Acıbadem Univ. Sağlık Bilim. Derg. 2023; 14 (2): 147-154
https://doi.org/10.31067/acusaglik.1217464

ORIGINAL ARTICLE / ARAŞTIRMA YAZISI

Oncology / Onkoloji

The Spiritual Wellbeings of Cancer Patients in Turkey and Affecting Variables

Zübeyde Candan[1] , Özlem Uğur[2]

[1]Nursing, KahramanMaraş Sütçü İmam University Faculty of Medicine, KahramanMaraş, Turkey

[2]Department of Oncology Nursing, Dokuz Eylül University Faculty of Nursing, İzmir, Turkey

Zübeyde CANDAN

Özlem UĞUR

Correspondence: Özlem Uğur
Department of Oncology Nursing, Dokuz Eylül University Faculty of Nursing, İzmir, Turkey
Phone: +902324124785
E-mail: ozlemugur21@gmail.com

Received: 11 December 2022
Accepted: 19 February 2023

ABSTRACT

Aim: Spirituality has so many advantage such as preventing ,healing and dealing with illness and also furthering health. This searching aims to identify cancer patient's spiritual wellbeing conditions and their spiritual care necessity and also draw attention to spirituality when care is planned.

Material and Methods: The population are made up of 100 patients who are treated in hematology – oncology clinic in Kahramanmaraş Sütçü İmam University Health Practice And Research Hospital. The study data was collected by using the "Questionnaire for Identifying the Spiritual Well-Beings of Patients Diagnosed with Cancer" and ECOG Performance Scale. The descriptive statistical methods were used for evaluation of data; the nonparametric tests (Mann-Whitney U test, Kruskal Wallis H test) were used since the survey and sub-dimensions did not show a normal distribution.

Results: When it is examined how the patients in high level, 66.0 percent of patients have always the same spiritual necessity with the diagnosis, 39.0 percent of patients pray being a spiritual necessity, 85.0 percent of patients don't share any spiritual necessity with healthcare personnels. With the results of the highest susceptibility and the lowest specificity, is identified being 2.47 break point. According to this point, the spiritual wellbeing level of patients who take part in this searching is found in the highest degree with 2.53.

Conclusion: According to these results; it is detected that our patients have the highest spiritual wellbeing status but they are not able to talk enough with the healthcare professionals.

Keywords: Cancer, spirituality, well being

Türkiye'deki Kanser Hastalarının Manevi İyilik Durumları ve Etkileyen Değişkenler

ÖZET

Amaç: Spritüalitenin hastalıkları önleme, iyileştirme, tedavi etme ve sağlığı geliştirme gibi pek çok avantajı vardır. Bu araştırma kanser hastalarının spritüel iyilik durumlarını ve bakım gerekliliğini belirlemeyi amaçlamaktadır.

Gereç ve Yöntemler: Örneklem Kahramanmaraş Sütçü İmam Üniversitesi Sağlık Uygulama ve Araştırma Hastanesi Hematoloji - Onkoloji Kliniğinde tedavi gören 100 hastadan oluşmaktadır. Araştırma verileri "Kanser Tanısı Alan Hastaların Spritüel İyilik Durumlarını Belirleme Anketi" ve ECOG Performans Ölçeği kullanılarak toplanmıştır. Verilerin değerlendirilmesinde tanımlayıcı istatistiksel yöntemler ile anket ve alt boyutların normal dağılım göstermemesi nedeniyle parametrik olmayan testler (Mann-Whitney U testi, Kruskal Wallis H testi) kullanılmıştır.

Bulgular: Hastaların yüzde 66'sının tanı ile birlikte spritüel gereksinimlerinin değişmediği, yüzde 39'unun dua ettiği, yüzde 85'inin herhangi bir ruhsal gereksinimi sağlık personeli ile paylaşmadıkları saptanmıştır. Çalışmada spritüel duyarlılık kırılma noktası olarak 2.47 belirlenmiş ve ruhsal iyilik düzeylerinin en yüksek 2.53 olduğu bulunmuştur.

Sonuç: Bu sonuçlara göre; hastalarımızın ruhsal iyilik durumlarının yüksek olduğu ancak sağlık çalışanları ile yeterince konuşamadıkları tespit edilmiştir.

Anahtar Kelimeler: Kanser, maneviyat, iyilik durumu

In the cancer, the people want to regain their body balances to get healthy again. They want to fulfill their rituals, religious beliefs and spiritual requirements which will make them feel good, protect their hopes and maintain their balances (1,2). The spiritual care is a concept, which organizes the relationship between the persons and their social surroundings and other individuals and helps them to discover and restructure the meaning of life and to prepare for death, and in which the religious requirements are fulfilled (3). The spiritual care covers all cares supporting the values, personal beliefs and religious practices of patient. The spiritual care is very important in the chronic illnesses such as cancer which threatens the life and causes a crisis for the patient and his/her family and during which the meaning of life and the death are questioned (3,4). The individuals diagnosed with a chronic illness such as cancer begin to question the meaning of life. The reason why the spiritual care come to forefront for chronic patients is that it helps individuals to accept the illness, maintain their hope, make plan for future and improve their life qualities (3,5). However, it was diagnosed that the cancer patients were not able to fulfill their spiritual requirements in the clinics although 52-63% of patients had spiritual requirements 6. It is important to identify the spiritual requirements of patients and help to patient and family by making proper interventions within the scope of nursing care (7). It is notified that listening the spiritual requirements of individuals, showing empathy towards them and planning the spiritual care interventions by nurses in the crises are important for ensuring the adaptation in tougher times since they decrease the pains and anxieties of patients while increasing the physiological, psychological and mental comfort and communication, strengthening the emotion of feeling themselves strong and the strategies for coping with the illness and raising the life qualities (8). There are limited number of studies concerning the identification of spiritual requirements with cancer patients in Turkey (9). İt was aimed to investigate the spiritual well-beings of patients with cancer and the variables affecting spiritual well-being in this study.

MATERIAL AND METHODS

Study Design

This study was planned as a descriptive study.

Place and Time of Research

The research was conducted in Kahramanmaraş Sütçü İmam University Health Application and Research Hospital Hematology-Oncology Service between September 2016 – March 2017.

Participants and Setting

Research Population; the patients who were hospitalized in Kahramanmaraş Sütçü İmam University Health Application and Research Hospital Hematology-Oncology Service; the sampling consisted of patients who were admitted to hospital between September 2016 – March 2017 and fulfilled the election criteria.

As a *selection criterion* in the research were as follows; being admitted to hospital for chemotherapy, radiotherapy or other supportive cares, being elder than 18 years old, being diagnosed with cancer in the last 6 months and knowing his/her diagnosis and giving consent to participate in the study. The *exclusion criteria* in the study were as follows: being diagnosed with cancer earlier than 6 months, being within the period of pregnancy/lactation, being on a psychotic/antidepressant medication at least for 6 weeks, having brain metastasis, not having a good cooperation and not being able to establish a verbal communication. Since the exact number of patients coming to the clinics in the study was not known, it was calculated that 169 patients were required to reach 80% sampling power. There are similar studies in the literature (10). However, due to the limited number of patients visiting the hospital, patients who met the criteria for selection between Sempter 2016 - March 2017 and accepted to participate in the study were included in the study.

Data Collection

The study data was collected by using the "Questionnaire for Identifying the Spiritual Well-Beings of Patients Diagnosed with Cancer" and ECOG Performance Scale.

Questionnaire for Identifying the Spiritual Well-Beings of Patients Diagnosed with Cancer; it was prepared by the researchers by taking support from literature (11-13). This form is a form prepared by studies taking expert opinions. In the form, there are open-ended questions generally including opinions about the life philosophy, hope, belief-confidence, divine power and his/her own image to determine the demographic data, ECOG performance score and spiritual well-being of patient.

When preparing the survey questions, the four subdimensions of spiritual care were questioned and the questions were asked in a mixed order. The questions numbered 1, 3, 8, 11, 18 took place with the subdimension of hope; the questions numbered 4,5,12,13,14 took place within the subdimension of belief-confidence; the questions numbered 6,10,16,17 took place within the subdimension of divine power and his/her own image. Before starting the implementation for questionnaire, the opinions of 9 experts were received and the consistency between the experts was determined as 0,89. The experts who were considered suitable for receiving opinion, consisted of 3 specialist nurses, 5 academic staffs and 1 physician who had studies on patients with cancer. Within the direction of feedbacks from experts, the arrangements were made on the clauses and the questionnaire was put into final form in this way. The reliability coefficients of questionnaire clauses were determined as follows: 0.81 in the subdimension of life philosophy, 0.85 in the subdimension of hope, 0.60 in the subdimension of belief and confidence, 0.56 in the subdimension of divine power and 0.91 in the subdimension of general spirituality. The reliability coefficient varied between 0.56-0.91. This indicates that the responses given to questions were consistent.

ECOG Performance Scale; it is scale which is widely used for evaluating the functional status of patient. The scale is used for identifying the performance statuses of patients with cancer. A score varying between 0-5 is given. 0 indicates the good health status while 5 indicates the death (14) .

Statistical Analyses

The data obtained from research was analyzed by using SPSS 24.0 program. The descriptive statistical methods (number, percentage, averaging, standard deviation) were used for evaluation of data; the nonparametric tests (Mann-Whitney U test, Kruskal Wallis H test) were used since the survey and sub-dimensions did not show a normal distribution. The "Reliability Analysis" was conducted wit the aim of testing the reliability of surveys.

Ethics Committee Approval

This study was approved by the Ethics Committee of the Faculty of Medicine of Dokuz Eylül University with the decision numbered (protocol number:2016/25-16).

RESULTS

In this part, the findings were discussed by identification of sociodemographic attributes of patients, illness properties and spiritual well-being with the scope of the relationship between subdimensions of survey and spiritual well-being and sociodemographic attributes.

It was determined that 64.0% of patients participated in the study were male and their ages varied between 60.51±13.56, 86.0% of patients were married, 76.0% of patients were primary school graduate and 95.0% of patients were not employed. It was determined that 86.0% of patients' cancer types was oncology, 68.0% of patients' cancer stage was 4th stage, 41.0% of patients underwent symptomatic treatment, 94.0% of patients' time of diagnosis varied between 1-5 years and 51.0% of patients did not have another chronic illness. It was found that 61.0% of patients was hospitalized for 1-5 times in the recent year and 35% of patients' ECOG performance score was 2 (they spent more than 50% of day in a standing position and they could take their own care). 86% of patients expressed that they received good family support while 49% of patients found the treatment applied as moderately effective. When the level of change of the patients' spiritual requirements along with diagnosis was questioned, it was determined that 66.0% of patients' spiritual requirements did not change; and 39.0% of patients prayed to feel them better and 85.0% of patients did not share their spiritual requirements with healthcare professionals (Table 1).

In the survey identifying the spiritual requirements of patients, it was determined that the life had a meaning for them (82%), they looked at the future with hope (69%), they believed in God (100%), they had spiritual practices according to their beliefs (96%), their decisions had an influence on their own life (42%), they had an optimistic personality (80%), they perceived what they lived as a positive experience (77%), they did not consider the illness as a punishment (62%) and they had difficulty partially (47%), they believed that everything will be fine (57%), their beliefs and practices helped them to feel relaxed in stressful circumstances (83%) and the illness strengthened their spiritual dimension (51%) and they thought that God supported them within the process of illness (81%), they did not have pessimistic personality (77%), they believed that they were in the driver's seat with respect to what they lived (37%), they thought that they were protected by God constantly (85%) and they enjoyed the life partially (38%) (Table 2).

Table 1. Sociodemographic Attributes of Patients and Properties of Illness			
Descriptive Attributes (n:100)	**Number (n)**	**Min-Max**	**X±SD**
Age	100	20-88	60.51±13.56
Age groups	**Number (n)**	**Percentage (%)**	
20-55	25	25.0	
56-70	33	33.0	
71-88	42	42.0	
Sex			
Female	36	36.0	
Male	64	64.0	
Marital Status			
Married	86	86.0	
Single	14	14.0	
Educational Background			
Primary school	76	76.0	
Secondary school	10	10.0	
Highschool	9	9.0	
University/college	5	5.0	
Employment Status			
Yes	5	5.0	
No	95	95.0	
Type of Cancer			
Hematology	14	14.0	
Oncology	86	86.0	
Stage of Cancer			
Stage 2	15	15.0	
Stage 3	17	17.0	
Stage 4	68	68.0	
Mode of Treatment			
CT	34	34.0	
RT	14	14.0	
Surgery	7	7.0	
Symptomatic treatment	41	41.0	
Other (hormone therapy, biologic therapy, etc.)	4	4.0	
Time of Diagnosis			
6-12 monts	20	20.0	
13- 24 monts	46	46.0	
25 monts and above	34	34.0	
Existence of Chronic Illness			
Available	51	51.0	
N/A	49	49.0	
Status of Hospitalization in One Year			
1-5	61	61.0	
6-10	32	32.0	
11 and above	7	7.0	
ECOG Performance Score			
0	12	12.0	
1	19	19.0	
2	35	35.0	
3	22	22.0	
4	12	12.0	
Influence of Treatment			
Low	18	18.0	
Moderate	49	49.0	
High	33	33.0	
Family Support			
Bad	3	3.0	
Moderate	11	11.0	
Good	86	86.0	
Change of Spiritual Requirement Along with Diagnosis			
Yes	34	34.0	
No	66	66.0	
Spiritual Requirements			
Praying	39	39.0	
Worshipping	38	28.0	
Other	23	23.0	
Sharing His/her Spiritual Requirements with Healthcare Professionals			
Yes	15	15,0	
No	85	85,0	

Based on the results of Spiritual Well-Being Identification Survey and ROC analysis conducted with the aim of determining the cutpoint of subdimensions: the average corresponding to the point where the precision was highest and the specificity was lowest, was determined as 2.47. The ones whose average of spiritual well-being levels was below 2.47 had low level of spiritual well-being while the ones whose average of spiritual well-being levels was above 2.47 had high level of spiritual well-being. In the survey, it was determined that the sub-dimension of "life philosophy" had a low level of spiritual well-being since it was 2.37 and the sub-dimension of "divine power" had a low level of spiritual well-being since it was 2.34 while the subdimension of "hope" had a high level of spiritual well-being since it was 2.63 and the subdimension of "belief and confidence" had a high level of spiritual well-being since it was 2.75 (Table 3).

Table 2. Identification of Spiritual Well-Beings of Patients							
Results of Identification of Spiritual Well-Being	I disagree		I agree partially		I agree		X±SD
	S	%	S	%	S	%	
1- The life has a meaning for me	7	7.0	11	11.0	82	82.0	2.75±0.58
2- I look at future with hope	12	12.0	19	19.0	69	69.0	2.57±0.70
3- My illness prevents me from clinging to life	52	52.0	26	26.0	22	22.0	2.30±0.81
4- I believe in the existence of a great power (God, Allah, soul, evil eye talisman, lucky stone, etc.)	0	0.0	0	0.0	100	100.0	3.00±0.00
5- I have spiritual practices according to my belief (praying, meditation, yoga, etc.)	1	1.0	3	3.0	96	96.0	2.95±0.26
6- My decisions have an influence on what I lived	36	36.0	22	22.0	42	42.0	2.06±0.89
7- I have an optimistic personality	5	5.0	15	15.0	80	80.0	2.75±0.54
8- I believe that what I live is a positive experience for me	8	8.0	15	15.0	77	77.0	2.69±0.62
9- I believe that everything will be fine whatever my illness is	12	12.0	31	31.0	57	57.0	2.45±0.70
10- I think that my illness is a punishment inflicted on me	62	62.0	28	28.0	10	10.0	2.52±0.67
11- I don't feel any challenge in my illness	28	28.0	47	47.0	25	25.0	1.97±0.73
12- My beliefs and practices allow me to feel relaxed under stressful conditions.	2	2.0	15	15.0	83	83.0	2.81±0.44
13- My illness has strengthened my spiritual side.	29	29.0	20	20.0	51	51.0	2.22±0.87
14- I think that Allah/God supports me within the process of my illness	2	2.0	17	17.0	81	81.0	2.79±0.46
15- I have a pessimistic personality	77	77.0	22	22.0	1	1.0	2.76±0.45
16- I think that I am in the driver's seat with respect to what I will live	37	37.0	29	29.0	34	34.0	1.97±0.85
17- I think that Allah/God always protects me	3	3.0	12	12.0	85	85.0	2.82±0.46
18- I enjoy the life	25	25.0	38	38.0	37	37.0	2.12±0.78

Table 3. Average and Standard Deviation Values of Subdimensions of Survey Identifying the Spiritual Well-Beings of Patients		
Subdimensions	X	SD
Life philosophy	2.37	0.53
Hope	2.63	0.51
Belief and Confidence	2.75	0.31
Divine Power	2.34	0.48
General Spiritual Well-Being	2.53	0.40

When the spiritual well-being and sociodemographic attributes of patients were reviewed, it was seen that there a statistically significant relationship between the type of treatment and subdimensions of general spirituality level (X^2: 14.375, P: 0.006), divine power (X^2: 14.561, P: 0.006) and belief and confidence (X^2: 10.757, P: 0.029) and the existence of a chronic illness and subdimensions of general spirituality level (930.500, X^2: -2.205, P: 0.027), divine power (X^2: -2.222, P: 0.026), hope (X^2: -1.311 P: ,0.190) and belief and confidence (X^2: -1.228, P: 0.220) and the status of hospitalization and subdimensions of general spirituality level (X^2: 9.954, P: 0.007), hope (X^2 :12.240, P: 0.002.) and belief and confidence (X^2 :6.166, P: 0.046*) and the status of ECOG performance and subdimensions of general spirituality level (X^2:13.987, P: 0.008), life philosophy (X^2: 11.642, P: 0.020), divine power (X^2: 11.469, P: 0.022) and hope (X^2: 10.184, P: 0.037) and the change of spiritual requirements and subdimensions of general spirituality level (X^2: -2.287, P: 0.022), divine power (X^2:-3.517, P: 0.000) and belief and confidence (X^2: -3.031, P: 0.002) ($p<0.05$). Moreover, no statistically significant relationship was determined with the sex, marital status, employment status, educational background, cancer type, stage of cancer, illness period, spiritual requirements and spiritual well-being ($p>0.05$) (Table 4).

Table 4. Relationship between Subdimensions of Patients' Spiritual Well-Being and Affecting Variables

	Life philosophy		Hope		Belief and Confidence		Divine power		General Spirituality and Well-Being Level	
	n	Mean Rank	n	Mean Rank	n	Mean Rank	n	Mean Rank	n	Mean Rank
	X^2	p	X^2	p	X^2	p	X^2	p	X^2	p
Type of treatment										
- CT (1)	34	50.94	34	51.99	34	55.43	34	53.63	34	51.82
- RT (2)	14	50.00	14	45.43	14	49.21	14	58.36	14	54.46
- Surgical (3)	7	77.21	7	76.00	7	76.00	7	79.64	7	86.36
- Symptomatic (4)	41	46.10	41	46.94	41	43.33	41	42.46	41	42.87
- Other (5)	4	46.88	4	47.50	4	42.00	4	27.75	4	40.88
	7.104	0.130	7.527	0.111	10.757	0.029	14.561	0.006	14.375	0.006
						3>4		3>4, 3>5		3>4, 3>1
Illness Period										
- 6-12 monts	20	20.34	20	20.59	20	20.49	20	20.22	20	20.11
- 13 – 24 monts	46	49.37	46	46. 69	46	46.54	46	49.67	46	42.80
- 25 monts and above	34	39.29	34	32.72	34	32.97	34	30.11	34	37.09
	241.000	-0.601	197.500	-1.311	203.500	-1.228	277.000	-0.074	225.500	-0.822
		0.548		0.190		0.220		0.941		0.411
Existence of a chronic illness										
- Available (1)	51	47.92	51	44.90	51	44.75	51	44.28	51	44.25
- N/A (2)	49	53.18	49	56.33	49	56.48	49	56.97	49	57.01
	1118.000	-0.916	964.000	-2.105	956.500	-2.177	932.500	-2.222	930.500	-2.205
		0.359		0.03		0.029		0.026		0.027
Status of hospitalization										
- 1-5 years (1)	61	56.99	61	57.36	61	55.56	61	54.33	61	57.43
- 6-10 years (2)	32	44.31	32	42.81	32	40.97	32	42.66	32	41.83
- 11 and above	7	22.21	7	25.86	7	50.00	7	53.00	7	29.79
	11.406	0.003	12.240	0.002	6.166	0.046	3.568	0.168	9.954	0.007
		1>3		1>2, 1>3		1>2				1>2
Status of ECOG Performance										
- 0 (1)	12	57.83	12	60.63	12	52.92	12	68.75	12	68.75
- 1 (2)	19	65.84	19	60.63	19	62.34	19	61.89	19	61.89
- 2 (3)	35	48.34	35	50.79	35	48.66	35	44.07	35	44.07
- 3 (4)	22	46.61	22	45.41	22	44.64	22	45.75	22	45.75
- 4 (5)	12	32.29	12	32.83	12	45.46	12	41.67	12	41.67
	11.642	0.020	10.184	0.037	5.401	0.249	11.469	0.022	13.987	0.008
		1>4								1>4
Opinions on the treatment applied										
- Low (1)	18	26.75	18	26.75	18	36.64	18	33.72	18	26.25
- Moderate (2)	49	48.24 2>1	49	48.24	49	46.15	49	44.46	49	46.52
- High (3)	33	66.80 3>1	33	66.80	33	64.52	33	68.62	33	69.64
	26.038	0.000	26.038	0.000	14.992	0.001	21.718	0.000	27.994	0.000
				3>1, 3>2>1		3>1, 3>2		3>1, 3>2		2>1
Family Support										
- Bad (1)	3	29.50	3	30.50	3	30.67	3	37.33	3	34.83
- Moderate (2)	11	23.27	11	21.41	11	28.41	11	29.73	11	21.91
- Good (3)	86	54.72	86	54.92	86	54.02	86	53.62	86	54.70
	13.359	0.001	16.552	0.000	10.502	0.005	7.490	0.024	13.430	0.001
		3>2		3>2		3>2		3>2		3>2
Change of spiritual requirements										
- Yes (1)	34	51,44	34	53,87	34	61,87	34	64,49	34	59,72
- No (2)	66	50,02	66	48,77	66	44,64	66	43,30	66	45,75
	-0.235	0.814	-0.891	0.373	-3.031	0.002	-3.517	0.000	-2.287	0.022
Sharing with healthcare professionals										
- Yes (1)	15	70,77	15	63,17	15	69,13	15	69,00	15	72,97
- No (2)	85	46,92	85	48,26	85	47,21	85	47,24	85	46,54
	-2.966	0.003	-1.961	0.050	-2.907	0.004	-2.723	0.006	-3.261	0.001

DISCUSSION

In our study, it was determined that majority of patients looked at the future with hope, believed in the existence of a great power believed that the illness would help them to be stronger spiritually and they had spiritual practices based on their beliefs. In the literature, it was notified that the patients with cancer had a positive perception about their prognosis, their spiritual well-being status scores were high and there was a positive relationship between their prognosis perceptions (11,15). In their study, Mordiyano,Songwathans & Petpichetchian (1) determined that reading Quran, performing salah, saying and commemorating prayer strengthened the beliefs of Muslim patients to God and they believed in God and its power. Moreover, they determined that they regulated their relationships with God, felt good and felt relaxed and they reconstructed the spirit-body balance by fulfilling their religious tasks. In the literature, there are researches supporting this (9,16).

In our study, no relationship was determined between the existence of oncological or hematological malignity and spiritual well-being of individuals ($p>0.05$). In a similar manner with the literature, it was determined that the cancer diagnosis types of patients did not affect the spiritual attitudes (15). However, Phelps et al. (17) determined that the spiritual coping methods of patients with lung and colon cancer were different than the methods of patients with other cancer types and they applied to religious practices (performing salah, fasting, etc.) as spiritual coping method. This can be correlated with to what extent the person has approached himself/herself to death in accordance with the cancer type. To illustrate, the patients diagnosed with lung cancer consider their illnesses and treatments as a struggle to stay alive (2). In this study, it was determined that the time of diagnosis of 94.0% of patients were 1-5 years. In the further analysis made, no significant relationship between the illness period and spiritual well-being was determined ($p>0.05$). This result can be attributed to the limited time that the patients in the sampling group lived with diagnosis. In the literature, it was emphasized that the spiritual well-being and requirements of patients underwent a change as long as the time spent with diagnosis held over 18.

In our study, the patients stated that they were receiving family support at a good level (54%). In his study, Taylor (3) emphasized that the family/caregivers of patients with cancer mostly carry out activities strengthening their spiritual well-beings such as hope, power of self-confidence, loving, being loved, maintaining compatible relationships, support of talking, etc. In our study, a significant relationship was determined with the existence of chronic illness and spiritual well-being ($p<0.05$). In other words, it was seen that the ones with a chronic illness had a lower spiritual well-being compared to the ones without a chronic illness. However, no literature support was found concerning that the spiritual well-beings of individuals having another chronic illness as well as cancer were affected positively or adversely.

When ECOG performance values of patients were reviewed, it was found that the ones whose scores were 1, had a higher well-being level. Getting 1 point in the ECOG performance evaluation indicated that the individual fulfilled daily life activities independently and this positively affected his/her life philosophy and hope by affecting his/her struggle with illness. The findings of our study showed similarity with the literature (15).

There was a statistically significant difference between the opinions of patients under the influence of treatment and their spiritual well-beings. It was concluded that the ones who deemed the influence of treatment according to well-being level as moderate were different from the ones who deemed it as low while the ones who deemed it as high were different from the ones who deemed it as moderate and low. Although there are studies showing similarity with our study (15). Besides that the diagnosis of cancer caused the individual questioning the life, it also brought along the struggle for life. Being treated and the progress, stop or extinction of illness positively affected the spiritual well-being as well as that it raised the life qualities of patients (3,15). These data show similarity with our study.

A significant relationship was determined between being diagnosed with an illness and spirituality ($p<0.05$). In the literature, there are similar studies (15). It was found that 86.0% of participants had good support from their families. This conforms to traditional Turkish family structure. In the advanced analyses made, it was found that there was a positive relationship between family support and their well-beings. Our findings were in conformity with the study of Seyedrasooly et al.(11). In the study, it was determined that 39% of patients prayed for fulfilling their spiritual needs while 28% of patients worshipped or they fulfilled their spiritual needs in other ways (silence, tranquility). It was found that the requirements of 66.0% of patients did not change along with the diagnosis.

In the literature, it was stated that Muslim patients prayed, performed the salah, visited the shrines, made a tow and scarified an animal, visited the hodjas, wore an amulet and lucky charm, visited the herbalists, poured lead to repel evil eye and drank holly waters (zam-zam) for recovering their health (3,9).

In our study, it was determined that 85.0% of patients did not share any moral requirement with healthcare professionals. This indicated that the spiritual care was overlooked by healthcare professionals or it was not given a place in the intervention priority. Our findings show similarity with the literature. In the studys conducted by, it was determined that 65.2% of nurses participated the research received no information concerning spirit while 50% of the ones who received information, received insufficient information. In a study which identified the spiritual requirements of mothers whose children were in the intensive care unit, it was found that the mothers did not share their spiritual requirements with healthcare professionals and they did not receive support spiritually (4, 19-21).

CONCLUSION

it was determined that the patients with cancer had spiritual requirements and they considered this significant to heal and raise their life qualities, but they did not share their spiritual requirements with healthcare professionals and they did not receive enough support. The restriction of research is that it was centered on one hospital and conducted with limited number of sampling. Within the direction of results, it can be suggested that the study is conducted with a wider population and in different region hospitals, the health professionals are sensitive to and diagnose the spiritual requirements of patients with cancer well, they develop scales which will diagnose the spiritual requirements specific to culture in Turkish society, the spiritual care concepts are emphasized in the curriculums more effectively, the spiritual care issues are discussed with team in the in-service trainings and the necessary importance is placed.

Author Contributions

Idea/Concept: Z.A., Ö.U; Design: Z.A., Ö.U.; Data Collection and/or Processing: Z.A; Analysis and/or Interpretation: Z.A. ; Literature Review: Z.A., Ö.U.; Writing the Article: Z.A., Ö.U.; Critical Review: Ö.U.

REFERENCES

1. Mordiyano MNS, Songwathans P, Petpichetchian W. Spritüality intervention and qutcomes: corner stone of holistic nursing practice. Nurs Media J Nurs. 2011; 1(1):117-127.
2. Mazières J, Pujol JL, Kalampalikis N, et al. Perception of lung cancer among the general population and comparison with other cancers. J Thorac Oncol.. 2015;10(3):420-5.
3. Taylor EJ. Spiritual Needs Of Patients With Cancer And Family Caregivers, Cancer Nursing. 2003; 26(4), 260-266.
4. Uğurlu ES. Hemşirelikte Manevi Bakımın Uygulanması. Acıbadem Üniversitesi Sağlık Bilimleri Dergisi. 2014; 5(3):187-191.
5. Surbone A, Baider L. The spritüel dimension of cancer care. Critical Rewiews in Oncology. 2010; 73: 228- 235.
6. Kang J, Shin DW, Choi JY, et al. Addressing the religious and spiritual needs of dying patients by healthcare staffin Korea: patient perspectives in a multi-religious Asian country. Psychooncology. 2012; 21(4):374-81.
7. Uğurlu ES, Başbakkal Z. Spiritual Care Requirements of the Mothers of the Hospitalized Children in Intensive Care Units. Journal of the Turkish Society of Intensive Care. 2013; 11(1): 17-24.
8. Wong KF, Yau S. Nurses' experiences in spirituality and spiritual care in Hong Kong. Applied Nursing Research. 2009; 23(4):242-244.
9. Dedeli O, Yıldız E, Yüksel Ş. Assessing the Spritüel Needs and Practices of Oncology Patients in Turkey. Holist Nurs Pract. 2015; 29(2):103-13.
10. Calderia S, Timmins F, Carvalho CE, Vieira M. Spritüel Well- Being and Spritual Distress in Cancer Patients Undergoing Chemotherapy: Utilizing the SWBQ as Component of Holistic Nursing Diagnosis. J Relign. Health. 2017; 56(4): 1489- 1502.
11. Seyedrasooly A, Rahmani A, Zamanzadeh V., et al. Association between Perception of Prognosis and Spiritual Well-being among Cancer Patients. J Caring Sci.. 2014; 3(1): 47–55.
12. Yılmaz M. Holistik bakımın bir boyutu: spiritualite, doğası ve hemşirelikle ilişkisi. Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi. 2011; 14: 2.
13. Çelik AS, Ozdemir F, Durmaz, H, Pasinlioğlu T. Hemşirelerin Maneviyat ve Manevi Bakımı Algılama Düzeyleri ve Etkileyen Bazı Faktörlerin Belirlenmesi. Hacettepe Üniversitesi Hemşirelik Fakültesi Dergisi. 2014; 1–12.
14. http://ecog-acrin.org/resources/ecog-performance-status
15. Yazgan EO. Kemoterapi Alan Kanser Hastalarında Dini İnanç Ve Maneviyatın Depresyon Düzeyi Ve Yaşam Kalitesine Etkisinin Belirlenmesi. Ankara Üniversitesi Sağlık Bilimleri Enstitüsü Hemşirelik Anabilim Dalı, Yüksek Lisans Tezi, Ankara, Türkiye. 2014.
16. Dehghani Z. Impact of prayer on spritüel well being in cancer patients undergoing chemotherapy. Paper presented at: Third International Congress on Supportive and Pallative Car in Cancer. 2011; Tehran, Iran.
17. Phelps AC, Maciejewski PK, Nilsson M, et al. Religious coping and use of intensive life prololing care near death in patients with advanced cancer. JAMA. 2009; 301(11):1140-7
18. Koenig GH, George KL, Titus P, Meador GK. Religion, spirituality and acute care hospitalization and long term care use by older patients. Arch Intern Med. 2004; 164(14):1579-85
19. Eğlence R, Şimşek N.Hemşirelerin Maneviyat ve Manevi Bakım Hakkındaki Bilgilerinin Değerlendirilmesi. Acıbadem Üniversitesi Sağlık Bilimleri Dergisi. 2014; 5(1):48-53.
20. Uygur D. Hemşirelerin Spiritüalite ve Spiritüel Bakım Algısının Belirlenmesi ve İş Doyumu ile Arasındaki İlişkinin İncelenmesi. Abant İzzet Baysal Üniversitesi Sağlık Bilimleri Enstitüsü Hemşirelik Anabilim Dalı, Yüksek Lisans Tezi,Bolu, Türkiye. 2016
21. Korkut OF, Demirbaş ÇN, DoğanT. Üniversite Öğrencilerinde Goodlik halinin yordayıcısı olarak psikolojik sağlamlık. Elektronik Sosyal Bilimler Dergisi. 2017; 16(64):1461-1469