

Research Article

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Perspectives of cancer patients regarding spirituality and its role in cancer cure

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ABSTRACT

Background: Spirituality is recognized as a key determinant of health. A strong correlation between health and spiritual healing is widely existent. Present study aims at investigating spiritual aspects of cancer patients and their opinions regarding spirituality and health and also to explore their views regarding spirituality as complementary and alternative (CAM) medicine for cure of cancer.

Methods: Hospital based cross sectional study conducted 1117 among cancer patients attending a tertiary health facility. Chi square test and other elementary statistical methods were applied for data analysis.

Results: Among 1117 cancer patients surveyed including 44.9% males and 55.1% females, 37.9% were of the opinion that spirituality and health are interrelated. Spiritual health was assigned Rank 1 by 21.3% respondents. There were 24.6% respondents having no spiritual distress. About 73% respondents agreed with existence of spirituality as a health component. The most common reported characteristic of spiritually healthy individuals was being in peace and calm (69.4%). Majority of respondents (97.2%) had reported faith in God. Increased faith in god after suffering from the disease was reported by 68.8% respondents. Spirituality had perceived role in recovering from disease and 61.6% respondents reported change in their outlook after suffering from this disease.

Conclusions: Findings of the present study support the relationship between spirituality and health. Need is felt for introducing spiritual health care in medical practice with holistic approach effectively addressing spiritual issues in cancer management.

Keywords: CAM, Holistic approach, Spirituality, Spiritual distress

INTRODUCTION

Spirituality is recognized as a key determinant of health, and it has been adopted by the World Health Organization as part of its seven principles of health promotion. One of seven principles of health promotion adopted by WHO is 'holism' which aims to foster physical, mental, social and spiritual health. The first recognition of spirituality within the World Health Organisation came at its 1983 Assembly when an appeal was made for a wider appreciation of the role of the

spiritual in the construction of health. Spirituality is multidimensional phenomenon encompassing all aspects of being human and is a means of experiencing life. It has also been defined as an integral dimension of health and well-being of every individual.¹ Several prominent organizations have recognized well the importance of spiritual care. According to The Joint Commission on Accreditation of Healthcare Organizations, spiritual services are an integral part of health care and daily life.² The American College of Physicians convened an end-of-life consensus panel that concluded that physicians

should extend their care for those with serious medical illness by attention to psychosocial, existential, or spiritual suffering.³ According to report of association of american medical colleges AAMC, Spirituality is recognized as a factor that contributes to health in many persons.⁴ It is expressed in an individual's search for ultimate meaning through participation in religion and/or belief in God, family, naturalism, rationalism, humanism, and the arts. All of these factors can influence how patients and health care professionals perceive health and illness and how they interact with one another. In a review of about 1200 studies on religion and health, two third have shown significant association between religious activity and better mental health or lower utilization of health services.⁵ Our earlier study conducted in the north Indian city of Chandigarh observed 62% among health personnel agreed to the existence of a spiritual dimension to health.⁶ Several other studies also support the view that attention to a patient's spiritual health hastens recuperation and assists in prevention of the disease.⁷⁻¹² Spiritual dimension of health is very important needing an utmost priority. A strong correlation between health and spirituality is widely existent.

The concept of spirituality is found in all cultures and societies. Over the past decade there has been a worldwide recognition that spirituality and health are closely related. There is growing awareness that spirituality is an important yet often neglected factor in the health of patients.¹³ Recent studies have established the role of spirituality in oncology care in spite of difficulty in defining spirituality and God.¹⁴⁻²³ Worldwide oncologists have realized a dire need of integrating the spirituality into the palliative care. There is a compelling need to integrate spirituality into the provision of quality care by oncology professionals. In recent years, use of complementary and alternative medicine (CAM) has increased. The use of different CAM therapies including spiritual healing by cancer patients is discussed in our earlier study²⁴. To the best of knowledge of authors, no other study is available on spiritual aspects of cancer patients. Present study is an attempt to bridge the existing gap between spirituality and cancer having the following objectives: Objectives of the study was to investigate spiritual aspects of cancer patients and their opinions regarding spirituality and health and to explore their views regarding Spirituality as complementary and Alternative Medicine for cure of cancer.

METHODS

Study area

Results are based on a hospital-based cross sectional survey conducted among cancer patients under Indian Council of Medical Research (ICMR), India sponsored project “Complementary and Alternative Medicine (CAM) Use Among Cancer Patients” Undertaken during June 2012 to May 2014 (IRIS Cell ID: 2011-S09910)

Setting

Present hospital-based study was conducted among cancer patients attending Radiotherapy OPD of Government Medical College and Hospital (GMCH), a tertiary health care facility in Chandigarh (UT) North India during June 2012 to May 2014 to explore opinions of cancer patients regarding spirituality. Chandigarh is the most economically advanced UT of India which is characterized by high population growth due to migratory population and rapidly changing life style. Here the pattern of cancer may vary considerably as compared to remaining part of India. Government Medical College and Hospital (GMCH) Chandigarh provides care to patients representing several states. In recent years, there is an alarming increase in incidence of cancer in these states in both rural and urban communities. Oncology Department of GMCH is well equipped and treating different cancer patients.

A cross-sectional study design was adopted among patients of different types of cancer at different stages approaching for allopathic treatment at the health facility. A Systematic Sampling Design was adopted to select patients attending the health facility. Patients undergoing allopathic attending at Radiotherapy OPD for cancer/their family members/close relatives attending the health facility were interviewed to collect information on personal and family characteristics, spiritual aspects, perceptions, beliefs and practices related with role of spiritual care in cancer cure and other relevant information.

Optimum sample size

Power analysis was done to calculate optimum sample size for the proposed study. Sample size was calculated by using the following formula with approximation for large population:

$$n_{opt.} = \frac{Z^2_{1-\alpha/2} (1-P)}{\epsilon^2 P}$$

where,

P = Anticipated population proportion

1 - α = Confidence Coefficient

ϵ = Relative precision, and

Z(.) is the value of standard normal variate.

On the basis of 60 % CAM use as primary outcome parameter in the detailed survey anticipated on the basis of pilot survey findings, assuming 95% confidence

coefficient and 5% relative precision, optimum sample size of 1024 cancer patients was obtained. Sample size was further enhanced by 10% to adjust drop-outs incomplete data and potential problems. This study finally included a sample of 1117 cancer patients.

Inclusion criterion

Patients with confirmed diagnosis of any type of cancer irrespective of age, gender, site and staging of cancer approaching for allopathic treatment at the studied health facility for the first time willing to participate in the study were included. Close relatives of patients accompanying the patient also served as respondents to provide information regarding patient under some circumstances wherein patient was not in the condition to give the information.

Exclusion criterion

Patients not undergoing allopathic treatment for cancer at the health facility or not willing to participate in the study due to any reason were excluded.

Study design

A cross-sectional study design was adopted among patients of different types of cancer at different stages approaching for allopathic treatment at the health facility.

Sampling design

A systematic sampling design was adopted to select patients attending the Radiotherapy OPD of the health facility. There were about 40–50 patients attending the OPD every day. Among them only new patients were included in a systematic manner selecting every third patient with a random start every day. Patients revisiting the OPD were excluded while selecting the sample.

Ethical issues

Ethical Guidelines of ICMR (2006)²⁵ on human participants were followed. A written informed consent was taken from the patients and confidentiality of responses was ensured. In case the patient is below 18 years of age, unable to give consent due to his/her condition or due to any other reason, consent was taken from accompanying close relative of the patients and he/she served as respondent to provide the relevant information concerning the patient. Only a few refused to give consent, mainly because of lack of time and other personal reasons.

Patients not giving consent were excluded from the study and were replaced by new participants. Prior approval from Institutional Ethics Committee was taken for conducting the study.

Statistical methods

Data were described by number and percentages in different categories of responses. Chi square (χ^2) test was applied to test the significance of associations between different characteristics. Statistical Package for Social Sciences (SPSS) -16 software package was used for data analysis.

RESULTS

There were total 1117 cancer patients of varied socio-demographic characteristics including 501 (44.9%) males and 616 (55.1%) females. They were asked to assign ranks to different components and results are presented in Table 1. Rank 1 was assigned to physical, mental, spiritual and social health components by 444(39.7%), 366 (32.8%), 238 (21.3%) and 41 (3.7%) respondents respectively. Therefore, spiritual health was ranked at first place by comparatively less respondents than those in favor of physical and mental health to be ranked at first place. It was assigned rank-3 by maximum (50.0%) respondents. No gender differential was observed in ranking patterns of respondents.

Opinions regarding spiritual aspects of patients included in the present study are mentioned in Table-2. Regarding spiritual health; respondents expressed varied opinions like “one who is spiritual, falls sick less frequently reported by 202(18.0%), “It’s a cycle of karma. Whatever happens, it has to happen and it is because of our earlier deeds” reported by 65(5.8%), people who believes in God don’t fall sick more often reported by 46 (4.1%) etc. There were 394 (35.3%) respondents who were ignorant of spiritual health.

Various views were given regarding relationship among spirituality, health and religion. There were 423 (37.9%) respondents who were of the opinion that these are interrelated to each other whereas no relationship was reported by 92(8.2%) respondents. Among all respondents, 322 (28.8%) reported no problems in seeking spiritual care. Various aspects of changes in outlook after suffering from cancer were reported by respondents. Only 688 respondents expressed their views on this issue.

When asked about ways their outlook was changed, 147(21.4%) respondents reported that they started feeling very sad and scared followed by 112(16.3%) reporting negativity in mind and irritated with life and 44(6.4%) understood the value of life after suffering from the disease. Components of healing process reported by 390 respondents who underwent healing process for seeking cure of the disease included prayer, meditation and spiritual time with nature reported by 198(50.8%), 136 (34.9%) and 107(27.4%) respondents respectively.

Table 1: Ranks assigned to different components of health by respondents.

Component along with rank	Male N=501		Female N=616		Total N=1117	
(a) Physical	No.	%	No.	%	No.	%
Rank 1	198	39.5	246	39.9	444	39.7
Rank 2	187	37.3	240	39.0	427	38.2
Rank 3	78	15.6	87	14.1	165	14.8
Rank 4	29	5.8	23	3.7	52	4.7
NR	9	1.8	20	3.2	29	2.6
(b) Mental						
Rank 1	160	31.9	206	33.4	366	32.8
Rank 2	224	44.7	271	44.0	495	44.3
Rank 3	85	17.0	98	15.9	183	16.4
Rank 4	23	4.6	21	3.4	44	3.9
NR	9	1.8	20	3.2	29	2.6
(c) Spiritual						
Rank 1	111	22.2	127	20.6	238	21.3
Rank 2	49	9.8	61	9.9	110	9.8
Rank 3	246	49.1	312	50.6	558	50.0
Rank 4	86	17.2	96	15.6	182	16.3
NR	9	1.8	20	3.2	29	2.6
(d) Social						
Rank 1	23	4.6	18	2.9	41	3.7
Rank 2	31	6.2	25	4.1	56	5.0
Rank 3	84	16.8	97	15.7	181	16.2
Rank 4	354	70.7	456	74.0	810	72.5
NR	9	1.8	20	3.2	29	2.6

Table 3 provides knowledge, awareness and practices related with spirituality by gender are presented in There were 817 (73.1%) respondents who believed in Hinduism followed by 239(21.4%) in Sikhism, and 39(3.5%) in Islamism. There were 727 (65.1%) respondents who didn't had any spiritual guru including 335(66.9%) males and 392(63.6%) females. Among all, 279(25.0%) respondents had spiritual mentor/ Guru as spiritual leaders. Females were more likely (27.9%) to have spiritual Gurus as compare to males (21.4%). Some considered their family members as spiritual mentor/ guru. Among all respondents 275 (24.6%) had no spiritual distress. There were many spiritual distress conditions ever faced by the respondents like variation in mood: 565 (50.6%), change in behaviour: 392 (35.1%), anger towards God: 286 (25.6%) and decrease in self-esteem: 52 (4.7%) etc. Majority of Respondents turned to spirituality mainly during serious illness or loss (77.3%) followed by situation when their wishes were fulfilled (12.2%). These situations followed almost same patterns for males and females.

There were 814 (72.9%) respondents who either strongly or very strongly agreed with existence of "spirituality" as a component of health. Reported characteristics of spiritually healthy individuals were mainly peace and calm: 775 (69.4%), Religious, believe in God and God fearing: 612 (54.8%), honest and noble: 567 (50.8%),

Believe in one's own worth and goodness: 466 (41.7%), Helping nature, lovable, universal brotherhood and feel for others: 392 (35.1%) etc as mentioned in the table. Spirituality played an important perceived role in improving health. Some of the respondents views found in the present study included "spirituality can cope with illness in a better way": 505(45.2%), "Recovery becomes faster with the blessings of God": 500(44.8%), "Spiritual doctors/ practitioners can deal better with illness": 482(43.2%), "Spiritual individual recovers faster from illness": 272(24.4%) etc. Majority of respondents (97.2%) had reported faith in God. Comparatively more females were having faith in God (98.1%) as compare to males (96.2%). There were 768(68.8%) respondents including 335 (66.9%) males and 433 (70.3%) females whose faith had increased after suffering from the disease. Indifferent feeling was reported by 275(24.6%) respondents. There was significant association between gender and have faith in God (P=0.008). There were 913 (81.7%) respondents who thought that spirituality had role in recovering from their disease and 688(61.6%) respondents reported change in outlook on life after suffering from this disease. Among all respondents, 688 (61.6%) including 328 (65.5%) males and 360 (58.4%) females, reported change in their outlook towards life and it was found to be significantly associated with Gender (P=0.04).

Yoga practices of male and female respondents are also presented in Table 3. Out of total 1117 patients, 166(14.9%) respondents including 61(12.2%) males and 105(17.0%) females practiced Yoga. They were mainly inspired by Baba Ram dev (51.8%) followed by media (12.7%). Majority of them were practicing it from last one year. There were 173(15.5%) respondents who believed that yoga is helpful in curing cancer. Meditation

was practiced by 644(57.7%) including 256 (51.1%) males and 388 (63.0%) females. Perceived benefits felt by respondents practicing meditation included stress reduction: 593 (92.1%), relaxation: 483 (75.0%), decreased pain: 105 (16.3%) etc. Practices of Yoga and meditation were found to be significantly associated gender ($P<0.001$).

Table 2: Opinions of respondents regarding spirituality and related aspects.

Opinion regarding	No	%
Spiritual health and healthy individuals (N =1117)		
People who believe in God are psychological more healthy	28	2.5
Positive outlook towards life is spiritually health	21	1.9
One who is spiritual	202	18.0
Peace at heart is called spiritual health	09	0.8
It's a cycle of 'Karma'. Whatever happens, it has to happen. and it is because of our earlier deeds	65	5.8
Related to meditation	11	0.9
Strong will power	08	0.7
Internally Healthy	14	1.3
Tension Free	04	0.4
Related with mind and body and soul	24	2.1
Person who completes duties on time is spiritual healthy person	22	2.0
Calm and peaceful person is a spiritual person	12	1.1
Mentally Healthy Person is spiritual healthy person	15	1.3
Spiritually healthy person deals better with disease or death	04	0.4
Spiritual healthy person has complete faith in God	20	1.8
Spiritual healthy person has helping nature	11	0.9
Responsible towards his/ her duties	01	0.1
Ultimate eternal peace(connecting with the divine power)	03	0.3
Physical fitness	03	0.3
One who believes in 'Bhrama Kumaries'	02	0.2
Not aware of	395	35.4
No Response	67	5.9
Relationship of spirituality, health and religion (N =1117)		
No Relationship	95	8.5
All are inter related	423	37.9
Spirituality leads to good health	76	6.8
All are different	07	0.6
It helps to remain mentally fit	15	1.3
It effects to our eating habits and way of living and ultimately it effects to our health too.	41	3.7
All things depends on culture	03	0.3
All depends on our past misdeeds. If we do meditation then only God helps us to recover	47	4.2
No response	120	10.7
Problems faced in seeking spiritual care (N=1117)		
No Problem	322	28.8
Not able to concentrate while worshiping God	44	3.9
Can't do worship because of pain	41	3.6
Variation in Moods	12	1.1
No Time	04	0.4
Sadness, Depression	26	2.3
Change in outlook after suffering from cancer (N=688)		
Positive attitude towards life	13	1.9
Wants to enjoy every moment of life	33	4.8
Hates life now	21	3.1

Feels new strength and motivation	33	4.8
Life is more miserable now	25	3.6
Feels very sad and scared	147	21.4
Negativity in mind and irritation	112	16.3
Tension regarding my family has increased much now.	72	10.5
Lost all hopes of life	23	3.3
Wants to do everything in short span of time	07	1.0
Mood Swings	06	0.9
Faith in God has been increased	13	1.9
In Shock	02	0.3
Comes to know about our real well wishers	15	2.2
Psychological changes	02	0.3
More dependent on others now	07	1.0
Wants to live alone now	02	0.3
Life is now time pass	06	0.9
Understands the value of life	44	6.4
Depression	09	1.3
Don't feel like living	34	4.9
Components of spiritual healing process (N=390)		
Prayers	198	50.8
Psycho Counseling	04	1.0
Meditation	136	34.9
Imaging and visualization	05	1.3
Breathing techniques	09	2.3
Inspirational or sacred readings	04	1.0
Epic story telling	03	0.8
Listening to spiritual music	44	11.3
Guided imaginary	03	0.8
Meditation with visualization	09	2.3
Spiritual time with nature	107	27.4
Visiting religious places	44	11.3

Table 3: Knowledge, awareness and practices related with spirituality by gender.

Practice	Male N=501		Female N=616		Total N=1117	
	No.	%	No.	%	No.	%
Religious Beliefs						
Hinduism	380	75.8	437	70.9	817	73.1
Sikhism	89	17.8	150	24.4	239	21.4
Islamism	23	4.6	16	2.6	39	3.5
Any other	9	1.8	13	2.1	22	2.0
Who is your spiritual mentor/ Guru						
No one	335	66.9	392	63.6	727	65.1
Spiritual leaders	107	21.4	172	27.9	279	25.0
Family member	02	0.4	06	1.0	08	0.7
Family friend	01	0.2	02	0.3	03	0.3
Special health care providers	01	0.2	0	0.0	01	0.1
Any other	55	11.0	44	7.1	99	8.9
Spiritual distress conditions ever faced						
Anger towards God	119	23.8	167	27.1	286	25.6
Variation in mood	256	51.1	309	50.2	565	50.6
Change in behavior	189	37.7	203	33.0	392	35.1
Decrease in self esteem	17	3.4	35	5.7	52	4.7
Others	16	3.2	13	2.1	29	2.6
No spiritual Distress	110	22.0	165	26.8	275	24.6
Situations wherein people turn to						

spirituality						
After serious illness or loss	386	77.0	477	77.4	863	77.3
Loose hope in other source	35	7.0	49	8.0	84	7.5
When wishes are fulfilled	57	11.4	79	12.8	136	12.2
When disease is fully cured	12	2.4	15	2.4	27	2.4
Any other(Specify)	80	16.0	114	18.5	194	17.4
Opinion regarding existence of “spirituality” as a component of health						
Very strong	186	37.1	227	36.9	413	37.0
Strongly	174	34.7	227	36.9	401	35.9
Moderately	82	16.4	99	16.1	181	16.2
Somewhat	19	3.8	26	4.2	45	4.0
Not at all	08	1.6	04	0.6	12	1.1
No response	32	6.4	33	5.4	65	5.8
Desired characteristics of spiritually healthy individual						
Peace and calm	347	69.3	428	69.5	775	69.4
Cheerful and satisfied	143	28.5	209	33.9	352	31.5
Honest and noble	242	48.3	325	52.8	567	50.8
Helping in nature, lovable, universal brotherhood and feel for others	149	29.7	243	39.4	392	35.1
Ability to forgive self and others	38	7.6	41	6.7	79	7.1
Can face/deal with death better	51	10.2	84	13.6	135	12.1
Believe in one's own worth and goodness	211	42.1	255	41.4	466	41.7
Strong will, physically sound and mentally alert	128	25.5	154	25.0	282	25.2
Sense of some control over one's own life	35	7.0	37	6.0	72	6.4
No effects of routine emotions, strong will, physically sound and mentally alert	31	6.2	46	7.5	77	6.9
Tolerant, patient and manage stress better	142	28.3	173	28.1	315	28.2
Talk less and listen more, have balanced nature	65	13.0	91	14.8	156	14.0
Logical, have justifiable approach and better judgment	38	7.6	34	5.5	72	6.4
Optimistic and have well defined aims and objectives in life	30	6.0	54	8.8	84	7.5
Religious, believe in God and God fearing	272	54.3	340	55.2	612	54.8
Any other	01	0.2	03	0.5	04	0.4
No Response	28	5.6	20	3.2	48	4.3
Perceived role of spirituality in improving health						
Spirituality can cope with illness in a better way	233	46.5	272	44.2	505	45.2
Spiritual person has better physiologic and emotional adjustment	31	6.2	30	4.9	61	5.5
Spiritual person has more positive outlook and a better quality of life	30	6.0	42	6.8	72	6.4
Spiritual person falls ill less frequently	101	20.2	107	17.4	208	18.6
Spiritual person deals better with pain and stress	68	13.6	108	17.5	176	15.8
Spiritual person can face/deal with death better	81	16.2	114	18.5	195	17.5
Spirituality Doctors/Practitioners can deal better with illness	224	44.7	258	41.9	482	43.2
Recovery becomes faster with blessings of God	241	48.1	259	42.0	500	44.8
Spiritual individual recovers faster from illness	106	21.2	166	26.9	272	24.4
Non-Spiritual individual suffers more from disease like Cancer	6	1.2	11	1.8	17	1.5

Any other	13	2.6	14	2.3	27	2.4
No response	7	1.4	7	1.1	14	1.3
Have faith in God	482	96.2	604	98.1	1086	97.2
Faith in god has role in recovering from disease	410	81.8	503	81.7	913	81.7
Change in faith in God after suffering from this disease						
Faith has Increased	335	66.9	433	70.3	768	68.8
Faith decreased	16	3.2	20	3.2	36	3.2
Indifferent	127	25.3	148	24.0	275	24.6
Any other	5	1.0	4	0.6	09	0.8
No response	18	3.6	11	1.8	29	2.6
Spirituality can cure cancer completely						
Yes	454	90.6	560	90.9	1014	90.8
No	19	3.8	28	4.5	47	4.2
No response	28	5.6	28	4.5	56	5.0
					X²=0.97	P=0.61
Change in outlook on life after suffering from Cancer						
Yes	328	65.5	360	58.4	688	61.6
No	166	33.1	242	39.3	408	36.5
No response	7	1.4	14	2.3	21	1.9
					X²=6.20	P=0.04
Yes	61				12.2	105
No	440				87.8	511
Yoga is helpful in curing cancer						
Yes	72				14.4	101
No	429				85.6	515
Practice meditation						
Yes	256				51.1	388
No	228				45.5	216
Perceived benefits of meditation (N=256)						(N=388)
Stress reduction	239				93.3	354
Relaxation	194				75.7	289
decreased pain	47				18.3	58
increased creativity	2				0.8	3
Inspiration	1				0.4	1
Any other	2				0.8	3

DISCUSSION

In the present study, a total of 1117 Cancer patients were interviewed regarding spiritual aspects. Respondents ranked Physical Health at top followed by mental health at second, spiritual health at rank third and social health at fourth rank. Spirituality as a CAM method was ranked at 1st place by 21.3% patients. Various views were given regarding relationship among spirituality, religion, health and culture. About 38% respondents were of the opinion that these are interrelated to each other. In our study, 65.1% respondents didn't have any spiritual guru including 66.9% males and 63.6% females. Females were more likely (27.9%) to have Spiritual Gurus as compared to males (21.4%). In our study the most common belief

was that "one who is spiritual, falls sick less frequently". Our recent study reported that spiritual healing came out to be the second most common CAM therapy having 31.2% user rate among those aware of it after Ayurveda and about 54% cancer patients using CAM were of the opinion that CAM has spiritual dimensions.²⁴ About 62% respondents reported change in outlook on life after suffering from this disease in the present study. Patients who are spiritual may utilize their beliefs in coping with illness, pain, and life stresses. Spiritually inclined tend to have a more positive outlook and a better quality of life. About 15% respondents practiced Yoga. They were mainly inspired by Baba Ram dev followed by mass media. There were 173 (15.5%) respondents who believed that yoga is helpful in curing cancer. Meditation

was practiced more by females (63.0%) as compared to males (51.1%) with overall rate of 57.7%. Perceived benefits felt by respondents practicing meditation included stress reduction, relaxation, decreased pain etc. Majority of respondents were having faith in God and about 82% of respondents were of the opinion that faith in god and spirituality had role in recovering from disease as a method of curing Cancer. A cross-sectional study conducted among health personnel in the north Indian city of Chandigarh observed 62% agreed to the existence of a spiritual dimension to health.⁶

The positive attitude of the health personnel regarding spiritual health in medical care may also contribute towards better healing. Overall health can be positively impacted by high levels of spiritual health. An impressive body of research has shown convincing evidence that spirituality is positively related to health.⁷⁻¹² Some observational studies suggest several beneficial effects of spiritual healing on cancer patients.^{6,26,27}

In the present study, about 65% were not having any spiritual gurus at all. About 62% respondents reported change in outlook on life after suffering from the disease. Respondents turned to spirituality mainly during serious illness. About 77% inclined towards spirituality after suffering from serious disease only. Faith in god of about 69% patients was increased after suffering from the disease. Being peaceful and calm were the most preferred characteristics of spiritual individuals reported by about 69% individuals. About 29% patients reported no problem in seeking spiritual care. Being religious, having faith in god and god fearing followed by being honest and noble were next two perceived characteristics of spiritual individuals reported by 54.8% and 50.8% patients respectively. Prayers and meditations were two major spiritual process respondents had practiced. Prayer is the most common form of spiritual ritual and is practiced by religious as well as non-religious individual throughout the world. There are numerous studies that demonstrate a significant correlation between spirituality and healing and prayer and healing. It is reported that 82% of Americans believe in the healing power of personal prayer.

The main weakness of our study is that it can't ascertain the causal relationship between spiritual healing and its outcomes among cancer patients. Moreover, being a hospital based study it does not represent patients in the community. Further in depth studies are required to be conducted to overcome these shortcomings.

CONCLUSION

The findings of the present study support the relationship between spirituality and health outcomes. It is concluded that spiritual dimension of health is very important and it should be given priority. Need is felt for introducing spiritual health care in medical practice for effectively addressing the issues related with spirituality and health

for quality care of cancer patients. Spiritual healing should be made an integral part in health care delivery system for cancer management as a step ahead towards holistic approach to cancer management.

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REFERENCES

1. Skokan L, Bader D. Spirituality and Healing. *Health Progress*. 2000;81(1):1-8.
2. Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Patient rights and organization ethics. In Comprehensive Accreditation Manual for Hospitals (CAMH): The Official Handbook (update 3). Oakbrook Terrace, Ill: JCAHO, 1999;R1-15.
3. Lo B, Quill T, Tulsky T, for the ACP-ASIM End-of-Life Care Consensus Panel. Discussing palliative care with patients. *Ann Intern Med*. 1999;130:744-9.
4. Association of American Medical Colleges. Report III: Contemporary Issues in Medicine: Communication in Medicine, Medical School Objectives Project. Washington, DC: Association of American Medical Colleges. 1999;25-6.
5. Miller WR, Thoresen CE. Spirituality, religion, and health: An emerging research field. *American Psychologist*. 2003;58:24-35.
6. Goel NK, Walia D, Pathak R, Sharma MK, Kalia M, Swami HM. Opinion Of Health Care Providers Regarding Spiritual Dimension Of Health In India. *The Internet Journal of Health*. 2008;7(1).
7. Dossey L. Do religion and spirituality matter in health? A response to the recent article in the *Lancet. Alternative Therapies*. 1999;5:3.
8. Ellison CD, Levin JS. The religion-health connection: Evidence, theory, and future directions. *Health Education and Behaviour*. 1998;24:700-20.

9. Koenig HG. Spiritual Assessment in medical practices. *American Family Physicians* 2001;1:1-3.
10. Seeman TE, Dubin LF, Seeman M. Religiosity/spirituality and health: a critical review of the evidence for biological pathways. *American Psychologist.* 2003;58:53-63.
11. Levin JS. Religion and health: Is there an association, is it valid, and is it causal? *Social Science and Medicine.* 1994;38(11):1475-82.
12. Miller WR, Thoresen CE. Spirituality, religion, and health: An emerging research field. *American Psychologist.* 2003;58:24-35.
13. Amy LA. Spiritual well-being, spiritual growth, and spiritual care for the aged: a cross faith and interdisciplinary effort. *Journal of Religious Gerontology.* 2000;11(2):3-28.
14. Mesquita AC, Lopes Chaves ADC, Valcanti Avelino CC, Nogueira DA, Panzini RG, Emilia Campos de Carvalho. The use of religious/spiritual coping among patients with cancer undergoing chemotherapy treatment. *Revista Latino-Americana de Enfermagem.* 2010;2:415-8.
15. Travado L, Grassi L, Gil F, Martins C, Ventura C, Bairradas J et al. Do spirituality and faith make a difference? Report from the Southern European Psycho-Oncology Study Group. *Palliative Supportive Care.* 2010;8(4):405-413.
16. Guerrero GP, Zago MMF, Sawada NO, Pinto MH. Relationship between spirituality and cancer: patient's perspective. *Rev Bras Enferm.* 2011;64(1):53-9.
17. Ferrell B, Otis-Green S, Economou D. Spirituality in cancer care at the end of life. *Cancer J.* 2013;19(5):431-7.
18. Peteet JR, Balboni MJ. Spirituality and religion in oncology. *CA Cancer J Clin.* 2013;63(4):280-9.
19. Balboni MJ, Sullivan A, Amobi A, Phelps AC, Gorman DP, Zollfrank A, Peteet JR, Prigerson HG, Vanderweele TJ, Balboni TA. Why is spiritual care infrequent at the end of life? Spiritual care perceptions among patients, nurses, and physicians and the role of training. *J Clin Oncol.* 2013;31(4):461-7.
20. Gonzalez P, Castañeda SF, Dale J, Medeiros EA, Buelna C, Nuñez A, et al. Spiritual Well-Being and Depressive Symptoms among Cancer Survivors. *Support Care Cancer.* 2014;22(9):2393-2400.
21. Phelps AC, Lauderdale KE, Alcorn S, Dillinger J, Balboni MT, Van Wert M, Vanderweele TJ, Balboni TA. Addressing spirituality within the care of patients at the end of life: perspectives of patients with advanced cancer, oncologists, and oncology nurses. *J Clin Oncol.* 2012;30(20):2538-44.
22. Sajjadi M, Rassouli M, Abbaszadeh A, Alavi Majd H, Zendedel K. Psychometric properties of the persian version of the michel's uncertainty in illness scale in patients with cancer. *Eur J Oncol Nurs.* 2014;18:52-7.
23. Heidarzadeh M, Rassouli M, Mohammadi Shahbolaghi F, Alavi Majd H, Aman MK, Mirzaee H, et al. Posttraumatic growth and its dimensions in patients with cancer. *Middle East J Cancer.* 2014;5:23-9.
24. Kumar D, Goel NK, Pandey AK, Sarpal SS. Complementary and alternative medicine use among the cancer patients in Northern India. *South Asian J Cancer.* 2016;5:8-11.
25. Ethical guidelines For Biomedical research on Human participants. Indian Council of Medical Research (2006).
26. Strawbridge WJ, Cohen RD, Shema SJ, Kaplan GA. Frequent attendance at religious services and mortality over 28 years. *Am J Public Health.* 1997;87:957-961.
27. Yates JW, Chalmer BJ, St James P, Follansbee M, McKegney FP. Religion in patients with advanced cancer. *Med Pediatr Oncol.* 1981;9:121-128.
28. Catherine I.O'Connor. Characteristics of spirituality, assessment and prayer. *Holistic Nursing.* 2001;36(1):33-46.

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