Explain The Process And Outcome Of Spiritual Care For Cancer Patients

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Abstract

Introduction: Spiritual care is a component of a holistic approach to care and treatment. But health care providers face many challenges when it comes to spiritual care. To address these challenges, the implementation process must be identified and, after implementation, the possible outcomes examined.

Purpose: This study aimed to explain the process and outcome of spiritual care for cancer patients.

Methods: This study was a descriptive qualitative-exploratory research, in which 27participants were selected through purposive sampling and had semi-structured interviews.

Result: The data analysis revealed 2 themes and 5 sub-themes including the process of spiritual care[Identifying spiritual needs, analyzing the situation to meet spiritual needs, expanding spiritual care, spiritual promotion] and the outcome of spiritual care[Spiritual promotion, spiritual distress]. In this study, the received topics have been related to spiritual care which can help improve patient care.

Conclusion: These results added to the knowledge about providing spiritual care to cancer patients, and explained the process and outcome of spiritual care for health care providers, to be included in the design of a spiritual care program for these patients.

Introduction

Spirituality is an essential source of care for a cancer patient and health care providers [1]; Because the diagnosis of cancer and aggressive treatments for it in many cases deprive the patient of the ability to enjoy life and increase his spiritual needs and puts him at risk of spiritual distress [2]. For these patients, there are several semantic challenges regarding why they suffer from an incurable disease, the meaning, and purpose of life, death, and life, which sometimes confronts them with severe spiritual conflicts in performance [3]. Accordingly, determining the spiritual needs of these patients is very important for supportive planning in care and treatment [4].

Just as before planning treatment care to manage the patient's physical problems, it is necessary to examine the causes and factors, clinical manifestations, patient history, and factors affecting treatment and care, so it is to provide spiritual care. If health care providers are familiar with the correct method of discovering the patient's spiritual needs, they will be better at recognizing problems and planning to address this category of needs [5].

When spiritual needs are not recognized, the patient at the end of life struggles with a time of anxiety and worry that affects his emotional and spiritual health, which will practically lead to death with dissatisfaction with life. [6]. Cancer patients want to raise their spiritual challenges so that they do not face fear, judgment, or denial. But the spiritual needs of these patients may not be explicit at all stages of the disease [7]. They expect the health team, especially nurses, to provide them with spiritual support resources to help them cope with illness. Studies have shown that the patient does not seek spiritual

guidance from the physician and nurse, but expects a good relationship with him or her so that he or she can talk about his or her fears and ambiguities [8].

Despite these expectations, however, years of spiritual care in the performance of health care providers have been tantamount to the practice of religious traditions and have often been marginalized [9]. The first problem was that to enter spirituality into care and treatment, it was necessary to explain a comprehensive concept of it [10] so that the health team could pay attention to the problems of incurable patients such as cancer patients, even without religious expertise. 11]. Today, the concept of spirituality includes the meaning, purpose, and connection of man with himself, with a superior force, with the people around him, and also with the nature around him [12]. Spiritual care is recognized as a legal aspect of the work of health care providers, But the question is always how this care should be done? [13]

Another problem that is still evident in most societies is that despite research showing the benefits of spiritual evaluation and spiritual care for cancer patients, unfortunately, the process of meeting the patient's spiritual needs by health service systems is unclear and physicians and nurses Those who provide this caring act according to their traditions and beliefs [14-14].

To provide spiritual care, it is necessary to specify the process; In a way that makes this care conceptual for the patient [16]. The process of providing spiritual care as a systematic process should explain how to collect spiritual information from the patient so that the health team in assessing the patient's spiritual problems can provide a complete picture of his spiritual condition. [17] To provide interventions based on these goals and plans, to provide patient-centered spiritual interventions during an inter-professional collaboration [18]. It is also necessary to evaluate the spiritual care program provided to the patient so that the half-health, while evaluating the degree of success in achieving the goals, also complete their performance [19]. Numerous assessment tools are available to identify potential spiritual needs in patients as a guide for health teamwork [20]. These tools increasingly prevent religious bias and focus on broader concepts of spirituality, namely the meaning and purpose of life, the sources of power and hope, the relationship with self and God and others, and nature [21]; But physicians and nurses need the training to conceptualize patient-centered spiritual needs [22]. The issue of how each concept is explained about each patient and with what structured and objective statements is presented has requirements that without the knowledge and benefit of the cooperation of religious counselors and psychologists may not cover all aspects of the patient's spiritual problems. Accordingly, the present study was designed and conducted to explain the process and outcome of spiritual care for cancer patients.

Methods

Research Design

This was a descriptive qualitative-exploratory study. Qualitative research suits the goal well when the researcher has to study and interpret the events as well as the participants’ comments and viewpoints [23].

Research Setting

The research setting was the internal cancer wards of four educational and non-educational medical centers and clinics in Isfahan, Iran. Isfahan is a religious city, with 99% Muslims and 1% Armenian, Jewish and Zoroastrian religious minorities.

Participants and Interview

There were two groups of participants in this study. The first group: patients over 20 years old with cancer who had been referred to the hospital with personal, occupational, social, and family dysfunction and were willing and willing to participate in the study. Category 2: Health service providers including nurses and oncologists, psychologists, and religious counselors with at least three years of experience working with cancer patients who were willing and willing to participate in the study.

Participants entered the study after obtaining verbal and written consent. Semi-structured interviews were conducted with 27 participants and one participant was interviewed twice. Each interview lasted 40-60 minutes and all conversations were recorded. The interview with the patient began with the main explanation and question: "Please talk about non-physical problems and the needs and expectations you have when you are hospitalized." Interviews with health care providers began with the key question: "Please talk about your experiences with the spiritual care you provide to chronic patients and what should be considered in the care and treatment of these patients." In all interviews, following the main question, more specific questions were asked based on what the participants said. Data collection continued from July to November 2020.

Data Analysis

Qualitative analysis of data was performed based on Granheim and Landman method. In this method, data is categorized and named [24]. After each interview, the first researcher [MM] who wrote the interviews wrote it word for word. The results then became a summary of the meanings of the words and phrases. Both researchers [AI and MM] then read the summaries separately and categorized the meanings. The results of the researchers' analysis were compared and summarized to reveal the differences and similarities. No new data were obtained after 28 interviews with 27 participants. To ensure data saturation, two additional interviews [with one patient and one nurse] were performed but no new data were obtained.

For member check-in, a patient, a nurse, and a religious counselor reviewed the results of the analysis and confirmed the researchers' interpretations. For peer check, the results of the analysis were reviewed by 5 out-of-study researchers. To achieve data rigor and trustworthiness, participants were selected from different ages, educational levels, and different types of collaboration. To evaluate the transferability of the data, the results of the analysis were reviewed by three nurses and an out-of-research psychologist with similar experience of the participants. An external audit was performed by a person skilled in analyzing qualitative data.

Ethical consideration:

This study was approved by the Research Ethics Committee of the Islamic Azad University Najafabad Branch, Iran [Approval ID: No. IR.IAU.NAJAFABAD.REC.1398.049]. The informed consent form was completed by the participants. Participants were reassured that they could leave the study whenever they wished to continue. The names of the participants were confidential and each person was assigned a code. Participants who had negative and distressing experiences were provided with psychological support by a psychologist.

Results

The study population consisted of 17 health care providers and 10 patients. 6 patients were Muslim and 2 were Armenian, 1 was Jewish and 1 was Zoroastrian. The average work experience of health care providers was 15 years and the religion of all of them was Islam. Table 1 presents the demographic characteristics of the participants.

Table 1. The Demographic Characteristics of the Participants

Married	Age range	Gender		number	Participants
		Male	Female		
80%	23-68	50%	50%	10	Patient
100%	25-58	57%	43%	17	Health Team

A total of 10 interviews were conducted with the participants of the first group, and 18 interviews were performed with members of the healthcare team. five sub-themes including identification of spiritual needs, situation analysis to meet spiritual needs, expansion of spiritual care, spiritual promotion, and spiritual distress was extracted from 910 codes and were assigned into two themes of the process of spiritual care and the outcome of spiritual care.

Table 2 presents the categories, subcategories, and examples of participant quotations.

Category	Subcategories	Initial Categories	Examples of participant quotations
1. The process of satisfying the spiritual needs of the patient	1-1 Identify spiritual needs	· Assess spiritual needs · Investigating the patient's attitude and behavior towards the disease · Investigating the patient's spiritual problems	*"The leukemia patient decided to separate two years ago after a fight with his wife. He has severe nosebleeds and is diagnosed with cancer a few days later. He felt that it had caused the disease, and no matter how much painkillers they took, the pain did not go away. We followed up and talked to his wife. We said that he might not be here for another month or two. Come and tell me I forgave and what happened, the patient's methadone dose dropped drastically and he said, I was fine at all. "Although he died two months later, he regained his composure, and as soon as the cause of his pain was discovered and the cause resolved, it was a spiritual work." [A spiritual counselor[*
	2-1 Situation analysis to meet spiritual needs	o Analysis of community culture o Evaluate patient self-care performance o Investigating the underlying factors in	"Usually in Iranian patients, it is not the culture to open up spiritual issues. Aside from the issue of medicine and treatment, neither physicians nor patients and families were accustomed to side discussions. "It is the expertise and maturity and comprehensiveness of the physician and nurse that can give the patient the belief that the problem is not ineffective on physical symptoms." [An oncologist]

		meeting spiritual needs · Investigate barriers to providing and receiving spiritual care	
	1-3 Expand spiritual care	· Provide basic strategies for spiritual care · Develop a structure for providing spiritual care · Provide spiritual care content	"Patients expect us not to be indifferent in dealing with their spiritual issues, But we do not know to what extent we can encroach on the patient's beliefs. Is this correct at all? Does it matter to us at all? If someone wants to do this, colleagues will criticize him. Managers believe that you must take care of the problem that the patient has referred to. Solve other problems elsewhere. "Our task is to determine how this care should be done and who is responsible." [A cancer nurse]
2. Outcome of spiritual care	2-1 Spiritual promotion	· Increase resistance power · Mood upgrade · Create a sense of satisfaction . Compatibility with the current situation · Lower expectations · Reducing mental illness	"I was a teacher and I live with the power of my mind. I emotionally separated myself from the problems of the disease. "I see cancer as part of strengthening myself, and this kind of thinking has made me able to endure and resist to be alive." [A patient with breast cancer]
	Spiritual distress 2-2	· Spiritual turmoil · Occurrence of internal conflicts	"... When a clergyman goes over the patient's head, he should not talk to the patient about death and the other world, etc., this will make the patient disappointed in everything. "Sometimes we see that with these actions, the patient loses the same spirituality he had and becomes angry with God" [a health psychologist]

Category 1: The process of meeting spiritual needs

To identify the spiritual needs of each patient, the needs must be met through a coherent process. Identifying spiritual needs, situation analysis to meet spiritual needs, and expanding spiritual care should be done step by step. Findings of this category showed that meeting spiritual needs requires cooperation between professional health care providers and receiving specialized training in this field.

According to health care providers, identifying spiritual needs leads to accurate and effective planning for providing spiritual care. For this purpose, it is necessary to examine the patient's spiritual needs, attitude, and behavior towards the disease and the patient's spiritual problems [Subcategory 1-1].

Examining and analyzing the existing conditions by recognizing and exploiting facilitating factors, awareness of negative interfering factors, and proper planning to eliminate those factors, can be effective in meeting the spiritual needs of patients. These factors can be the culture of the community, the practice of patient self-care, effective factors in meeting spiritual needs, and barriers to providing and receiving spiritual care[Subcategory 1-2].

The findings showed that despite the many obstacles, the provision of spiritual care can be facilitated by examining the above.

Because cancer patients need frequent hospitalizations, it is necessary to take a comprehensive look at their issues and problems to implement a series of operational strategies to establish, structure, and provide spiritual care, which, according to health care providers, unfortunately, the situation in this area. There is nothing desirable [Subcategory 1-3].

Category 2: Outcome of spiritual care

The purpose of providing spiritual care is to reduce the spiritual problems of patients by meeting their spiritual needs; Therefore, the evaluation of the provided spiritual care should be done for each patient and based on the measures taken based on the specific spiritual needs of each patient and based on the expected outcomes; But what became clear from the analysis of the content of the participants' speeches is that the result of spiritual care can be positive, in the direction of the patient's spiritual development, or in a negative way, and cause his mental illness. Findings of this category showed that evaluation of spiritual care helps health care providers in purposeful and effective planning.

The experiences of the participants showed that effective spiritual care leads to increasing the patient's ability to resist the problems caused by the disease, improving morale, creating a sense of satisfaction, adapting to the current situation, achieving peace of mind, and reducing expectations and mental illness. [Subcategory 2-1].

It is important to note that providing spiritual care based on the personal beliefs of health care providers leads to internal conflicts in the patient. Such inconsistencies in the provision of spiritual care cause spiritual turmoil in the patient [Subcategory 2-2].

Discussion

In this study, the process and outcome of spiritual care for cancer patients were explained. The results of this study revealed five sub-themes: identifying spiritual needs, analyzing the situation to meet spiritual needs, expanding spiritual care, spiritual promotion and spiritual illness, and two main themes: the process of providing spiritual needs and the outcome of spiritual care.

In the category of explaining the process of spiritual care, identifying the spiritual needs of patients was introduced as the first step in planning spiritual care and to solve the religious, epistemological, psychological-spiritual, and supportive-spiritual challenges of patients. Although health care providers should not inquire into the patient's beliefs, finding evidence of the patient's spiritual problems leads physicians and nurses to discover his or her spiritual needs [25]. Situation analysis is also essential to meet spiritual needs. It is necessary to carefully assess the specific conditions of each patient, including age, sex, culture, religion, the culture of the community, how self-care works, the underlying factors in providing spiritual care, and the barriers to providing and receiving it. The study by Gullate et al. Showed that religion, spirituality, and belief in the fate of cancer played a role in delaying the search for treatment and that this delay was related to personal characteristics such as education and marital status [26].

To expand spiritual care, items were identified as basic and structural strategies as well as the content of spiritual care. The basic strategies were measures to lay the groundwork for providing spiritual care to cancer patients. The results of this study showed that health care providers were not familiar with the importance and disadvantage of spiritual care and how to provide it, and only considered dealing with the patient's physical affairs as one of their duties, which revealed the need to change the attitude of the health team. The vacuum of structured spiritual care based on referring patients for specialized planning to meet their spiritual needs was also very evident. Recognizing this gap, Irajpour et al. In a study designed a program of palliative care interdisciplinary training and identified the various dimensions of the educational needs of health care providers. The results of this study were a guide for preparing the health team to provide optimal care in the form of inter-professional teams [27].

In another class obtained in this study, the outcome of spiritual care was explained. The results showed that spiritual promotion by strengthening the morale and resilience of patients is effective in creating a sense of life satisfaction and adaptation to the current situation. Patients' spiritual upliftment can reduce their expectations of those around them and health care providers and bring them more peace of mind by overcoming stress. The results of Sankhe et al. Showed that providing patients 'opinions and participating in spiritual activities as a supportive factor can reduce patients' stress, anxiety, and depression by creating hope, strength, and meaning in life [28]. Strengthening psychological characteristics such as optimism and self-confidence along with other spiritual considerations are associated with life satisfaction and quality of life of patients [29].

In contrast, mental illness was identified as a negative outcome of spiritual care. The results showed that spiritual illness poses obstacles to achieving the expected results. Also, it imposes new spiritual problems on the patient. Spiritual illness leads to internal conflicts and turmoil. Asadi- Lari concludes from a

systematic study that although there is a deep belief in spirituality in Islamic societies, a well-codified spiritual care plan has not yet been developed for the care of these patients and many of the health team behaviors are influenced by their attitudes toward outcomes. Expected spiritual care is compromised; Therefore, it is necessary to provide training for health care providers on how to provide spiritual care to patients so that they can meet their spiritual needs and reduce their level of dissatisfaction [30].

Conclusion

The findings of this study showed that to provide spiritual care to a cancer patient, it is necessary to design a systematic program based on the care delivery process. After the implementation of this plan, it should be evaluated, and based on the obtained results, a decision should be made on how to continue spiritual care. A developed program will not always have a positive outcome. Any planning disturbances must be identified promptly and revised to provide effective spiritual care.

Limitations

The environment of this research was the city of Isfahan in Iran. In this city, people have strong religious beliefs and sometimes interpret spirituality in the form of religion, which can affect the results of this study. Thus, the reported results may not fully reflect the process and outcome of spiritual care in all societies with other cultures.

Declarations

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Consent to participate The informed consent form was completed by the participants.

Consent for publication: We, give my consent for the publication of identifiable details, which can include case history and details within the text to be published in the above Journal and Article. We confirm that We have seen and been given the opportunity to read the Article to be published by Springer.

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