



## Effect of spiritual counseling on spiritual well-being in Iranian women with cancer: A randomized clinical trial

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### ABSTRACT

**Objectives:** This study examined the effect of spiritual counseling on the spiritual well-being of Iranian women with cancer.

**Design and setting:** a randomized clinical trial was conducted on 42 female cancer patients who were randomized to either an 8-week spiritual counseling intervention (n = 21) or a control group that received routine education/care (n = 21). Spiritual well-being (SWB) was assessed before and after the 8-week spiritual counseling program using Paloutzian and Ellison's (1983) Spiritual Well-Being Scale (SWBS).

**Results:** There were no significant differences on SWBS and its two subscales scores (RWB and EWB) between intervention and control groups at baseline (p > .05). After intervention, there was a significant mean difference in SWB (p = .001), RWB (p = .013) and EWB (p = .001) in two groups.

**Conclusions:** Spiritual counseling is associated with significant improvements in SWB in Iranian women with cancer. Interventions that acknowledge the spiritual needs of these patients should be incorporated into conventional treatments.

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### 1. Introduction

A cancer diagnosis and its treatment are challenging for a woman and may result in host of physical, psychosocial, behavioral, and spiritual concerns [1–3], which may threaten the woman's meaning of life, sometimes leading to a sense of disintegration [4].

The life-altering nature of cancer causes a significant increase in a woman's spiritual needs [5] and may result in a spiritual crisis [6].

Spirituality is a complex vague concept, and its definition depends on the individual's worldview [7]. Spirituality may include both (a) a vertical element referring to the relationship of the individual to a higher power or value system, and (b) a horizontal element referring to the role of transcendence in the person's way

of life and his/her connectedness to the moment, to self, to others, to nature and to the significant or sacred [8]. Spirituality and religion are primary resources for coping in women with cancer and these are often manifested in praying and increased dependence on God [9]. Many cancer patients seek comfort in spiritual beliefs, which in some instances have been associated with positive psychological outcomes [1,10]. Addressing the spiritual needs of cancer patients may be vital in speeding up recovery and achieving spiritual well-being (SWB) [11]. Cancer patients are faced with existential questions, and many find that SWB gives meaning and purpose to life, improves quality of life and may reduce psychological and even physical problems [2,12]. Acquiring SWB may be an appropriate way for some to cope with cancer and stresses associated with it [12]. For example, McClain et al. (2003) found that SWB had its strongest impact on despondency in cancer patients who thought that they were spending the last days of their life [13]. SWB may play an important role in controlling anxiety and depression, both their prevention and recovery [14,15]. SWB may

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have a positive impact on emotions that can keep the cancer patients in a tranquil state [16]. Higher SWB has been correlated in cancer patients with a number of health benefits such as reduction in chronic pain, increased coping skills, and higher quality of life [17]. Other studies have found that SWB is correlated with shorter hospitalizations, lower anxiety and hopelessness, and improvements in overall health [18,19].

Cancer patients need not only high quality medical treatment but also psycho-spiritual care in order to survive and thrive [2]. The spiritual dimension of care infuses all aspects of health care [20] and provides a framework for health care professionals to communicate with patients, listen to their fears and concerns, and involve them in shared decision-making, as part of holistic care [21]. Many cancer patients ask for help to find spiritual resources and derive sources of meaning in life [2]. Some investigators have shown that spiritual interventions provide a sense of spiritual connection that can improve mood in cancer patients [22].

Spiritual counseling (SC) is an intervention that relies on and utilizes the client's faith. In SC, the caregiver helps patients explore spiritual matters that may improve their general health and coping strategies. SC changes the client's attitude and addresses psycho-spiritual problems [23]. SC may include meditation, releasing emotions, spiritual self-disclosure, journaling, prayer, and/or Scripture study and inspirational readings [24].

SC has the potential to improve SWB in cancer patients [1,25]. It may allow patients to reevaluate their own life goals, priorities, and sources of meaning, and help to reduce emotional reactivity and reinforce appreciation for their life [1,26].

Spiritual care is a vital, but regularly neglected part of holistic care for patients with cancer and there is little information in the literature examining the effect of spirituality-based interventions in different contexts and cultures such as in Iran. The majority of Iranians are Muslim. Islamic teachings encourage people to tolerate negative life events and place special importance on SWB [20,27]. However, there is still little evidence regarding efficacy of SC in terms of increasing SWB of Iranian women with cancer. Therefore, we designed the present study to examine the effect of SC on the SWB of Iranian women with cancer.

Conducting such a study in Iran, where the majority of people are highly religious, may add to the existing knowledge base. In addition, the results of this study may help in the planning of non-pharmaceutical interventions designed to improve SWB in women who suffer from cancer in Iran.

## 2. Methods

### 2.1. Design

A randomized clinical trial was conducted to examine the effects of SC on the SWB of women with cancer.

### 2.2. Participants

Participants were recruited from Shahid Beheshti Hospital, a referral center for cancer patients in Hamedan, Iran. This center is affiliated to Hamedan University of Medical Sciences and provides specialized clinical and paraclinical services for cancer patients. Inclusion criteria were over age 18 years, being Shiite Muslim, at least 6 months since diagnosis of cancer, and not being in the end stages of the disease because of its severe physical and psychological complications [13]. Patients with other serious co-morbid medical conditions or major depressive disorder, and those who failed to participate in two or more counseling sessions were excluded. Participants were randomly assigned to either the intervention group (SC) or control group by using a random

numbers table. Patients in control group received standard treatment that included routine educations focused on nutrition, physical activity, and infection control. Those in the intervention group received standard treatment/education and SC.

### 2.3. Instruments

#### 2.3.1. Socio-demographic questionnaire

Socio-demographic data (age, marital status, educational level, and religious attendance) was collected by a questionnaire. Type of cancer and duration of disease was extracted from patients' medical records.

#### 2.3.2. Spiritual well-being scale (SWBS)

Paloutzian and Ellison's (1983) Spiritual Well-Being Scale (SWBS) was used to assess the primary outcome, SWB [28]. The SWBS is a 20-item scale developed as a general indicator of SWB and is recommended for use in clinical and research settings [29]. Each item is rated on a 6-point Likert-style from 1 (strongly disagree) to 6 (strongly agree). The SWBS is made up of two subscales, each with 10 items: Religious Well-Being (RWB) and Existential Well-Being (EWB). The RWB subscale assesses the vertical dimensions in terms of relationship with God, whereas the EWB subscale assesses the horizontal dimension having to do with the individual's life-meaning and purpose [30]. Total scores were computed for each subscale by adding the item scores. Possible subscale scores ranged from 10 to 60. Total scores for SWBS were computed by adding the two subscale scores and ranged from 20 to 120 (nine items were reverse-scored). High scores indicate a higher level of SWB. Finally, SWBS scores were classified into three levels: low (20–40), moderate (41–99) and high (100–120) [28]. In the original study, Paloutzian and Ellison (1982), the Cronbach's alphas for the RWB and EWB subscales were 0.91 and 0.91, respectively, and for the overall SWBS was 0.93 [28]. The SWBS has been used in other studies in Iran and the psychometric properties of the Iranian version of the questionnaire documented [31,32]. In the present sample, alphas for the total SWBS and for the RWB and EWB subscales were 0.88, 0.90, and 0.89, respectively.

All participants were asked to complete questionnaires before and after participation in the study.

### 2.4. Intervention

Intervention was carried out on an individual basis face-to-face to respect the privacy of participants [33]. The intervention consisted of eight sessions of SC conducted once a week (Table 1). Counseling sessions were held after hospital visiting hours to avoid conflict with patient care [33,34]. Each session incorporated Islamic teachings as part of the intervention and was modeled religious/spiritual interventions used in other studies [24,35]. The sessions were administered by trained counsellors with experience as a spiritual healer. Also, all sessions were conducted under supervision of a clinical psychologist who helped to develop the intervention. Each session lasted approximately 45–60 min and included a question and answer period, sharing, reflecting, providing feedback, relaxation exercises, and meditation. Participants were provided with homework that included recitation of Holy Qur'an and other religious books, along with relaxation exercises, which they reported on during the next session.

### 2.5. Data analysis

Statistical analysis was conducted using SPSS version 18 (PASW Statistics 18, SPSS Inc, Chicago, IL). Descriptive statistics are presented as means and standard deviations for quantitative variables

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