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Correlation between Spiritual well-being, Perceived social support and Anxiety among Palliative cancer patients

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Abstract
Back ground: *The concept of patient autonomy and peaceful death is gaining importance globally, yet there is a dearth of national studies to examine biopsychsocial-spiritual model of health dimensions of patients with advanced stage of life limiting disease like cancer. The magnitude of these dimensions provides a higher value to make a person think positively towards life.*
Aim: *To study the correlation between Spiritual well-being, Perceived Social support and Anxiety among cancer patients receiving palliative care.*
Method: *A descriptive research design was undertaken to meet the study objectives. A total of 100 terminally ill cancer patients were selected using consecutive sampling technique in Vellore, India. Data was collected using FACIT-SP 12, Modified Berlin Social Support Scale and Hamilton Anxiety Scale.*
Result: *The findings of the study suggest that there is weak positive correlation between Spiritual well-being and Perceived Social support which is statistically not significant. However there is significant positive correlation between Spiritual well-being subscales with Social support subscales (p= <0.05).The study findings revealed that there is weak negative correlation between Anxiety and Spiritual well-being as well as Social support which is statistically not significant. There was no significant association between selected demographic variables and clinical variables with research variables. However there existed significant association between selected demographic variables with sub scales of research variables (p=0.03).*
Conclusion: *One of the biggest challenges for nurses is to identify and address these domains .Nurses must be proactive in offering key supportive services to ensure patient comfort and enhancing peaceful end of life.*
Keywords: *Spiritual Well-Being, Social Support, Anxiety, Cancer Patients, Palliative Treatment*

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I. Introduction:

Though the treatment strategies for cancer have evolved over the past 20 years, majority of Indians seek treatment only at terminal illness. Cancer continues to be a major concern causing severe disability resulting in uncertainty about the future & deterioration in quality of life.Palliative care faces major challenges in providing health care to terminally ill patients, as cancer places many demands and threatens the person's sense of meaning of life. Therefore, the goal is no longer measured bio medically, instead to improve & maintain quality of life in spiritual, social, physical & psychologicaldimensions through holistic approach of care. In India 80% of cancer cases are hidden and are consulted only during their advanced third and fourth stage of illness (Khosla et al., 2012). Terminal cancer has significant effects in physical, psychological, social, and spiritual dimensions (Delaney, 2005). Studies related to Perceived social support has highlighted to promote psychological well-being among palliative cancer patients.Also, it is identified to minimise psychological symptoms and promote significant well-being among terminally ill palliative cancer patients. (Somasundaram et al.2016). Anxiety is a common symptom experienced by advanced cancer patients .It can fluctuate at critical time points in the illness trajectory and is often seen as an understandable reaction to the threat of cancer, treatment and progression of illness (Traeger et al., 2012).

II. Objectives of the Study

1. To assess the Spiritual well-being, Perceived Social support and Anxiety among cancer patients receiving palliative care.
2. To determine the correlation between Spiritual well-being, Perceived Social support and Anxiety among cancer patients receiving palliative care.
3. To determine the association between selected demographic variables, clinical variables with Spiritual well-being, Perceived Social support and Anxiety among cancer patients receiving palliative care.

III. Hypotheses

1.There is a significant relationship between spiritual wellbeing, perceived social support and Anxiety among palliative cancer patients
2There is significant association between selected demographic and clinical variables with spiritual wellbeing, perceived social support and Anxiety among palliative cancer patients

IV. Methodology

Approach and design: Quantitative non experimental approach and descriptive design was used.
Setting: The studywas conducted among cancer patients requiring palliative treatment attending the Departments of Palliative care, Radiation Oncology and Medical Oncology (Inpatient & Outpatient wings) of Christian Medical College,Vellore
Sample: A total of 100 subjects with advanced cancer who fulfilled the study criteria, were selected using total enumeration sampling technique

V. Data collection instrument:

The data collection instrument was a structured questionnaire with 4 parts:
Part A: **Demographic Data and clinical variables**: Assesses the baseline demographic characteristics of the subjects. It includes age, gender, religion, location, marital status, education, Type of family, occupation, income, and primary care giver. Clinical variablesAssesses if the subjects have any comorbidities, ECOG status ,Duration of illness and Type of treatment received.
Part B: **The Facit-Sp12 Scale Questionnaire**
It is a 12 item standardised questionnaire to assess the level of spiritual wellbeing. It measures both faith and peace.The response options are inthe form of 5point likert scale ranging from 0 to 4.Minimum score possible is 0 and maximum score is 48. Higher the score, higher the level of spiritual wellbeing. It has an internal consistency reliability score of 0.87(Cronbach's alpha coefficient) .
Part C: **The Modified Berlin Social Support Scale Questionnaire.**
It is 38 item standardised questionnaire to assess the social support. It includes 5 subscales: Perceived social support(8 items withCronbach's alpha coefficient 0.83),Need for support (4 items with Cronbach's alpha coefficient 0.63),support seeking (5 items with Cronbach's alpha coefficient 0.81),Received social support (15 items with Cronbach's alpha coefficient -0.83) and protective buffering (6items with Cronbach's alpha coefficient 0.82).The response options are in the form of 4 point likert scale ranging from 1 to 4. Minimum score possible is 38 and maximum score is 152.Higher the score, higher the level of social support.
Part D: **Hamilton Anxiety Scale**
It is a 14 item standardised questionnaire to assess the level of anxiety .it measures both psychic anxiety and somatic anxiety.The response options ranges from 0 to 4.Minimum score possible is 0 and maximum score is 56.Higher the score, higher, the level of anxiety. It has an internal consistency reliability score of 0.74 (Cronbach's alpha coefficient)

VI. Results

a.Demographic variables:

57% belonged to the age group between 42 to 61 years and more than half the percentages of the participants (62%) were females. 65% of subjects belong to rural community. Majority of them (85%) were married. Equal proportions of subjects were in joint and nuclear family. Nearly half of the participants (48%) were unemployed. More than half of subjects (66%) were with family income of less than Rs.1000 per month.33% of subjects had primary educationand majority of the subjects (79%) belong to Hindu religion, more than half of the subjects (58%) were taken care by their spouse.

b. Clinical variables:

74% were without any co morbidities and very few had presence of existing co morbidities like Diabetes (10%),Hypertension(11%) and Bronchial asthma (5%).The duration of disease for subjects (35%) were more than 2 years,but most of the study subjects (65%) were less than 2 years. 28% of participants had no

treatment,were as 22% of the study subjects received surgery, chemotherapy and radiation.16% of subjects were treated only with chemotherapy and 4% of subjects were treated both with chemotherapy and surgery.Majority of the participants (54%) belong to grade 1 ECOG status.

c . Table **1:Level of Spiritual wellbeing, Perceived social support, and Anxiety. (N = 100)**

Research variables	Mild %	Moderate %	High %	Mean score	SD	IQR	Minimum to maximum possible score
Level of Spiritual wellbeing	25	51	24	31.30	7.850	26 – 37	0 – 46
Level of Social support	27	51	22	122.37	13.192	114 - 132	38 – 152
Level of Anxiety	82	11	7	13.93	5.370	11 – 17	0 – 56

The study revealed that (24%) of the subjects had high level of Spiritual wellbeing, (22%) of subjects had high level of Social support and majority of the subjects (82%) had mild Anxiety.

d.Table2 correlation between spiritual wellbeing, perceived social support and Anxiety(N-100)

Domains	r value	P value	Interpretation on correlation
Spiritual wellbeing and social support	0.18	0.07	Weak positive correlation
Spiritual wellbeing and Anxiety	-0.15	0.12	Weak negative correlation
Social support and Anxiety	-0.09	0.37	Weak negative correlation
Social support subscale (perceived support)&subscale of spiritual wellbeing(peace)	0.22	0.03*	Positive correlation
Social support subscale (Actual support received) & subscale of spiritual wellbeing(faith)	0.21	0.04*	Positive correlation

Table 2 There is positive correlation between Social support subscale (perceived support) & subscale of spiritual wellbeing (peace) with p value of 0.03, similarly there is positive correlation between Social support subscale (Actual support received) & subscale of spiritual wellbeing(faith) which statistically significant with p value of 0.04.

e. Table 3: Distribution of subjects based on selected demographic variables with sub scales of spiritual wellbeing, perceived social support and anxiety.(N-100)

Research variables	Demographic variables	N	%	Mean	SD	F/t value	P value
Spiritual well-being Faith	Age (years)						
	21 to 41	18	18	9.3	3.2		
	42 to 61	57	57	11.5	2.8	3.6^a	0.03*
	62 to 81	25	25	11.1	3.1		
Peace	**Economic status/month**						
	<10,000	68	68	19.6	5.9		
	>10,000to30,000	32	32	22.46.1		-2.2	0.03*
Social Support	**Primary care giver**					3.2^a	0.03*
	Parents	6	6	25	6.7		
	Spouse	53	53	28	4.2		
	Children	38	38	28	3.6		
Perceived support	Others	3	3	21	3.1		
	Family type					0.31	0.026*
	Nuclear	50	50	9.9	3.7		
	Joint	50	50	8.2	3.8		
	Economic status/ month					-2.1	0.037*
	<10,000	68	68	26.9	4.4		
	>10,000 -30,000	32	32	28.8	3.7		
Need for support	**Family type**					2.3	0.02*
	Nuclear	50	50	13.4	2.2		
	Joint	50	50	12.2	2.7		
	Economic status/month					-3.3	0.001*
	<10,000	68	68	12.3	2.6		
	>10,000 -30,000	32	32	14	1.9		
Anxiety	**Family type**					2.3	0.026*

Psychic anxiety	Nuclear	50	50	9.9	3.7		
	Joint	50	50	8.2	3.8		

a- Analysis of variance* P value < 0.05

Table 4shows that there is significant association between spiritual wellbeing subscale (Faith) with age (p = 0.03) and spiritual wellbeing subscale (Peace) with income (p = 0.03) respectively

- .There is statistically significant association between social support subscale (Perceived) with primary care givers (p = 0.03) and significant association with income (p = 0.026)
- Significant association is seen between social support subscale (Need for support) with family (p =0.02) and with income (p = 0.02)
- There is statistically significant association between anxiety subscale (Psychic anxiety) with family (p = 0.026).

VII. Discussion

Living with advanced stage of cancer can cause significant changes in the quality of lifeinspite of modernized treatment and care facilities The study participants belonged to the age group between 22 to 81 years with the average age being 53.55 years ± 13.17 SD. This study findings is supported by a study conducted by Applebaum et al., in 2014 on prevalence of mental disorders among cancer patients in which the study findings were in the age group between 18 to 75 years with the mean of 57.6 years ± 11.1 SD. There is a higher incidence of advanced cancer was found among females (62%) than in males (38%).This study finding is being supported by the findings of the study conducted by Somasundaram et al., in 2016among cancer patients treated with curative and palliative care, in which 63.3% of them were females and 36.7% of them were males . Also the study exposed that 85 % of them were married which is similar to the current study.The present study identified with mounting evidence that majority of the participants belonged to Hindu (79%), Muslims (15%) and Christians (6%) religions respectively.The study findings are being supported by a study done by Salsman et al., in 2011 on spirituality and illness among palliative care patients, in which people with colorectal cancer have reported a higher levels of Spiritual well-being and concluded significantly lower demands of illness.The present study depicts that equal distribution of subjects from nuclear families(50%) and joint families (50%). Considering the educational status, majority of them had primary education (33%).

Around 22% of participants were illiterate.More than half (58%) of the participants have their spouses as their primary care taker. Majority of them (48%) were unemployed and had become dependent on their family and friends for financial support.Majority of them (66%) expressed that they received financial support of less than Rs.10, 000 per month. The study findings are being supported by a study conducted by Hussain et al., in 2012 among 50 colorectal malignant patients who were living in one of the Northern States of India.The study findings brought to light that majority of them (65%) have been having illness for less than 2 years..The present study findings revealed that majority of the subjects (72%) received treatment related to their primary disease conditions. A similar study done by Berihun F et al., in 2017 among advanced cancer patients in North west Ethiopia signifies that 67% of subjects received treatment like chemotherapy, radiation therapy and surgery related to their primary disease condition. Most of them (74%) did not have any co-morbidities or complications related to cancer .The study findings are supported by retrospective cohort study which was done among acute lymphoblastic leukaemia patients receiving palliative care in Mexico (Trejo-Ayala et al., 2018).

The mounting evidence of the current study subjects graded according to Eastern corporative oncology group (ECOG) based on performance status revealed that majority of the participants (54%) belonged to grade 1.The current study is supported by a study done by Wong Annie et al., in 2017 where the outcome of patients with advanced melanoma revealed that ECOG grade 1 is associated with longer duration of survival(p = 0.01).

The first objective of the study was to assess the Spiritual well-being, Perceived Social support and Anxiety among palliative cancer patients.

Spiritual well-being:

The study findings revealed that the overallSpiritual well-being among palliative cancer patients in general, ranged between the interquartile ranges of 26 to 37 with the median score of 32%. The study findings also suggested that more than half of them (51%) had moderate level of Spiritual well-being. Higher level of Spiritual well-being was found among 25% and the rest 24% of them had low level of Spiritual well-being.The current study revealed that the subjects were in both the extremes of Spiritual well-being with the mean score of 31.30 and standard deviation of 7.35.They also questioned the credibility of medical opinion regarding prognosis. The study finding is supported by a similar study done by Gonzalez et al., in 2014 on Spiritual well-being and depressive symptoms among cancer patients in California. It showed that the mean score of Spiritual well-being is 36.2 and 9.39 SD.

Perceived Social support: The current study facilitated the investigator to find and report that overall social support among palliative cancer patients in general ranged between the interquartile ranges of 114 to 132

with the median score of 122.37.The higher the score, the better the Social support. The study findings also suggested that 51% of them had moderate level of Social support and equal percentage (22%) of participants perceived to have higher level while 22% of subjects had low level of Social support respectively. It was seen in the present study that younger subjects had higher Social support when compared to older subjects. A subject with carcinoma pancreas said "*My family is the richest resource which helps me to walk through the valley and I believe that this support has a strong impact in my life.* "The findings of the current study is comparable with a study conducted by Bernard et al., in 2010 among cancer patients.

Anxiety: The study findings report that more than three fourth (81%) of them have mild Anxiety level. Severe Anxiety level was seen among 7% of the subjects and the rest 12% of them had moderate anxiety level. The statistical analysis shows the interquartile range (11 to 17) and median of 13 with the mean score of 13.93 (± 5.37). According to the study findings the investigator was able to identify 81% of the study participants had mild Anxiety level. Similar findings are seen in a study done by Kolva et al., in 2011 on Anxiety among terminally ill cancer patients which revealed that 12.4% had severe anxiety ,18.6 % had moderate anxiety and 70% of them had mild anxiety.

The second objective of the study is to find the correlation between Spiritual well-being, Perceived Social support and Anxiety among cancer patients receiving palliative care.

The study findings helped the investigator to identify that there is weak positive correlation between Spiritual well-being and Social support which was statistically not significant ($r = 0.18$, $p = 0.07$). Whereas, statistically significant positive correlation ($r = 0.22$, $p = 0.03$) was seen between Spiritual well-being (peace) and Social support (perceived support).The study also identified that there is a significant positive correlation ($r = 0.21$, $p = 0.004$) between Spiritual well-being (Faith) and Social support (actual support received).The above findings were supported by a similar correlational study done by Spinale et al., in 2008 on spirituality , social support and survivals among haemodialysis patients which showed significant positive correlation ($r = 0.33$, $p = <0.001$) between Spiritual well-being and Perceived Social support. The present study findings revealed that there is weak negative correlation between Spiritual well-being and Anxiety ($r = - 0.15$, $p = 0.12$) .This study finding is supported by a study done by Vidhya et al., in 2017 on correlation between Spirituality and Anxiety among advanced cancer patiens in Bangalore. The data revealed that there is an inverse correlation ($r = -0.631$ and $p = 0.01$) between Spiritual well-being and Anxiety.The present study has empirically stated that there is weak negative correlation between Social support and Anxiety ($r = -0.09$, $p = 0.37$). The findings of the present study are congruent with the findings of a study done by Hu et al.,in 2018 on relationship between resilience Social support and Anxiety among lung cancer patients concluded that Social support is negatively bound with Anxiety ($r = 0.30$, $p = <0.01$). Further the study leaves an understanding that Social support is a protective factor in reducing the Anxiety level especially for palliative cancer patients.

The third objective of the study was to determine association between the selected demographic, clinical variables with research variables

Spiritual well-being. The present study identified that there is a significant ($p = <0.03$) association between the age and Spiritual well-being(faith). The present study findings reveal that there is statistically significant association found among income and Spiritual well-being (peace) with p value of 0.03. A study done by (Gonzalez et al., 2017) attributed to the fact that Spiritual well-being is significantly associated with age, education, income, staging of cancer and duration of illness ($p = < 0.01$). In general the current study has portrayed that there is no significant association between Spiritual well-being and gender, religion and marital status which is supported by the study done by Vallurupalli et al., in 2014.. A study done by Sun et al., in 2016 on Spiritual well-being in advanced lung cancer patients and family care givers concluded that there is significant association between family care giver ($p = 0.025$) and Spiritual well-being, which is contradictory to the present study findings.

Perceived Social support: The current study findings revealed that there is significant association between Social support (perceived support) with nuclear family ($p = 0.03$). The study findings also revealed that there is significant association between Social support (perceived support) with income ($p = 0.03$). The findings of the present study were supported by a similar study done by Naseri et al., in 2012 on Social support among cancer patients. The study revealed that income is associated with social support. The illness related expenses can be devastating to the patients and families.

Anxiety.The present study signifies that there is statistical relationship between Anxiety (psychic anxiety) and nuclear family. There is empirical evidence to state that subjects from nuclear family have reduced level of psychic anxiety ($p = 0.026$) than compared with joint family. The findings of the present study are contradictory tothe findings of the a study done by Alfonson et al., in 2016which portraits that the poor financial status ascends to increase risk of anxiety ($p = < 0.05$) . This can be attributed due to the small sample size. The study done to identify the prevalence of anxiety among ovarian cancer patients by Lu et al., in 2018 showed that there is an association between Anxiety and education level (primary

school), patients whose income was <Rs.1000/month and patients who was diagnosed at third and fourth stage of cancer had higher level of Anxiety symptoms than others.

VIII. Nursing Implications of the Study

1.Promoting evidence based practice by timely involvement of multidisciplinary team
2. To incorporate the study findings in nursing curriculum

IX. Recommendations

1.A long term study with large samples can be done by focussing eachdomains for palliative cancer patients
2.A qualitative study can help to further explore the feelings and emotional experience of palliative cancer patients
3.Extended home care services communicating the availability of hospice services in India.

Conclusion:

The study has thrown light to the perspectives of health care professionals to acknowledge the need of formally assessing spirituality, Social support and Anxiety which may facilitate better coping and promote overall adjustment of the cancer patients. .Advance planning of care and advance directives are the need of the hour and health professionals in India must be inventive to take the lead in influencing governmental policy making in accordance with palliative cancer patients.

CONFLICTS OF INTEREST: The authors have declared no conflicts of interest.

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