

RESEARCH ARTICLE

Spiritual Well-Being of Filipino Patients with Cancer

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Abstract

Cancer is a serious disease that leads to physical, psychosocial, and spiritual difficulties. Filipinos' high reverence to God can affect their health-related behaviors and responses to illnesses like cancer. Though studies have shown the association of spirituality and quality of life, very few have been conducted in Filipino cancer patients. This study aimed to describe their spiritual well-being in terms of the personal, communal, environmental, and transcendental domains; and compare spiritual well-being across different patient characteristics (i.e. type of cancer, stage of cancer, type of treatment, and the period since first symptoms are felt) as input to determining patients at risk for spiritual distress. A descriptive cross-sectional design was utilized with 87 conveniently sampled respondents. A researcher-developed questionnaire and the Spiritual Health and Well-being Measure© (SHALOM) instrument were used to collect data. Data were analyzed using descriptive statistics and Kruskal Wallis H Test. Majority of the respondents were below 50 years old, female, married or with a common-law partner, had at least a high school education, unemployed, did not have enough income to support basic needs, Catholic, and an active member in the church. Most of them had colorectal cancer, were in Stage III, first felt symptoms 6 months to 1 year prior to the conduct of the study, and received a combination of treatments. In terms of personal state, the patients had the highest spiritual well-being in the Transcendental Domain which describes one's relationship with God. The second-highest spiritual well-being level was found to be the communal domain followed by personal, and environmental domains. Significant differences were found in the spiritual well-being scores in the 4 domains across the types of cancer, with the lowest scores among those with head and neck cancer. Filipino patients in the study had high spiritual well-being despite the presence of cancer. Patient characteristics, especially their illness profile, should be considered in developing nursing interventions that may improve their spiritual well-being.

Keywords: *spiritual well-being, cancer, nursing, Filipinos*

Introduction

Cancer is one of the leading causes of morbidity and mortality in the world. In the Philippines, it is the second leading cause of death after cardiovascular diseases (Philippine Statistics Authority [PSA], 2021). In Globocan 2020, there are 153,751 new cases, 92,606 deaths, and 354,398 prevalent cases (5-year) in the Philippines (Globocan, 2020; PSA, 2021). Studies suggest that spiritual well-being improves the health outcomes of patients with cancer (Feng et al., 2021; Martins et al., 2019; Zare et al., 2019). The positive outcomes related to the quality of life, mental health, and death anxiety generated interest and numerous research on the subject. In Fisher's Spiritual Health and Life-Orientation Measure, spiritual well-being (SWB) is an indication of one's spiritual health and an important indicator of health-related quality of life. It can be expressed in four domains— personal, communal, environmental, and transcendental. The Personal Domain pertains to the search for

one's identity, meaning, and purpose. Communal Domain is demonstrated through love, trust, hope, forgiveness, and faith in humanity. Environmental Domain is seen through care, nurture, and being in awe of the physical environment. Lastly, the Transcendental Domain is demonstrated through faith, adoration, or worship of something or some-One beyond the human self (Fisher, 2016). Many factors had been found to contribute to spiritual well-being. Among them are sex, age, religion, educational attainment, employment status, marital status, phase of care/hospitalization, stage of illness, and prognosis (Hiratsuka et al., 2021; Martins et al., 2019; Rohde et al., 2017). Greater SWB was found among females, older adults, Catholics, with lower educational attainment, employed, singles and widows. Lower SWB was found in those with greater adversities in their cancer experience. They were more likely to experience spiritual distress (Hiratsuka et al., 2021).

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Though studies have shown the association of spirituality, quality of life, and patient factors, very few have been conducted in Filipinos with cancer (Cariñgal et al., 2020). There is also a lack of role clarity and uniform approach among nurses in providing spiritual care because there is no agreed definition of spiritual need (Zehtab & Adib-Hajbaghery, 2014). Hence, this study aimed to describe Filipino cancer patients' spiritual well-being in terms of the personal, communal, environmental, and transcendental domains. It also aimed to compare spiritual well-being across different patient characteristics (i.e., type of cancer, stage of cancer, type of treatment, and period since first symptoms are felt) as input to determining patients at risk for spiritual distress.

Method

Research design

A descriptive cross-sectional design was utilized in this study.

Sample and Setting

The study was conducted in the cancer center of a tertiary hospital. It was a 48-bed capacity unit with 40 beds allocated for the adult patients and 8 beds in a separate room for the pediatric patients. There were 38 to 40 cancer patients, who were admitted for cancer treatment (i.e., chemotherapy, and radiation therapy), in the unit daily.

Convenience-purposive sampling was used to select participants who met these inclusion criteria: 1) patients with cancer aged 19 to 60 years old admitted in a cancer center of a tertiary hospital at the time of the study; 2) diagnosed with either stage III or IV (or its equivalent since there are cancer types like blood cancers that do not use the TNM [Tumor-Nodes-Metastasis] cancer staging system). Participants were excluded if they had exhibited signs of cognitive problems such as confusion, disorientation, or emotional imbalance that could affect their decision-making. They were also excluded if they had not been able to provide informed consent, or they had been in cardiorespiratory distress at the time of the data collection. Using G*Power with an effect size of f^2 0.25, 0.8 power, α of 0.05, and 4 groups/categories to be compared, the target sample size was 180. However, the target sample size was not met and only 87 respondents were able to provide data completely. Many of the patients in the hospital did not meet the inclusion criteria, and some of the respondents were not able to complete due to difficulty in reading, understanding, and answering the questions, and pain.

Instruments

Self-administered questionnaires were used in the study. The first questionnaire used was the Filipino Cancer Patient Profile

which asked about the patient's age, sex, civil status, educational attainment, occupation (with work or unemployed), family income (whether enough or not enough to support basic needs), religious affiliation, type of cancer that is based on site of origin, stage of cancer, cancer treatment, and length of time since first symptoms were felt. The second questionnaire used with permission from the developer was the Spiritual Health and Life-Orientation Measure (SHALOM). The SHALOM questionnaire, which was developed by Dr. John Fisher to assess spiritual well-being, consisted of 20 items on a Likert scale (1-lowest score, and 5 – highest score) reflecting each of the 4 domains of spiritual well-being: personal, communal, environmental, and transcendental. The definitions of each domain were provided in the earlier section of this paper. The average score was taken per domain, and higher scores meant higher spiritual well-being. The personal state of the adult Filipinos with cancer is reported in this study.

The instrument has been used in different countries and among different populations such as students, teachers, doctors, nurses, abused women, and troubled youth. It has also undergone rigorous statistical testing and was used in different languages (Fisher, 2016; Riklikienė et al., 2018) and has a Cronbach's alpha of 0.886 (Eksi & Kardas, 2017). Before the questionnaire was used on the sample population, it was translated to Filipino by the Sentro ng Wikang Filipino. The Filipino version was back-translated to English and the authors reviewed the back-translation. The Filipino translation also underwent pilot testing wherein Filipino nurses and patients answered the tool and were asked for comments. The Cronbach's alpha of the translated version is 0.915.

Data Collection

The selection of participants was done through chart review. After selection, the nature and purpose of the research were explained to the patients who met the inclusion criteria. Then, informed consent was obtained to complete the recruitment process. It was emphasized that participation in the study was voluntary, and a patient could stop participating in the research at any time with the withdrawal criteria as follows: verbal refusal to continue participation, the onset of cardiorespiratory distress during the data collection, and inability to finish the research questionnaires due to fatigue, pain, and/or any discomfort. The questionnaires were self-administered, and the researcher collected these upon completion which was usually after 15 to 30 minutes. Data collection was conducted from August to October 2017.

Data Analysis

Patient characteristics and their spiritual well-being were summarized through descriptive statistics. Since the spiritual well-being scores were not normally distributed and the sample

size was limited, the Kruskal-Wallis H test was used for the comparison across different patient characteristics. The small sample size was considered in the analysis and is a limitation of the study.

Ethical Considerations

This study with protocol code UPMREB 2017-153-01 was reviewed and granted ethical clearance by the University of the Philippines Manila Research Ethics Board (UPMREB) Review Panel 2. Then, the permit to conduct research in the cancer center was given by the Philippine General Hospital Expanded Hospital Research Office (PGH EHRO). During recruitment, informed consent was solicited from all participants of the study.

married or had common-law partners and most of them (42.53%) reached high school level. Most of the participants (74.71%) did not have work or any means of income, and more than half (56.32%) perceived that their family income was not enough to support their basic needs. As for the religious affiliation, the majority of the participants (86.21%) were Roman Catholics.

For the disease profile, most of the participants (43.68%) had colorectal cancer. Half (50.57%) had Stage III cancer, and most (39.08%) had first felt the symptoms of the disease for the period of 6 months to 1 year. Almost half of the participants (48.28%) already received more than one cancer treatment modality, which could be a combination of chemotherapy and surgery, chemotherapy and radiation therapy, or all of these.

Results

Profile of Respondents

A total of 87 adult Filipino patients with cancer participated in the study. The respondents had a mean age of 46 years old. The youngest participant was 20 years old and the oldest was 60 years old. Almost half of the participants (44.83%) were part of the older age group which was above 50 years old. Majority of the respondents (57.47%) were females. Most (67.82%) were

Spiritual Well-being of Patients with Cancer

To assess the personal state of their spiritual well-being, the participants were asked how frequently each item reflected their personal experience given their circumstances at the time of data collection. The transcendental domain had the highest mean score (\bar{x} =4.61) while the environmental domain had the lowest mean score (\bar{x} =3.99) as shown in Table 1. The following items received the highest mean scores: peace with God, oneness with God, worship of the Creator, and personal relationship with the

Table 1. Personal state of spiritual well-being scores of cancer patients according to the disease profile

PATIENT CHARACTERISTIC	n	Four Domains of SWB			
		PERSONAL \bar{x} (sd)	COMMUNAL \bar{x} (sd)	ENVIRONMENTAL \bar{x} (sd)	TRANSCENDENTAL \bar{x} (sd)
Overall	87	4.2575 (0.72234)	4.2897 (0.6561)	3.9931 (0.78796)	4.6115 (0.54675)
Type of Cancer					
Colorectal	38	4.4737 (0.62631)	4.4684 (0.60677)	4.3000 (0.59865)	4.7842 (0.40103)
Head and Neck	12	3.7667 (0.74264)	3.7667 (0.77146)	3.5000 (0.97421)	4.2667 (0.6569)
Gynecologic	22	4.0727 (0.76481)	4.1818 (0.63218)	3.8545 (0.77135)	4.4273 (0.64821)
Others	15	4.3733 (0.67556)	4.4133 (0.49838)	3.8133 (0.83655)	4.7200 (0.43948)
Stage of Cancer					
3	44	4.1136 (0.75254)	4.2409 (0.68956)	3.8182 (0.82723)	4.5091 (0.61826)
4	36	4.3889 (0.70256)	4.3278 (0.65579)	4.2 (0.70751)	4.7444 (0.41846)
Others	7	4.4857 (0.47409)	4.4 (0.46188)	4.0286 (0.76966)	4.5714 (0.58228)
Type of Treatment					
Single	41	4.2829 (0.69997)	4.3268 (0.64149)	4.0683 (0.70655)	4.6439 (0.52823)
Combination	42	4.2 (0.76509)	4.2143 (0.68914)	3.8952 (0.85681)	4.5429 (0.57811)
None Yet	4	4.6 (0.46188)	4.7 (0.2)	4.2500 (0.9)	5 (0)
Period since first symptoms were felt					
<6 months	25	4.312 (0.60022)	4.376 (0.50438)	4.12 (0.60553)	4.68 (0.56569)
6 months to 1 year	34	4.1529 (0.82691)	4.2412 (0.72326)	3.8294 (0.93955)	4.5529 (0.59708)
> 1 year	28	4.3357 (0.69507)	4.2714 (0.70388)	4.0786 (0.71872)	4.6214 (0.47247)

Divine/God. These four items were from the transcendental domain while one (i.e., respect for others) was from the communal domain. The following items had the lowest mean scores: a sense of 'magic' in the environment, oneness with nature, connection with nature, and awe at a breathtaking view. These four items were from the environmental domain while one (i.e., trust between individuals) was from the communal domain.

Spiritual Well-being and Type of Cancer

Patients with head and neck cancer (HNC) had the lowest SWB scores across all domains as shown in Table 1. Significant differences were found across the types of cancer in the personal ($H=10.849$, $p=0.013$), communal ($H=10.291$, $p=0.16$), environmental ($H=10.757$, $p=0.013$), and transcendental domains ($H=12.006$, $p=0.007$).

For the personal, communal, and transcendental domains, differences were found between HNC together with colorectal cancer and others (i.e., bone marrow, blood-related cancers). In the environmental domain, it was found only between HNC and colorectal cancer.

Spiritual Well-being and other patient characteristics

The lowest SWB scores in the 4 domains were found in participants with Stage 3 cancer as shown in Table 1. The SWB scores were also found to be lowest in those who were receiving combination therapy and in those who had first felt the cancer symptoms for the past 6 months to 1 year. Given the limited sample size and the results of the Kruskal Wallis H test, there was no sufficient data to determine whether there were significant differences in SWB scores across different stages of cancer, types of treatment, and periods since symptoms were first experienced.

Discussion

The results of the study show that adult Filipinos with cancer have high spiritual well-being in the four domains. These are consistent with published studies that cancer patients have good spiritual well-being (Cariñgal, 2020). Patients had the highest spiritual well-being in the Transcendental Domain which describes one's relationship with God. This is followed by communal, personal, and environmental domains. Significant differences were found in the spiritual well-being scores in the 4 domains across the types of cancer, with the lowest scores among those with head and neck cancer.

The study suggests that adult Filipinos with cancer place the highest importance on building their relationship with God. Many aspects of the daily life of Filipinos are highly influenced by the teachings of the Catholic Church (Lagman et al., 2014).

Considering their life-threatening conditions, praying to a divine being is one of the usual coping strategies (Lagman et al., 2014; Oliveira et al., 2020). However, this result is in contrast with studies done in Lithuania and Portugal that had the lowest scores in the Transcendental domain (Martins et al., 2019; Riklikienė et al., 2018). Other countries such as in the West have experienced a decline in church attendance and related religious practices (Brenner, 2016). This may indicate that country-specific and cultural factors affect the expressions of spiritual well-being among cancer patients.

The communal domain shows that Filipinos with cancer place value on others first before thinking of themselves. Filipinos have strong family and social ties that are also partly interlinked with their religious beliefs of being good. The cancer experience also brings uncertainties that patients want to spend more time with their loved ones, and feelings of love, kindness, trust, and forgiveness towards other people may have been amplified. Family, friends, and religious communities may also be a source of prayer and hope for the patients (Ginter & Braun, 2019; Lagman et al., 2014). Having cancer can change how patients view themselves as they experience physical symptoms, feelings of vulnerability, body image disruption, depression, and anxiety as reflected in the personal domain (Benson et al., 2020). It can also trigger existential issues such as the search for one's purpose and meaning of life (Hassankhani et al., 2017; Krok & Telka, 2018). If left unresolved, these spiritual-related concerns can result in suffering and distress. Despite scoring lowest in the environmental domain, a score greater than 3 means that they continue to have a high sense of connectedness to nature and the mystical energies in the environment. The hospital environment where the patients were confined may also not be conducive to their spiritual well-being as the location of the cancer center is in the middle of an urban city that lacks green space.

Certain patient characteristics and disease profiles cause distress and anxiety that may lead to lower spiritual well-being (Hiratsuka et al., 2021). Patients with head and neck cancers experience body image disturbances and self-esteem issues that can affect their view of themselves and their relationship with others. These patients have a high risk for distress and coping problems and decreased faith in God can lead to greater suffering and despair (Popescu et al., 2017). For those with Stage 3 cancer, where the tumor is bigger and the cancer cells have spread to the lymph nodes and the surrounding tissues, patients need to adjust to the challenges of undergoing cancer treatments, presence of complications, understanding the irreversible nature of the illness, and facing the possibility of cancer coming back even after therapy. Patients who had first felt the cancer symptoms for the period of 6 months to 1 year were recently diagnosed and had already received single or

multiple treatments. It may be early to tell if the patient had undergone remission, so the uncertainties in the treatment results can place them at risk of being in distress. The patients who already received combination therapy may experience distress associated with the adverse effects of cancer treatment (Hiratsuka et al., 2021). Receiving different treatment modalities also requires patients to visit the hospital or healthcare institution more often, be hospitalized for a longer period, or even be placed in reverse isolation to avoid acquiring infection. This can cause the patient to be temporarily separated from loved ones and live in a care setting different from the home environment.

The lower spiritual well-being of patients with advanced cancer highlights the need to integrate spiritual care in cancer management (Martoni et al., 2017). Since cancer patients spend the most time with nurses, recognizing spiritual distress is important (Martoni et al., 2017). The findings imply the need for nurses to consider the patient characteristics and illness profile in assessing, planning, and implementing spiritual care interventions. While his study found high spiritual well-being among the study respondents despite the cancer diagnosis, nurses can enhance the patient's spiritual well-being by supporting current spiritual beliefs, values, and practices (Highfield, 2000). Nurses can collaborate with the clergy, pastoral care services, or other religious leaders in providing spiritual care (Azarsa et al., 2015). In supporting patients' spiritual well-being, nurses must also be aware that spiritual needs may be affected by their personal ideas of spirituality and their cultural background.

Limitations of the Study

The findings need to be considered in light of study limitations. First, this study had a sample from a single hospital only. The results, therefore, cannot be generalized to all cancer patients. Since the recruitment was open to all eligible respondents confined during the data collection period, those who consented and participated may have different spiritual well-being compared to those who did not participate. Second, a standard assessment tool for determining cognitive impairment among cancer patients was not used to exclude study participants. Third, while the SHALOM tool had been previously validated in other settings, this was not yet validated in the Filipino population. Though the tool was translated in Filipino and an internal reliability score was shown, there was no statistical concurrence presented between the translated-back-translated versions with that of the original. The tool was also self-administered which could result in possible response bias as respondents may give socially desirable answers. Lastly, the majority of the study

respondents were diagnosed with advanced cancer. Hence, caution is needed when generalizing the findings to other cancer patients.

Conclusions and Recommendations

The adult Filipino patients with cancer in this study had high spiritual well-being despite the presence of cancer. They had the highest SWB scores in the transcendental domain and lowest SWB scores in the environmental domains. Significant differences were found in the SWB scores across the types of cancer, and SWB scores were lowest among those with head and neck cancer. Though there was insufficient data to determine whether there were significant differences in SWB scores across different stages of cancer, types of treatment, and periods since symptoms were first experienced, these patient characteristics and disease profiles can still guide nurses in planning and implementing interventions that may improve their spiritual well-being. Future research should involve a bigger sample size and actively recruit those with early-stage cancer as respondents to get a more representative picture of the spiritual well-being of Filipino adults with cancer. A qualitative study is also needed to help explain the findings of this study and to further explore spiritual well-being in this patient group.

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