



Spirituality in adolescents with cancer

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KEYWORDS

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Experience;
Spiritual

Abstract

Objective: As adolescents with cancer are at risk of experiencing spiritual distress, they tend to have unique spiritual needs. Spirituality plays a significant role for adolescents with cancer as it contributes to increased comfort and calmness, and better coping mechanisms when confronted with the illness, which indirectly improves the adolescent's quality of life. This study aimed to explore spiritual experiences in adolescents with cancer.

Method: A qualitative study using a phenomenology approach was conducted. Nine adolescents with chemotherapy-treated cancer were purposefully selected to be involved in this study. The data were analyzed using thematic analysis.

Results: This study identified six spiritual themes in adolescents with cancer: *a)* accepting their illness; *b)* believing their illness in God's will; *c)* improving spiritual practices; *d)* expressing empathy to parents; *e)* maintaining relationships with significant others, and *f)* achieving self-actualization.

Conclusions: This study demonstrated that spirituality gave hope to adolescents by helping them to overcome existential problems related to cancer. We believe it is necessary for nurses to address the spiritual needs of adolescent with cancer as this will help these young people accept their condition with more grace and humility.

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Introduction

Cancer is a disease with a high mortality rate, and it is still an unresolved health problem in many countries. In Indonesia, cancer deaths are ranked seventh among all disease-induced deaths, with a prevalence of 1.4 deaths per 1000 population¹. The International Agency for Research on Cancer (IARC) revealed that there are 14 million new cases of cancer in children and adult occurring in the world today, and the World Health Organization has estimated that cancer survivors will continue to increase up to 11 million by 2030^{2,3}.

Cancer can strike anyone regardless of age group, including children⁴. Adolescence is a period of rapid growth and

development, where an individual's life potential also begins to manifest. A cancer diagnosis during this important period will affect an adolescent's next stage of life⁵. Adolescents who experience cancer have unique spiritual needs related to their critical health condition, and this puts them at higher risk of experiencing spiritual distress⁶.

As adolescents with cancer tend to have unique spiritual needs, nurses should try to understand these needs. Nurses play a pivotal role in providing spiritual care to patients, by being good listeners and encouraging patients to express their beliefs⁷. The International Council of Nurses Code of Ethics for Nurses said that all nurses need to look after the spiritual needs of their patients.

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Currently, the majority of nurses are mainly focused on how to meet the adolescent cancer patients' physiological needs. Despite being aware that these patients have unique spiritual needs, nurses are still more focused on the physical needs rather than these spiritual needs⁸. The spiritual needs of adolescents with cancer need to be explored further. This will enable nurses, as caregivers, to include addressing the spiritual needs of these patients in their repertoire, which may indirectly improve each patient's quality of life.

Method

A descriptive phenomenological approach was used to explore the phenomenon of those patients who were affected by cancer in the study. This approach describes the essence of the experience of adolescents with cancer⁹. The participants were nine adolescents aged between 10-19 years, all of whom had cancer and underwent chemotherapy. A purposive sampling approach was used to recruit participants from the Indonesian Pediatric Oncology Foundation. The study was presented to the eligible participants who met the requirements of the study. The eligibility criteria included: *a*) participants were aged between 10-19 years and underwent chemotherapy; *b*) participants were Indonesian-speaking, and *c*) participants were cooperative and willing to become respondents by signing an informed consent form.

The data collection was conducted during March and April, 2016. The data collection method used semi-structured interviews with open-ended questions. Interviews were performed at the place and time agreed upon by participants, and they lasted 25-45 min. The data collection tools involved the author herself, interview guidelines, field notes, and a voice recorder. Interviews with each participant were concluded after all necessary information had been obtained, according to objectives of the study. This study was conducted after clearance was given by the Research Ethical Committee of Nursing Faculty of the Universitas Indonesia and after a study site had been issued. Ethical considerations used the principles of self-determination, privacy and dignity, anonymity and confidentiality, protection from discomfort and harm, and justice^{10,11}.

Results

Nine adolescents participated on this study were aged between 14-18 years. They were diagnosed with non-Hodgkin lymphoma (2 participants), nasopharynx cancer (5 participants), acute lymphoblastic leukemia (2 participants), and ovarian cancer (1 participant).

A total of 6 themes were identified to describe the spirituality of adolescents with cancer undergoing chemotherapy. The themes were:

1. Accepting their illness. This theme describes participants' feelings toward their cancer diagnosis and the treatment programs they had to endure. Two reactions were shown by participants: *a*) accepting the condition imposed on them or accepting them sincerely, and *b*) regretting their condition or questioning the condition.

Below is an expression of the participants who showed sincere feelings:

"Yes the most important thing to do is for me to recover" (P1).

"[...] however it is my destiny; I just have to go on" (P2).

Below are 2 statements from participants who bargain to accept their condition:

"[...] there are more wicked people out there than me; I think I was not that naughty so why should I suffer?" (P2).

"Sometimes I (F) say to myself, 'Why am I completely different with my sister'" (Crying) (P9).

2. Believing their illness is God's will. This theme indicates that the participants believed God had chosen this illness for them and expected them to trust Him, understanding that their condition was part of God's plan for their lives. The statements below revealed that these patients had yielded their lives to God's plan:

"All diseases surely have their cures... God also gave us this disease definitely with its cure... it is impossible it does not exist" (P1).

"Yes, I feel more grateful now and realize that only Allah's grace can heal me" (P5).

3. Improving spiritual practice. Improving spiritual practice is an act committed by participants in an effort to accept that what happened to them is a warning from God. The action arises because people begin to realize that a greater power exists beyond the reach of the human being, which would also provide them with comfort. Here are three statements that support this:

"Before, I barely prayed to God, but now Alhamdulillah (thank God) I go to pray more often" (P2).

"It changes me and makes me closer to God, thankfully..." (P5).

"After the diagnosis, I sensed that it was a warning from God, and it makes me recite Al Quran more often" (P9).

4. Expressing empathy to parents. Adolescence is a period when social and psychological changes switch focus to one's independence and identity. Adolescents with cancer, however, often feel powerless and more dependent on their parents and families. Participants also feel that their presence today is frustrating for their parents and families. The following statements are related to participants' empathy toward parents:

"[...] it could frustrate my parents..." (P1).

"Father is sending me money here continuously, so I can eat..." (P5).

Other participants revealed that their existence was a burden to their parents and families. These presumptions are identified from the following statements:

"[...] (my presence) here is burdening my family and my aunt, who live in Bekasi. During chemotherapy, she is

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