

NEW HORIZON OF SPIRITUAL WELL-BEING AND HOPE AMONG CANCER PATIENTS: A PSYCHOLOGICAL ASPECT

By

SIDRA LIAQUAT *

SARWAT SULTAN **

IRSHAD HUSSAIN ***

* M.Phil Scholar, Department of Applied Psychology, Bahauddin Zakaryia University, Multan.

** Head, Department of Applied Psychology, Bahauddin Zakaryia University, Multan.

*** Chairman, Department of Educational Training, The Islamia University of Bahawalpur, Pakistan.

ABSTRACT

The purpose of this study was to address the importance of spiritual well-being and hope among cancer patients diagnosed with its different stages. Through stratified sampling techniques, 120 cancer patients from four stages evenly divided into male and female participated in this study. Spiritual Well-being Scale (Paloutzian & Ellison, 1982) and Hope Scale (Snyder, Harris, Anderson, et al, 1991) were used to measure the levels of spiritual well-being and hope respectively. Results indicated a significant positive relationship between spiritual well-being and hope among cancer patients of all stages while surprisingly this relationship was higher in last stage of cancer patients. The findings showed that patients in last stage of cancer have high hope and high spiritual well-being than that of other stages. The findings pertaining to gender differences showed that female cancer patients have high level of hope and spiritual well-being as compared to male cancer patients.

Keywords: Successive Stages of Cancer, Spiritual Well-Being, Hope, Distress, Quality of Life.

INTRODUCTION

Health is wealth' is a common proverb, and good health is a great blessing of Almighty. Health and illness or diseases are interrelated with each other. A disease refers to condition of dys functioning of human body or any of its parts with some signs and symptoms. Different internal and external factors seem responsible for causing diseases. Human emotions causing diseases are said to be major internal factors whereas microorganism are considered external disease causing factors. The diseases caused by external organisms include infectious, endemic as well as chronic diseases. Therefore, health is said to be a physical state of body free of any disease or pain and disorder whereas weakened or unsound condition of human body is referred to as a disease (McVey, 2010).

The advancements and innovations in the field of medicine and surgery have made it possible to prevent and cure the chronic fatal diseases like tuberculosis and cancer. Now the patients of such diseases can take treatment and get cured properly. Amongst other fatal diseases cancer is considered more dangerous having

life threatening and psychological effects on patients. Its psychological effects create hopelessness among patients and they think of dying with cancer. However, raising morale, developing positive beliefs and hope for life among cancer patients make them face it courageously and win the health. Therefore, it would become true that greater the spiritual well being of patients, the more the chances of their recovery. Spiritual well-being is one's contentment with GOD and his/her ambitions of and/ or about life.

In today's modern world spirituality has become a broader field with a momentous spread. It creates courage by raising morale among patients. That's why people seek and practice spiritual therapy even for infectious as well chronic diseases. Now spiritual well-being is related with physical health and has become most exploring area for researchers.

Cancer –A Fatal Disease

Cancer is one of the fatal chronic diseases. It is a condition of out of control evolution of tissues and cells of human body or any of its parts. Usually it has four stages –stage-1 is an early onset of cancer in the roots of human

tissues; stage-2 has a large number of impaired tissues; in stage-3 abnormal growth of cells appears in solid/ tumor form; and explosion of tumor to others tissue is marked as its 4th stage. However, these four stages are not absolute symptoms of cancer (Pazdur, Wagman, Camphausen, & Hoskins, 2009). Cancer is a controllable disease if diagnosed at early stages and cured properly. However, will power of the patient matters a lot in his/her survival. Alongside medication one's spiritual well-being helps in defeating it.

Ellison (1983) viewed well-being to be one's gratification and contentment with God and ambition in life. Kamva (1997) described two elements of spiritual well being: one's contentment with God is religious well being whereas his/her life significance is existential well being. Similarly, hope is defined as mental process supported by firmness of purpose and achievement of aim (Snyder, Harris, Anderson, Holleran, Irving, Sigmon, et. al., 1991). Likewise, Snyder (1989) described three components of hope: firstly, one's ambitions; secondly, one's thought of achieving aims; and thirdly, one's determination to aims. One's ambitions are desires to find, to make and exposure. These are objective oriented cognitive processes. However, the thought of achieving aim signifies one's level of understanding and strength to attaining goals through cognitive means. Ambitions prepare one mentally to be involved in thought of achieving aim (Snyder, 1994). In such context the determination of aim is referred to be the mental process of ongoing ways of achieving aims and objective oriented attitude (Snyder and Michael, 1999).

Ellison (1983) conducted a study on breast cancer patients and found hope to be correlated with spiritual wellbeing of the patients. The level of hope was manifested by level of spiritual well being. Similarly, the study of Robert, Brown, and Elkins (1997) revealed higher level of spiritual well being among cancer patients: highly related to their religion and faith in God. Another study conducted by Mickley, Soeken and Belcher (1997) found positive correlation among hope and mood states, and spiritual well being of cancer patients and their internal religious thoughts. The study of Hendricks-Ferguson (2006)

demonstrated that age and gender effected on the level of hope and spiritual well being of cancer patients; and female patients had greater score on hope and spiritual well being as compared to their counterparts.

Method and Procedure of the Study

The Participants of the Study

The sample of the study consisted of 120 cancer patients evenly divided into gender and diagnosed with four cancer stages; 30 participants in each stage. Their age ranged 25 to 55 years. All the participants were contacted at Oncology ward, Nishtar Hospital in Multan through stratified sampling technique. They were more or less similar with educational, economical, and cultural background.

Research Instruments

The Researchers used Following Scales for the Study Spiritual Well-Being Scale (SWB)

The Spiritual Well-Being Scale (Raymond, Paloutzian & Ellison, 1982) containing 20 items assesses the perception of spiritual quality of life. It measures two types of Spiritual Well-Being; Religious Well-Being (RWB) measuring one's beliefs and relationship with God, and Existential Well-Being (EWB) measuring one's sense of aim and meaning in life. Both types of well-being are measured with 10 items in each subscale. Responses are obtained on a 6-point Likert scale, ranging from "strongly agree" to "strongly disagree" without a midpoint. On each subscale scores range from 10 to 60, and on SWB scores range from 20 to 120 which accumulate sum of scores on both subscales.

Hope Scale

Hope scale also recognized as Adult Hope Scale (Snyder, et al. 1991) measures hope's cognitive framework explaining hope as a positive motivational state which is based on one's perception of successful (a) agency (task-aimed energy), and (b) pathways (planning to meet goals). It has 12 items responding on each item through 8-point rating scale ranging from definitely false to definitely true.

Procedure

Cancer patients were approached at clinical settings in

hospital. They were categorized into four groups according to the stage of cancer diagnosed by physicians through medical tests. They were informed about the purpose of study and instructed how to fill the scales. Adapted and translated versions of Spiritual Well-being Scale and Hope Scale were administered to cancer patients. Subjects were also given assurance that their provided information would be only be used for statistical enumeration for the study. Statistical analysis was done through Statistical Package for Social Sciences (SPSS) 14 version. The data were computed through descriptive and inferential statistics to draw the results.

Results

The data were analyzed employing Pearson Product Correlation, Mean, SD, ANOVA, and Post-hoc test.

Table 1 shows significant positive relationship between spiritual well-being and hope scores. It implies that patients who have high level of SWB also have high level of hope.

Table 2 shows the differences in the means and SD for the scores of spiritual well-being and hope among cancer patients of four stages. Findings imply that cancer patients when enter into stage four experience more spiritual well-being and hope than those of other stages.

Table 3 shows the significant differences between spiritual well-being and hope among cancer patients diagnosed under four cancer stages. Results suggest that cancer patients of four stages have different levels of spiritual well being and hope. Post-hoc Test was computed to see the mean differences (Table 4).

Multiple Comparisons (Table 4) show the significant

Scale	Hope
Spiritual Well-being	.65***

** P<0.01

Table 1. Relationship of Spiritual Well-Being and Level of Hope Among Cancer Patients (N=120)

Cancer Stages	N	Spiritual Well Being		Hope M	SD
		M	SD		
Stage 1	30	52.36	23.97	31.46	16.07
Stage 2	30	67.16	23.18	43.36	14.69
Stage 3	30	55.60	21.02	37.23	12.06
Stage 4	30	79.30	19.91	48.06	12.44

(N=120)

Table 2. Differences in the Scores of Spiritual Well-Being and Hope Among Cancer Patients of Four Stages

difference in the mean scores of spiritual well being among four groups of cancer patients. It suggests that Line Graph represents cancer stages and variations among Hope and Spiritual well being (Figure 1). Bar Graph represents cancer stages and level of Hope and spiritual well being (Figure 2).

Multiple Comparisons (Table 5) show the significant difference in the mean scores of hope among four groups of cancer patients. It suggests that cancer patients of stage four have more hope than patients of other stages.

Table 6 show differences among male and female scores on spiritual well being. Following statistics is showing significant difference but not t a large difference. These statistics support the hypothesis which state that female cancer patients have higher level of spiritual well-being as

Scales	Source of Variation	SS	df	MS	F	P
Spiritual Well-Being	Between Groups	13481	3	4493.98	9.214	.03**
	Within Groups	56576.63	116	487.73		
	Total	70058.59	119			
Hope	Between Groups	4706.20	3	1568.73	8.098	.02**
	Within Groups	22471.66	116	193.72		
	Total	27177.86	119			

(N=120)

*P< 0.05

Table 3. One Way Analysis of Variance for the Scores of SWB and Hope of Cancer Patients of Four Cancer Stages

CancerStages (i)	Cancer (j)	stages	Mean Difference (i-j)	Standard Error	P
1	2		-14.80*	5.702	.000**
1	3		-3.233	5.702	.572
1	4		-26.933**	5.702	.01*
2	3		11.566*	5.702	.04*
2	4		-12.133**	5.702	.01*
3	4		-23.700**	5.702	.000**

*p < 0.05, **p < 0.001

Table 4. Multiple Comparisons for Four Stages of Cancer Patients on the Spiritual Well Being

CancerStages (i)	Cancer (j)	stages	Mean Difference (i-j)	Standard Error	P
1	2		-11.90*	3.593	.000*
1	3		-5.7666	3.593	.111
1	4		-16.600**	3.593	.000**
2	3		6.1333	3.593	.091
2	4		-4.7000	3.593	.094
3	4		-10.8333**	3.593	.03*

*p < 0.05, **p < 0.001

Table 5. Multiple Comparisons for Four Stages of Cancer Patients on the Hope

compared to male cancer patients.

Table 7 shows differences among male and female scores on hope scale. Following statistic is showing significant difference. This supported the hypothesis that female cancer patients had higher level of hope as compared to male cancer patients.

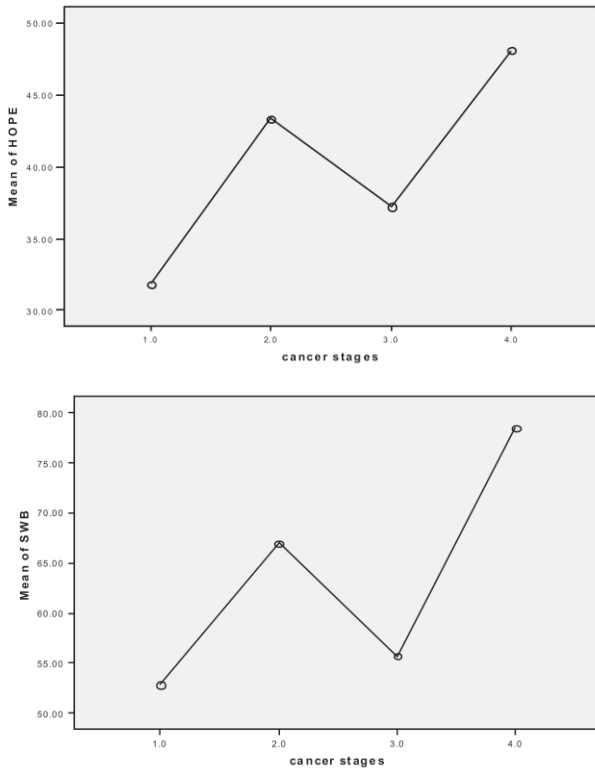


Figure 1. Line Graph to Represent Cancer Stages and variations among Hope and Spiritual Well Being

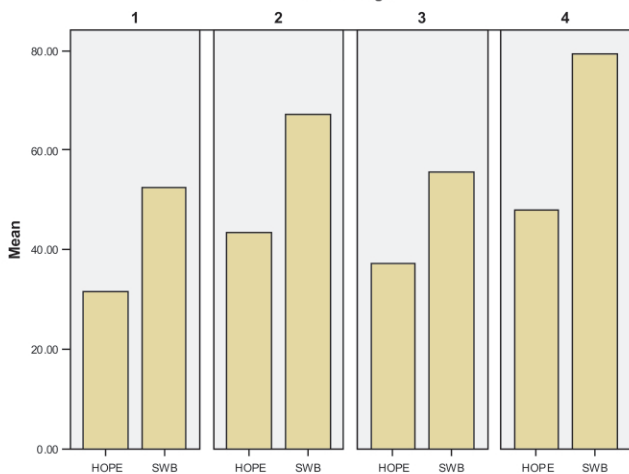


Figure 2. Bar Graph to Represent Cancer Stages and Level of Hope and Spiritual Well Being

Discussion

This research was undertaken to investigate the effects of cancer stages on hope and spiritual well being of cancer patients. Results indicated high correlation between the scores of spiritual well being and hope scale. The findings showed that high spiritual well being lead to higher level of hope among cancer patients. The findings regarding the effects of gender showed that female cancer patients had higher level of spiritual well being and hope.

The finding of the study that spiritual well-being, was positively correlated with hope among cancer patients was supported by the previous study of Mickley, Soeken and Belcher (1997) which revealed that hope was positively correlated with spiritual well-being. The results of this study found that cancer patients with high spiritual well-being had also high level of hope. Similarly, the finding that patients of last stage had higher level of hope and spiritual well-being was supported by the findings of the study of Robert, Brown, and Elkins (1997) which concluded that out of 108 cancer patients about half reported that they had become more religious and spiritual since they were diagnosed and none said they were less religious. Patients tend to increase their focus on religious issues and their connection to God as their cancer advances. The same has been reported by this study.

Conclusion

The results of this study confirm positive relationship between spiritual well being and hope among cancer patients. The results show that as the cancer spreads out,

Group	N	M	SD	t	p
Male	60	60.23	23.2	1.641	0.05*
Female	60	66.98	24.9		

(N=120). df =118, *p= 0.05

Table 6. Means, Standard Deviations and T-value of Scores of Male and Female Cancer Patients on Swb

Group	N	M	SD	t	p
Male	60	37.86	13.7	1.580	0.05*
Female	60	42.20	16.2		

(N=120). df =118, *p= 0.05, (one-tailed)

Table 7. Means, Standard Deviations and T-value of Scores of Male and Female Cancer Patients on Hope Scale

the spiritual well-being and hope increase. This study also found gender variations like female cancer patients are more spiritual and hopeful than their counterparts. It is also evident that spiritual well-being effects patient's hope for life. Hope is a powerful tool for coping with any illness particularly cancer and effects on lifestyle of patients.

Suggestions

Following are the suggestions for the new researchers and better knowledge:

- Sample size must be increased.
- Other Qualitative methods like diary, observation and interview methods can be used.
- Other variables like age, personal growth, self-determination, life satisfaction and more other psychological factors should be tested.

Reference

- [1]. Ellison C.W (1983). Spiritual well-being: conceptualization and measurement. *Journal of Psychology & Theology* 11:330-340.
- [2]. Kamy H.A.(1997). African immigrants in the United States: the challenge for research and practice. *Soc Work.* ;42:154-65. Retrieved May10, 2010 from <http://www.ispub.com/ostia/index.php?xmlFilePath=journals/ijanp/vol9n1/health.xml>
- [3]. McVey, J. (2010). *An Introduction to Human Disease*.<http://www.livestrong.com/article/135652-an-introduction-human-disease/>
- [4]. Mickley J.R., Soeken, K., and Belcher A (1997). National Center for Biotechnology Information, U.S National Library of Medicine 8600 Rockville Pike, Bethesda MD, 208954 USA :24(4):663-71.
- [5]. Paloutzian, R. F., & Ellison, C. W. (1982). *Manual for the Spiritual Well-being Scale*. Nyack, NY: Life Advance, Inc.
- [6]. Pazdur R., Wagman L.D., Camphausen K.A., Hoskins W.J. (2009). *Cancer Management: A Multidisciplinary Approach*. (11th ed).
- [7]. Roberts, J.A., Brown, D., Elkins T, (1997). Factors influencing views of patients with gynecological cancer about end-of-life decisions. *Journal of Obstetrics & Gynaecology* 176:166-172.
- [8]. Snyder, C. R. (1989). Reality negotiation: From excuses to hope and beyond. *Journal of Social and Clinical Psychology*, 8, 130-157.
- [9]. Snyder, C. R. (1994). *The psychology of hope: You can get there from here*. New York: Free Press.
- [10]. Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., et. al.(1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, 60, 570-585.
- [11]. Snyder, C. R., Michael, S. T., & Cheavens, J. S. (1999). Hope as a psychotherapeutic foundation of nonspecific factors, placebos, and expectancies. In M. A. Hubble, B. Duncan, & S. Miller (Eds.), *Heart and soul of change* (pp. 205-230). Washington, D.C.: American Psychological Association.
- [12]. Verna Hendricks-Ferguson. (2006). Comparative Study; *Journal of pediatric oncology nursing: official Journal of the Association of Pediatric Oncology Nurses* Volume: 23 ISSN: 1043-4542.

ABOUT THE AUTHORS

Sidra Liaqat has completed her M.Phil in Applied Psychology in 2011 from Bahauddin Zakariya University Multan-Pakistan. At present she is serving as part-time teacher in the Department of Applied Psychology, BZU Multan. She has presented 6 papers in national conferences, and has supervised 10 theses at BS level. She is a hard working teacher having good communication skills.



Dr. Sarwat Sultan is currently working as Chairperson in the Department of Applied Psychology, Bahauddin Zakariya University Multan. She did her PhD in Psychology in 2009. She has contributed more than thirty research articles in National and International Journals, has presented 40 papers in Conferences at National and International level, and has supervised more than 100 dissertations. She is a distinguished teacher having experience of 15 years. She has been teaching various courses in the fields of Human Resource Management, Clinical Psychology, Research, and Psychological Testing. She is also the HEC approved supervisor for the Ph.D scholars in the subject of Psychology. She is also the Vice President of Pakistan Psychological Association.



Dr. Irshad Hussain is working as Associate Professor & Chairman of the Department of Educational Training, the Islamia University of Bahawalpur, Pakistan. He did M.Phil and PhD in Distance & Non-formal Education from Allama Iqbal Open University Islamabad, Pakistan. He conducted research at PhD level on impact of emerging technologies on teaching learning process in distance education. The main areas of his interest are Distance Education, Adult and Continuing Education, Emerging Technologies, Professional Development, Literacy and Teacher Training Programmes through Distance Education. He has worked in different research studies in the area of Adult Education, Literacy and Primary Education conducted for GTZ Germany, UNESCO Pakistan Office, Asian Development Bank (ADB) Islamabad, Saudi Arabian Cultural Mission (SACM) Islamabad, Directorate of Staff Development Lahore and National Commission for Human Development Islamabad. He is a member of International Reading Association (IRA) USA, Pakistan Reading Association (PRA) Pakistan, Allama Iqbal Open University Islamabad (Course Team & Tutor and Research Supervisor at Master, M.Phil & PhD level).

