

## Spiritual Nursing Needs of Cancer Patients

Fares Sawafta<sup>1</sup>  
Mao Jing<sup>1\*</sup>

<sup>1</sup>Nursing Department, Tongji Medical College/ Huazhong University of Science and Technology, China

### Abstract

To determine the level of spiritual needs of cancer patients from nurses and to explore its influencing factors. Our sample included 153 inpatients from Tongji hospital and the oncology center from January 2017 to April 2018. We used the Chinese version of the Nurse Spiritual Therapeutics Scale (NSTS) to assess the level of spiritual needs of cancer patients from nurses. NSTS total score was (32.10±7.68). Regression results showed that religion and educational level were influencing factors in the patient. This paper argued that the level of spiritual needs was at middle. However, with various educational level and religion status the level of spiritual needs was different also.

**Keywords:** Cancer Patients, Spiritual nursing need, Nursing care.

### Introduction

In recent years, with the change of disease spectrum and human living environment, cancer has become one of the major diseases threatening human life. China Statistical Year book in 2016 [1] showed malignant tumor is the first cause of death. Uncertainty of cancer itself, the prognosis and the series of physiological, psychological, family and social problems associated with the treatment have left patients with a loss of confidence in life and just hoping to have spiritual dependence [2]. Studies have shown that cancer patients have higher needs for life's meaning and purpose, self-esteem, hope, religion, and forgiveness. They are eager to overcome pain and difficulties, and seek the meaning and value of life in order to face their own situation, which are precisely the spiritual needs of the patient [3].

In 1998, the WHO revised the concept of health, increased spiritual health, and mentioned that patients should be cared in the body, mind, society, and spirit. Sessanna et al. [4] suggested that spirituality is the cornerstone of nursing practice and that addressing the patient's underlying psychiatric problems is the first choice for holistic nursing care. Spiritual nursing is the attitude and behavior of nursing staff under the guidance of spiritual nursing values especially for human dignity, kindness, mercy, tranquility, gentleness, self-care and care for others [5]. They are designed to help patients seek life in the course of their illness.

They provide faith, trust, love and forgiveness to help them feel comfortable and forget the fear of death and relieve the uncertainty and discomfort in the course of treatment [6]. Spiritual nursing is still in its infancy in China. Most nurses lack understanding of spirituality and tend to equate spirituality with religious beliefs [7]. At present, there are few studies on the spiritual nursing of cancer patients in China, and there have been no studies to investigate the spiritual nursing needs of cancer patients. This study aims to explore the current needs of psychiatric care for cancer patients.

### Article Information

**Article Type:** Opinion

**Article Number:** SJASR-173

**Received Date:** 09 September, 2018

**Accepted Date:** 22 September, 2018

**Published Date:** 01 October, 2018

**\*Corresponding author:** Prof. Mao Jing, Nursing Department, Tongji Medical College/Huazhong University of Science and Technology, China. Email: [fjssawafta\(at\)gmail.com](mailto:fjssawafta(at)gmail.com); [adamsaw801\(at\)yahoo.com](mailto:adamsaw801(at)yahoo.com)

**Citation:** Sawafta F, Jing M (2018) Spiritual Nursing Needs of Cancer Patients. Sch J Appl Sci Res. Vol: 1, Issu: 7 (01-04).

**Copyright:** © 2018 Sawafta F, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

## Materials and Methods

### Study duration subjects

By using a convenient sampling method, cancer patients in a comprehensive three level of Tongji hospital and the oncology center in Hubei province from January 2017 to April 2018 has been selected. Patients should be more than 18-year-old and know that they are diagnosed with cancer; they have basic communication skills; they volunteered to participate in this study with clear consciousness. Exclusion criteria: A person with serious physical illness who cannot be investigated.

### Research tools

The general data questionnaire was designed by the researchers themselves, including age, sex, education, religious belief, work status, family monthly income and course of disease. The Chinese version of The Nurse Spiritual Therapeutics Scale, NSTS [8] was compiled by Professor Taylor in 2005. We used Chinese version of spiritual nursing needs inventory which containing 12 items. The option of each entry has been counted as one (strongly disagree), two (disagree), three (agree), four (strongly agree). The full mark is 48. The higher score mean a higher level of spiritual care will be needed. The mark between 12-24 means mild need, between 24-36 means moderate demand and between 36-48 means heavy demand. The number of Chinese version of the Cronbach's alpha system is 0.79 with a good internal consistency and its content validity index is 0.95 [8].

### The method of data collection

To prevent possible bias, all data were collected by the members of the study group and a unified instruction language was used to fill out the requirements. Before the data collection, the purpose, significance and research process of the study were explained. If the subjects have questions about the questionnaire, the researcher should be interpreted in a unified language in the process of filling. A total of 180 questionnaires were issued and 153 valid questionnaires were recovered. The effective rate of recovery was 85%.

### Statistical method

It is suggested that use Epidata 3.1 software to establish database and input data and use SPSS 21 software to have a statistical analysis. The general information of the object uses frequency and percentage statistics. The spiritual care needs of cancer patients scored by the mean and standard deviation description; t-test, analysis of variance and multivariate linear regression was used to analyze the factors affecting the spiritual care needs of cancer patients.

## Result

**General information of the subjects:** 79 (51.63%) of them were men and 74 (48.37% of them were women among the 153 patients; The age was about 23~82 (52.11 + 13.85) years old; There were 42 objects who had religious belief (27.45%), and 111 objects who did not (72.55%); Education background: 45 cases were in junior middle school and below (29.41%), 63 cases (41.18%) were in senior high

school and 45 in College (29.41%); Course of disease: 100 cases had 0~12 months courses of disease (65.36), 32 cases had 12~24 mouths course (20.92%) and 21 cases had more than 24 mouths (13.72%).

**Spiritual nursing needs of cancer patients:** The research findings showed that the score of the spiritual care needs in patients with cancer is 32.10±7.68. The level of demand was at a moderate level, which showed that most patients had different levels of spiritual nursing needs. Sort the entries in the scale, and list the 5 entries with the highest score and the minimum 5 entries (Table 1).

**Comparison of cancer patient care needs spiritual scores of different general information:** The research findings showed the age difference, number of children, educational level, work status and income were not statistically significant ( $P > 0.05$ ), but there are differences in both gender and whether religious spiritual care needs of cancer patients ( $P < 0.05$ ) (Table 2).

**Analysis of the factors affecting the spiritual care needs of cancer patients:** The total psychiatric care needs of cancer patients were used as dependent variables (Table 3). The other variables which influence spiritual care needs in patients with cancer are considered as independent variables. The independent variable assignment can be seen in Table 4.

The research findings show that cancer patients who have religious belief have a higher spiritual care needs than those who have not; Cancer patients who have a higher educational background have a lower demand of spiritual care needs (Table 5).

## Discussion

The psychiatric care needs of cancer patients were at a moderate level in this study, which shows that most cancer patients demand for spiritual care and is similar to the findings of Taylor [9]. In this study, there are two psychiatric

**Table 1:** The 5 highest scores required for psychiatric care in cancer patients.

Clauses	Score
Bring me some humor, such as: share a joke	3.49±0.66
Provide me with a quiet and solitary environment	3.32±0.76
Listen to me about my spiritual concerns	2.90±0.95
Listen to my life story	2.81±0.97
Listen to my spiritual strength	2.75±0.97

**Table 2:** Cancer patients had the lowest 5 requirements for spiritual care needs.

Clauses	Score
Ask my religious custom	2.21±0.97
If necessary, help me to practice religious practice	2.22±1.01
Provide a conversation about meditation or help me meditate	2.31±0.97
Ask me about my spiritual beliefs	2.37±0.94
Ask what gives me the meaning of life	2.40±0.93
Clauses	Score
Ask my religious custom	2.21±0.97
If necessary, help me to practice religious practice	2.22±1.01
Provide a conversation about meditation or help me meditate	2.31±0.97
Ask me about my spiritual beliefs	2.37±0.94
Ask what gives me the meaning of life	2.40±0.93

**Table 3:** Comparison of cancer patient care needs spiritual score of different demographic characteristics.

Project	Classify	Cases	Total score	Statistic value	P
Sex	Male	79	30.87±7.86	2.07	0.04
	Female	74	33.42±7.30		
Age	18-	34	32.47±6.55	0.40	0.76
	40-	65	31.75±6.55		
	60-	52	32.10±8.51		
	More than 80	2	37.50±3.54		
Educational background	Junior	45	34.22±6.63	2.48	0.09
	Senior	63	31.30±8.71		
	University	45	31.11±6.81		
Religious Belief	Yes	42	34.31±1.07	-2.21	0.03
	No	111	31.27±0.74		
Number of Children	0	13	33.08±6.40	0.18	0.83
	1-3	137	31.98±7.85		
	3+	3	33.67±6.03		
Job	In-service	57	31.72±6.43	-0.48	0.63
	Others	96	32.33±8.35		
Household monthly income (Yuan)	<2000	24	32.88±9.18	1.67	0.19
	2000+	110	31.47±7.30		
	>6 000	19	34.79±7.50		
Course of disease (month)	<12	92	32.00±7.65	0.15	0.86
	12+	40	31.90±8.23		
	>24	21	32.95±6.97		

**Table 4:** Variable assignment table.

Variables	Value
Age	18~1; 40~2; 60~3; ≥80=4
Sex	Male=0; Female=1
Educational background	0=1; 1~3=2; >3=3
Religious Belief	NO=0; YES=1
Number of Children	In-service=0; Others=1
Household per capita monthly income (Yuan)	<2 000=1; 2 000~2; >6 000=3
Educational background	Junior=1; Senior=2; University+=3
Course of disease (month)	<12=1; 12~2; >24=3

**Table 5:** Multiple linear regression analysis of psychiatric care needs of cancer patients.

Variables	Partial regression coefficient	Standard error	Standardized regression coefficient	t value	P value
Education	-1.625	0.791	-0.163	-2.054	0.042
Religious belief	3.146	1.360	0.183	2.313	0.022

care needs which scored higher than others. The first one is hoping that the nurses can ease their pain through humor. The patients expressed that they highly suffer from pain during the treatment process and hope that nurses can be humorous (such as telling a joke) when they cannot

control themselves, as this may help them to forget the pain and regain confidence. It is consistent with the reports of Hampton et al. [10] which shows that what patients want is just a smile. Because of the disease, most cancer patients will produce pessimism, fear and disappointment. How to bring humor to the patient and relax the mind and body in this state of mind is the ability that the nurse must have. The second is that patient hope they can be provided a quiet environment. Nixon and Narayanasamy, [11] and other qualitative studies of patients with neurological cancer show that patients have the need to be alone; patients want nurses to provide them with a solitary environment, so that they can experience inner peace, which is consistent with the results of this study.

Morrison [12] suggested that loneliness can make individuals see the problem through the observation of the environment, and that self-cognition makes the frustrated soul gets treatment and help individuals to face and overcome fear. The pain of cancer and the adverse reactions seriously affect the patient's diet emotions and sleep quality. The patient will suffer from fatigue and difficulty in falling asleep. Therefore, a quiet relaxing environment is necessary for cancer patients [2]. Hence, nurses should provide some quality time with a quiet environment for such patients to make them experience their inner peace and relax.

In this study, 64% of patients wanted nurses to listen to their life stories, just as what Di et al. [13] has said that the wish of life is an easy way of expression of China's hospice patients to receive spiritual needs. Hermann's [14] works also showed that cancer patients said that reviewing life can help them understand life events and help to achieve a sense of peace. Life review is a very important spiritual care measure that can help patients to strengthen their positive events and identify their contributions to the family and to others, as well as affirming the meaning of life through the positive guidance; To guide patients to correctly deal with the negative events, so that patients can take a more positive attitude to face life.

The degree of demand in the top 5 entries includes listening to the spiritual concerns, life stories and spiritual strength, religious beliefs and spiritual and the meaning of life in 5 items after comparing the level of need. It can also be understood that patients prefer nurses who listen. Listening is a kind of understanding and company, which is consistent with the result of LinJingqi, who mentioned that cancer patients need to be understood [15]. Good listening ability is not only an essential skill of nurses, but also can build a good foundation of nurse patient relationship.

Patients whose have religious belief have a higher demand of the spiritual nursing needs, which is similar to the result of Hocker et al. [16]. Religious needs are an important component of spiritual needs, mainly for prayer, religious practice and reading related books. Patients with religious beliefs may be accustomed to accepting the mental support of others, and are more likely to receive spiritual care from nurses [15]. Studies [17] have shown that the religious beliefs of patients hold that pray is a process which comes from God and can enhance the disease resistance strength.

Due to physical factors, their religious needs cannot be met [10]. Therefore, in the face of patients with religious beliefs, nurses should pay more attention to the religion-related parts of spiritual care needs and provide appropriate spiritual care according to their needs.

The results of this study show that the higher a patient's educational level lead to lower his spiritual care needs. Yang Jing [17] has expressed the spiritual concept of psychology, suggesting that spirituality is connected to psychological existence at a certain level. Hong Jing-Fang et al. [18] survey showed that the lower educational background will highly influence the level of psychological distress [18]. Patients with low educational backgrounds have relatively few social resources available. In this study, the increased of the patient educational lead to an increase in the demand of nurses to provide a quiet and solitary environment. This is consistent with the research result of Büssing et al. [19] who found that higher educational background is associated with higher inner seeking. Patients who have a higher educational background have a lower demand of spiritual care needs. It shows that these patients are relatively less dependent on nurses; patients depend on spiritual needs but do not require nurses to provide all their needs [20]; mg on every other regimen had equal effect when compared to daily dose regimen of atorvastatin 40 mg & rosuvastatin.

## Conclusion

The spiritual care needs of cancer patients was moderate, its main influencing factors are religious beliefs and educational level. In order to provide spiritual care for cancer patients, and truly solve the patient's spiritual problems, the nursing staff should proceed from the following two aspects: On one hand, they should have better understanding of their patients, know their needs, such as their illness, spirit, family, society and other aspects; On the other hand, nursing staff should improve their understanding of spiritual care and the ability to provide spiritual care in order to accurately assess the patient's spiritual distress. And they should have the ability to provide individualized spiritual care to meet its spiritual care needs.

In this study, the demographic records of the subjects were not comprehensive enough, and the data on the patient's treatment and physical condition were not recorded, therefore, the impact of these factors on the patient's spiritual care needs cannot be analyzed. Further research is needed to fill this gap as to carry out a more in-depth discussion on the spiritual care needs of patients with cancer.

## References

1. People's Republic of China National Bureau of statistics (2016) China Statistical Yearbook, Beijing, China Statistics Press, China.
2. Xiaojie Z, Yu L, Yi Y (2015) Investigation and analysis of terminal cancer patients on hospice care. *Journal J Nursing* 30: 27-30.
3. Peng C (2012) Quality of life of patients with advanced cancer. Shenyang: China Medical University, China.
4. Sessanna L, Finnell DS, Underhill M, Chang YP, Peng HL (2011) Measures assessing spirituality as more than religiosity : a methodological review of nursing and health-related literature. *J Adv Nurs* 67: 1677-1694.
5. Ramezani M, Ahmadi F, Mohammadi E, Kazemnejad A (2014) Spiritual care in nursing: a concept analysis. *Int Nurs Rev* 61: 211-219.
6. Cobb M, Dowrick C, Lloyd-Williams M (2012) What can we learn about the spiritual needs of palliative care patients from the research literature. *J Pain Symptom Manage* 43: 1105-1119.
7. Li Ka-shing Foundation (2014) "Human Affection" National Ningxia Medical Service Program Office. Soothing Medicine. Beijing: Higher Education Press, China.
8. Haiyan X, Mengqi Li, Ying W (2017) A preliminary test of the reliability and validity of the Chinese version of patients' demand for spiritual care provided by nurses. *Chinese Nursing Management*.
9. Taylor EJ (2005) Spiritual care nursing: what cancer patients and family caregivers want. *J Adv Nurs* 49: 260-267.
10. Hampton DM, Hollis DE, Lloyd DA, Taylor J, McMillan SC (2007) Spiritual needs of persons with advanced cancer. *Am J Hosp Palliat Care* 24: 42-48.
11. Nixon N and Narayanasamy A (2010) The spiritual needs of neuro-oncology patients from patients' perspective. *J Clin Nurs* 19: 2259-370.
12. Morrison J (1986) *The wilderness solo: Solitude and recreation*. Edmonton, University of Alberta, Alberta, Canada.
13. Di D, Xin W, Conghua X (2014) The desire of life is a kind of expression of spiritual demand which is easy to be understood by Chinese patients. *Proceedings of the Tenth National Conference on Cancer Rehabilitation and Palliative Medicine, 2014*.
14. Hermann CP (2001) Spiritual needs of dying patients: a qualitative study. *Oncol Nurs Forum* 28: 67-72.
15. Lin Jingqi (2005) *An inquiry into the needs of hospitalized patients at the end of cancer*. Hualian: Tzu Chi University, Taiwan.
16. Hocker A, Krüll A, Koch U, Mehnert A (2014) Exploring spiritual needs and their associated factors in an urban sample of early and advanced cancer patients. *Eur J Cancer Care* 23: 786-794.
17. Jing Y (2015) Effects of spirituality on the rehabilitation of cancer patients. Department of Psychiatry, Chinese Journal of Nursing, Chinese Academy of Sciences, Beijing, China.
18. Hong Jing-Fang, Zhang W, Song Yong-Xia, Xie Lun-Fang, Wang Wei-Li (2015) Psychological distress in elderly cancer patients. *Int J of Nursing Sci* 2: 23-27.
19. Büssing A, Balzat HJ, Heusser P (2010) Spiritual needs of patients with chronic pain diseases and cancer-validation of the spiritual needs questionnaire. *Eur J Med Res* 15: 266-273.
20. Taylor EJ (2006) Prevalence and associated factors of spiritual needs among patients with cancer and family caregivers. *Oncol Nurs Forum* 33: 729-735.