Relationship between psychological status and spirituality among patients with cancer: about 200 patients

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Introduction. Diagnosis of cancer affects deeply the patients causing anxiety or depressive disorders. The spiritual well-being of these patients seems to be a dimension which can influence the psychological status of the patient [1].

Objectives. The aim of this study was to determinate if spirituality can affect the psychologic being of patients with cancer.

Materials and Methods. It is a descriptive correlational, quantitative and transversal study. This study was realized within the university Hospital of Sousse. For the data collection, a datasheet and three validated scales were used: the HAD-S (assessing depression and Anxiety), SF-36 (assessing the quality of life) and the FACIT-Sp 12 Version 4 (assessing the spirituality status).

Results

1. Characteristics of the population

- We have compiled 200 patients: 120 women (60 %) and 80 men (40 %).
- The mean age was 51.7 years $\pm$ 11.2 .
- The 3 main locations of cancer were breast (30.5%), lung (19%) and colon or rectum (18%).
- 94% of the patients were treated by chemotherapy.

2. Assessment of Anxiety and Depression by HAD-S

- The prevalence of anxiety was 34.5 % (n=69) and that of depression was 29,5 % (n=59).

- 22.5% of the population had both anxio-depressive symptoms.

3. Quality of life assessment by the SF-36

- The QOL was impaired in 47.1% .This alteration mainly affected the MCS(Mental Component Score).
- The vitality score was 42.4, social well-being was 65.25, the limitation due to mental health at 40.2 and the mental health score at 51.9.

4. Evaluation of spirituality by FACIT-sp 12

	FACIT-Sp 12	Min	Max
Peace (0-16)	8,18 $\pm$ 3,834	0	16
Meaning (0-16)	8,33 $\pm$ 3,843	0	16
Faith (0-16)	10,66 $\pm$ 3,787	0	16
Spiritual well-being (0-48)	27,16 $\pm$ 10,063	0	48

5. Correlational study

- Positive associations were found between :

- HADS-A and HADS-D ($r = + 0.792$; $p < 0.00$)
- Physical health (PCS) and spiritual well-being ($r = + 0.26$; $p < 0.00$)
- QOL and faith ($r = + 0.262$; $p < 0.00$)

- Negative associations were identified between:

- HADS-A and MCS ($r = -0.563$; $p < 0.00$), HADS-D and MCS ($r = -0.549$, $p < 0.00$)
- HADS-D and Facit-tot ($r = -0.449$; $p < 0.00$), HADS-A and Facit-tot ($r = -0.303$; $p < 0.00$)
- HADS-A and PCS ($r = -0.223$; $p < 0.01$), HADS-D and PCS ($r = -0.299$; $p < 0.00$)

Discussion

- The prevalence of anxiety in our population was 34.5% and the prevalence of depression was 29.5%. Conversely, in Abu Chaar and al. study, 29% of the patients suffered from anxiety and 32% of them suffered from depression [2].
- In our study, depression and anxiety were negatively correlated respectively with physical health and mental health. This joins the literature[3]. Indeed, the anxio-depressive symptoms have a negative impact on the cognitive functions, the overall perception of the patients' state of health and emotional functioning as well .
- Our results showed that depression and anxiety would decrease the total FACIT score among cancer patients, in agreement with previous studies found that there was a strong negative association between depression and spirituality [4,5]. Negative religious coping and lower spiritual well-being are associated with higher rates of anxiety and depression [6,7].
- Our study showed that there is a negative association between depression on the one hand and peace, meaning and faith on the other, according to the results of the literature[2,8,1]. It is likely that patients who have found purpose and peace in their lives are not as emotionally perturbed by the experience of cancer as those who lack existential well-being.

Conclusion. This investigation showed that in evaluating seriously ill patients with anxiety or depression, healthcare providers should consider not only contributing physical and psychosocial factors but also the influence of spiritual concerns.

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