participation in religious ceremonies and performing religious tasks.

The extent of spiritual health in the participants was as: 38.1% with a high level, 61.9% with an average level and no participant reported a low level of spiritual health. On the whole, the average extent of spiritual health was  $11.91 \pm 96.595$ .

The result of this study showed that the average age of the participants was 48.14. Most participants were illiterate and the amount of income and social class were reported as moderate and their participation in religious ceremonies and performing religious tasks were moderate.

The score of the spiritual health of the sample was consistent with the finding by Rezaei *et al.* (2008), Musarezaie *et al.* (2012) and Khezri *et al.* (2015). The study conducted on 180 patients with cancer by

Aghahosseini *et al.* (2008) also confirmed this finding and all the participants (100%) had an average spiritual health (Hosseini *et al.*, 2008). In another paper done by Rezai *et al.* (2008) on 360 patients under chemotherapy, the authors found that the participants' spiritual health was high. The findings obtained by Motlagh *et al.* (2010) suggested that most patients had a high degree of spiritual health. Such a difference is probably due to the lack of separating the patients based on the stages of the disease, type of cancer and research environment.

## CONCLUSION

Following on the idea that spiritual health has an important role in the compatibility of the patients with diseases such as cancer as well as the findings of this study that the spiritual health of most participants was moderate, the improvement and strengthening of this issue is of significance in the acceptance and compatibility with cancer. This solution seems to lead the patients to the high level of performance and quality in the living, psychological and social dimensions.

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