



SPIRITUALITY AND QUALITY OF LIFE OF PATIENTS WITH HEAD AND NECK CANCERS

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Abstract: Head and neck cancers affect the quality of life (QOL) of the individuals. There are numerous factors which lead to the decrease in quality of life. Spirituality seems to have an impact on the QOL of the patients. Hence, a descriptive study was done to assess the relationship between spirituality and quality of life of patients with head and neck cancers. Consecutive sampling was used to select 56 patients at the out-patient unit who fulfilled the sampling criteria. The study was approved by the Institutional Review Board and permissions were obtained from the Nursing Superintendent and Nursing Heads of the respective areas of patient care. Written consent was obtained from the patients willing to participate in the study. Patients were asked to complete patient information proforma containing demographic data such as age, sex, education, occupation, family income, place of residence, religion, type of family, number of members in the family, and involvement in social activities. Spiritual experience was assessed using Daily Spiritual Experience Scale – a standardized 6 point Likert scale with 16 statements regarding spiritual experience, and quality of life was assessed using FACT – H & N scale – a standardized 5 point Likert scale with 39 statements regarding physical, social, emotional, functional, and disease impact wellbeing were used to collect data during preoperative counseling. Data was analyzed using descriptive and inferential statistics. The study revealed that the quality of life of the patients were low (64.93 + 16.5) and there was no significant relationship between the spirituality and the quality of life ($r=0.16$, $p=0.237$). However there was a significant association between the spiritual experience and age ($\chi^2= 22.101$, $p=0.005$), social wellbeing and family type ($\chi^2= 12.627$, $p=0.049$), and relationship with caregiver and faith ($\chi^2= 7.218$, $p=0.023$) of the patient. Longitudinal studies can be performed to identify the change in spirituality and the quality of life of patients with head and neck cancer to identify a significant relationship between the two variables.

Key words: head and neck cancer, quality of life, spirituality, correlation, well being

1. INTRODUCTION

Quality of life (QOL) is multi-dimensional and complex and includes objective and subjective factors, is often regarded as individual's perception of life expectancy, physical health, social and family health, hope, manners and mental health of the patient¹. QOL is found to be worse among patients with head and neck cancers. A study done in India among patients with head and neck cancers revealed QOL was poor among 30% of the subjects². QOL is significantly related with the religious attitude of cancer patients³. Spiritual wellbeing is an important component of QOL⁴. Spirituality refers to a religious process of reformation which aims to recover the original shape of man', oriented at "image of GOD" as exemplified by the founders and sacred dimension⁵ and "the "deepest values and meanings by which people live. Spirituality is a broad concept with room for many perspectives. In general, it includes a sense of connection to something bigger than ourselves, and it typically involves a search for meaning in life^{6,7}. Strengthening spirituality may improve the QOL of patients with head and neck cancer.

2. NEED OF THE STUDY.

India is a diverse country with different beliefs and religious faith and spirituality is given significance in majority of the families. As head and neck cancers involve long term management and affects the diet intake and alters the appearance of the patient, it leads to greater emotional breakdown. During follow up of patients in the out-patient department, it was noticed that patients with faith in God, irrespective of religion were found to cope better and have a speedy recovery. Hence, this study was intended to find out the relationship between spiritual experience of an individual affected with head and neck cancer and their quality of life. The findings will enable to focus on the spiritual care of the individual.

3. RESEARCH METHODOLOGY

Descriptive study design was used to identify the relationship between spirituality and quality of life of patients with head and neck cancers. The population included the patients with head and neck cancers such as cancers of oral cavity, neck and salivary glands. The sample included patients attending the out-patient department who were diagnosed with head and neck cancer and were posted for surgery. Consecutive sampling was used to select 56 patients who were willing to participate in the study and who were able understand and write Tamil, English and Hindi. Atheist and those with comorbid illness such as delirium, dementia, other diseases causing limitations of activities of daily living were excluded from the study. Data were collected using three instruments, the demographic and clinical data proforma, Spirituality Experience scale and the FACT H & N scale. Proforma containing patient information regarding demographic data such as age, sex, education, occupation, family income, place of residence, religion, type of family, number of members in the family, and involvement in social activities and clinical data such as diagnosis, surgery proposed / done, duration of illness, duration of stay in hospital, and relationship of primary care taker. The Daily Spiritual Experience Scale is a standardized 6-point Likert scale with 16 statements regarding spiritual experience. The scores ranged from 0 – 156, higher score indicates good spirituality. The Cronbach's alpha estimate of internal consistency was .88 for test and .92 for retest⁸. The value of Cronbach's α for each subscale ranged from 0.84 to 0.87. Test-retest reliability showed an intraclass correlation coefficient (*ICC*) of 0.62–0.79⁹. The FACT-H&N scale is a standardized 5-point Likert scale with 39 statements regarding physical, social, emotional, functional, and disease impact wellbeing. The scores ranged from 0 to 156. The higher the score, the better the QOL. All three instruments were made available in English, Tamil and Hindi languages.

Patients affected with head and neck cancer who were posted for surgery were explained about the study, those who fulfilled the sampling criteria were asked to give a written consent. After obtaining the consent, they were briefed about the data collecting instruments and were asked to complete the forms in their known language. The data were coded and entered in SPSS 21. Descriptive statistics such as frequency, mean, and standard deviation and inferential statistics such as Pearson's coefficient and Chi square test were used to analyse the data.

4. RESULTS AND DISCUSSION

The analysis of the data collected from the participants reveal that majority of the subjects were more than 40 years of age (80.4%), male (70%), had studied upto high school education (37.5%), were unemployed (71.4%), were living in North India (78%), practiced Hinduism (67.9%), had a monthly income of less than Rs. 10,000/- (89.2%), lived in joint family (64.3%), had less than five members in the family (62.5%) and involved in social activities (96.4%) (refer Table 1).

Table 1. Demographic Profile of the Participants (N = 56)

S.no	Characteristics	No.	%
1.	Age in years		
	<30	1	1.8
	30 – 40	10	17.9
	41 – 50	17	30.4
	51 – 60	19	33.9
2.	Sex		
	Male	40	70.4
3.	Education		
	Uneducated	17	30.4
	Primary	15	26.8
	High School	21	37.5
	Higher Secondary School	1	1.8
	Graduate	2	3.6
4.	Occupation		
	Unemployed	40	71.4
	Semi skilled	9	16.1
	Skilled professional	4	7.1
5.	Residence		
	Local	5	8.9
	South India	3	5.4
	North India	47	83.9
6.	Religion		
	Hinduism	38	67.9
	Muslim	16	28.6
	Other religion	1	1.8
		1	1.8

7.	Family Type		
	Nuclear	20	35.7
	Joint	36	64.3
8.	Family Income in Rupees		
	Upto 10000	18	32.1
	10001 – 30000	32	57.1
	>30000	6	10.7
9.	Number of members in family		
	Less than 5	35	62.5
	5 and more	21	37.5
10.	Involvement in Social Activity		
	Yes	54	96.4
	No	2	3.6

The study revealed that the quality of life of the patients were low (64.93 + 16.5) and there was no significant relationship between the spirituality and the quality of life ($r=0.16$, $p=0.237$). However there was a significant association between the spiritual experience and age ($\chi^2= 22.101$, $p=0.005$), social wellbeing and family type ($\chi^2= 12.627$, $p=0.049$), and relationship with caregiver and faith ($\chi^2= 7.218$, $p=0.023$) of the patient.. According to Sharma et al the QOL keeps declining in patients with head and neck cancers¹⁰. However, literature does say that there is a significant relationship between the spirituality or religious beliefs with the quality of life¹¹. More studies are required to understand this concept. Longitudinal studies can be performed to identify the change in spirituality and the quality of life of patients with head and neck cancer to identify a significant relationship between the two variables.

CONCLUSION

Maintaining QOL in head and neck cancer patients is a real challenge for medical professional. Though the management of the cancers have been successful with the multi modality therapy, maintaining QOL should be the focuss of the treating team. Spiritual beliefs play a major role in boosting confidence of the patient and to instill hope in the minds of the patients affected with head and neck tumors. Studies in this area is very limited. More studies need to be performed to develop knowledge.

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