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Life satisfaction, spirituality well-being and hope in cancer patients

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Abstract

The aim of this study was to predict life satisfaction through spirituality well-being and hope in cancer patients. For this reason, 120 cancer patients have selected by available sampling method as research sample and completed spirituality well-being, hope and life satisfaction scales. Results showed that there was significant difference among spirituality well-being, hope and life satisfaction. As well, regression analyses showed that existential and religious well-being and hope predict significantly the life satisfaction. We can conclude that spirituality well-being and hope have important role in life satisfaction and psychological adjustment.

Keywords: life satisfaction; spirituality well-being; hope; cancer.

1. Introduction

Cancer as a chronic disease started slowly and gradually and continues unclear for a long time. Therefore, reviewing effective psychological factors in out breaking this disease are of high importance which can have a role before and after being affected. Actually confrontation with cancer is one of the important and considerable issues by the health psychologists. Access to the suitable resources in the person affected by cancer affects on adaptation to disease. There are specific social psychic variables which can influence compatibility process significantly as an example spiritual well-being and hope can be mentioned (Willner, & Hantikainen, 2005).

Spiritual well-being can be defined as feeling of having relationship with the others, having meaning and purpose in life and having belief and relation with exalted power (Hawks and et al, 1995). According to Moberg (1978) opinions spiritual well-being is a multidimensional factor which includes a vertical and a horizontal dimension. Its vertical dimension is referred to the relation with God and its horizontal dimension refers to the feeling of having
goal in life and its satisfaction without considering a special religion Elison (1983) states that spiritual well-being includes a social element and a religious element. Religious well-being indicates having relation with a superior power i.e God. Existential well-being indicates person’s feeling of who is he/she, what does he/she do and why and where does he/she depends on? Both religious well-being and Existential well-being includes sublimit and movement beyond self.

There are various researches in supporting this theory that spiritual well-being can strengthen psychic function and compatibility. Significant correlations have been reported between scores of spiritual well-being scale and variables such as life satisfaction (Tate, & Forchheimer, 2002; Rippentrop, et al. 2006; Manning- Walsh, 2005; Yoon, 2006) and hope (Snyder, et al. 2002; Zorn, et al. 1997; Mascaro, et al. 2004; Lark, 2007) in patients affected by cancer. Studies are indicator of that having spiritual beliefs in people will increase their resiliency to disease and is effective in decreasing physical and mental symptoms, pain, problems regarding the health, anxiety and depression. Also spiritual belief affects on rapid and long recovery of diseases (Matheis, et al. 2006).

Hope can more broadly be defined as a subjective probability of a good outcome. Probability is used in a technical sense, to mean the full range from the ‘possible’ to the ‘very likely’. Subjective probability is a mental state ‘in which the probability of an event, as judged by any given individual, is a statement of that person’s degree of belief in the occurrence of that event’ (Heap, Hollis, Lyons, Sugden, & Weale, 1994). hope can be seen as ‘a support or as a source of disruption in the care of the cancer patient’ (Bresnahan & Merrill, 1999).

Hope and spiritual beliefs are considered with threatening diseases of life (Landis, 1996). Therefore, it can be said that hope and spiritual beliefs have caused creating well-being and satisfaction and increase people's adaptation with stressor factors related to the threatening diseases of life. Kymla and Venrilanin – Julkunen (1997) and Soeken and Carson (1987) believe that spirituality is a key and facilitating component, of hope development. Taking into consideration that cancer is considered on of the life threatening and chronic diseases and suffering from it endangers and physical well-being of patients, and regarding importance of spiritual well-being factor role and hopefulness in improving psychic health of cancer patients and increasing their compatibility and the fact that no research has not been carried out in this field in Iran, doing such a research seemed necessary. So, the existing research tends to answer this question that what role does the spiritual well-being and hopefulness has in explicating life satisfaction of patients suffering from cancer?

2. Method

2.1. Population and sample

Statistics population of present research included all patients affected by cancer which had referred to Imam Khomeini hospital of Ardabil city in 2009 for necessary treatments. Case study includes 120 patients affected by cancer which were chosen by using available sampling method. From this samples, 72 were men and 48 were women. The age range of subjects between 22 to 60 was with the 45/55 mean and 8/95 standard deviation.

2.2. Data collection instruments

Life satisfaction: Life satisfaction is measured with a widely used scale with good psychometric properties: the Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985). The four items used are (i) ‘In most ways my life is close to my ideal’, (ii) ‘The conditions of my life are excellent’, (iii) ‘I am satisfied with my life’, and (iv) ‘So far I have gotten the important things I want in life’. Respondents could indicate their agreement on a seven-point scale running from (1) ‘strongly disagree’ to (7) ‘strongly agree’. Scores on these items are summed and linearly transformed to range from 0 to 10 because of ease of interpretation. The Satisfaction with Life Scale is highly reliable. Cronbach’s a was .83 in the first wave (1987) and in the following waves: .85 (1991), .89 (1995), .86 (1999) and .91 (2005).

Spiritual Well-Being Scale (SWB). The SWB (Ellison, 1983) has two subscales, Religious Well-Being (RWB) and Existential Well-Being (EWB), each of which has 10 items. The scales are rated from 1 (strongly disagree) to 6 (strongly agree). The RWB and EWB subscale scores can range from 0 to 60. Scores for the study sample ranged from 15 to 60 for RWB and 18 to 60 for EWB. The RWB subscale assesses the relationship with god, whereas the EWB subscale assesses meaning and purpose. The Cronbach’s alphas, calculated for the subscales and total scale: RWB alpha = 0.91 and EWB alpha = 0.91 and SWB=0.93 (Paloutzian, & Ellison, 1982). Test retest reliability
reported by Ellison was 0.93, SWB; 0.96, RWB; and 0.86, EWB. In addition, Ellison reports face validity and SWB scale theoretical correlation with other scales purported to measure spirituality.

**Hope scale (HS):** The Hope Scale (HS; Snyder, et al., 1991) is a 12-item Likert-type scale with four items assessing pathways, four items assessing agency, and four distracters. The HS yields separate scores for the Pathways and Agency Subscales, or the entire Hope Scale can yield one score. In this respect, confirmatory factor analyses across multiple college student samples support using the agency and pathways subscale in creating a higher order hope factor (Babyak, Snyder, & Yoshinobu, 1993). Response options range from 1 = definitely false to 8 = definitely true. Both Cronbach alphas (from 0.74 to 0.84) and test-retest reliabilities (0.73–0.82 over a 8–10-week period) are acceptable for the eight items in the two hope subscales (Snyder, et al., 1991). Validity of the Hope Scale for use among undergraduate student and adult community populations has been established through ten years of empirical research as described previously.

2.3 Data analysis
The obtained data were evaluated by using SPSS 15.00 (Statistical Package for Social Sciences). Mean and standard deviation were used as descriptive analysis. Pearson’s correlation coefficient was used to study the relationship spiritual well-being and its dimensions with hope and life satisfaction. Step by step regression analyses was used to measure the role of spiritual well-being in predicting of life satisfaction.

4. Results
Descriptive indicators of research variables are presented in table 1.

<table>
<thead>
<tr>
<th>variable</th>
<th>mean</th>
<th>Standard deviation</th>
<th>minimum</th>
<th>maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>satisfaction with life</td>
<td>18/03</td>
<td>4/27</td>
<td>10</td>
<td>31</td>
</tr>
<tr>
<td>hope</td>
<td>23/60</td>
<td>3/24</td>
<td>16</td>
<td>34</td>
</tr>
<tr>
<td>Spiritual well-being</td>
<td>80/75</td>
<td>14/58</td>
<td>40</td>
<td>118</td>
</tr>
<tr>
<td>Religious well-being</td>
<td>41/58</td>
<td>8/22</td>
<td>22</td>
<td>58</td>
</tr>
<tr>
<td>Existential well-being</td>
<td>38/72</td>
<td>7/78</td>
<td>17</td>
<td>56</td>
</tr>
</tbody>
</table>

In order to study the relationship spiritual well-being and its dimensions with hope and life’s satisfaction in patients suffering from cancer (Religious and existential well-being), Pearson’s correlation coefficient was used. The correlation matrix is presented between research variables in table 2.

<table>
<thead>
<tr>
<th>variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-satisfaction with life</td>
<td>1</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-hope</td>
<td></td>
<td>0/53**</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-Spiritual well-being</td>
<td></td>
<td>0/59**</td>
<td>0/57**</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>4-Religious well-being</td>
<td></td>
<td>0/56**</td>
<td>0/56**</td>
<td>0/92**</td>
<td>1</td>
</tr>
<tr>
<td>5-Existential well-being</td>
<td></td>
<td>0/52**</td>
<td>0/48**</td>
<td>0/90**</td>
<td>0/68**</td>
</tr>
</tbody>
</table>

P<0/001 **
As it is seen from the table, there is a significant and positive correlation between hope and life satisfaction \[ r (120) = 0.53, P < 0.001 \]. Also, there is a significant and positive correlation between total score of spiritual well-being and hope \[ r (120) = 0.57, P < 0.001 \]. The correlation is significant and positive between spiritual well-being with hope scores \[ r (120) = 0.56, P < 0.001 \]. There is a positive and significant correlation between Existential well-being score with hope scores \[ r (120) = 0.48, P < 0.001 \].

As specified from correlation analysis, there is a positive and significant correlation between spiritual well-being and its components and hope with life satisfaction.

In order to study the role of spiritual well-being in predicting life satisfaction in patients suffering from cancer, step by step regression analysis was used which its results are presented in table 3.

### 3 step by step regression analyses for predicting of satisfaction with life

<table>
<thead>
<tr>
<th>step</th>
<th>Predictive variable</th>
<th>B</th>
<th>β</th>
<th>R</th>
<th>( R^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Religious well-being</td>
<td>0/29**</td>
<td>0/59</td>
<td>0/56</td>
<td>0/31**</td>
</tr>
<tr>
<td>2</td>
<td>Religious well-being</td>
<td>0/20**</td>
<td>0/38</td>
<td>0/61</td>
<td>0/38**</td>
</tr>
<tr>
<td></td>
<td>hope</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Religious well-being</td>
<td>0/13**</td>
<td>0/26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>hope</td>
<td>0/37**</td>
<td>0/28</td>
<td>0/63</td>
<td>0/40**</td>
</tr>
<tr>
<td></td>
<td>Existential well-being</td>
<td>0/12**</td>
<td>0/21</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As it is seen from the table, spiritual well-being variable is entered into prediction equation in first step. This variable solely explains 31 percents of changes in life satisfaction \[ F (1, 118) = 63.54, P < 0.001 \]. The rate of multivariate correlation increased to 0.61 by adding hope variable in second step. These two variables explain 38 percents of changes in life satisfaction \[ F (1, 118) = 58.31, P < 0.001 \]. Also, Existential well-being variable entered into the regression equation in third step which has increased the rate of multivariate correlation to 0.63. Also, these three variables explain 40 percents of changes in life satisfaction by a one percent increase in explaining coefficient \[ F (1, 118) = 41.70, P < 0.001 \].

### 5. Discussion and Conclusions

The purpose of the present research was predicting life satisfaction based on the spiritual well-being and hope in patients suffering from cancer. The results of the present research indicated that there is a significant relationship between spiritual well-being, hope and life satisfaction in patients suffering from cancer. This finding is consistent with the results of previous researches (Rippentrop et al. 2006; Manning-Walsh, 2005; Yoon, 2006; Snyder, et al. 2002; Zorn, et al. 1997; Mascaro, et al. 2004; Lark, 2007). Therefore, spiritual well-being and hope are considered as the influential elements in adoption to cancer and life satisfaction.

Also, the results of regression analysis showed that the Existential well-being variable solely explain 35 percents of changes in life satisfaction. The rate of multivariate correlation increased to 0.7 by adding hope variable. These two variables explain 5 percents of changes to 0.72 by adding religious well-being variable and these three variables explain 52 percents of changes in life satisfaction. Research of Tate and Forchheimer (2002) showed that the spirituality was important predictive of life satisfaction in rehabilitating the patients suffering from cancer. In research of Manning – Walsh (2005) which was carried out by purpose of studying spiritual effort and its effect on satisfaction and quality on 100 women suffering from breast cancer, was specified that spirituality as a coping source has a significant influence on promoting life satisfaction and quality of life. Herth (1990b) concluded that Existential dimension of spiritual well-being such as interpersonal relations, having goal in life and combining these dimension with religious deeds have a significant role in promoting and increase hope in individuals with chronic disease. Spirituality is considered an important factor in preserving health and well-being and also coping with diseases (Landis, 1996).

Hope and spiritual beliefs are considered two important factors in confrontation process with disease and individual well-being with threatening disease of life. Therefore, it can be said that hope and spiritual beliefs have caused
creating well-being and increase the individual adaptation to stressor factors related to threatening diseases of life (Landis, 1996).

The individuals having active spiritual life are healthy people mentally. These people are inclined to see themselves lovely, skillful and competent and can find a God so that guide them in their lives, make them happy and support them when they need (Emmons, 2000). The results of the researches confirm that patients having spiritual well-being and great hope turn to related behaviors to health such as prayer to improve chance of being alive and the quality of their life. In total the obtained results emphasize on the combination of psychological and spiritual components in increasing hope and positive confrontation and lives satisfaction. Having goal and hope in its access gave meaning to the individual life and put him/her in a particular way. From Feldman & Snyder (2005) viewpoints, hope and meaning of life have relation so that they conceive hope as one of the meaning component. Agent thought (one of the hopeful thought components) increase the meaning of life and self-esteem and promotes positive behaviors and satisfaction.

According to the findings of present research can be said that clinical and health specialists should emphasize more on the psychological variables of spiritual, religious and Existential variables in order to the better psychological adaptation of patients suffering from cancer and interfere in order to promoting health level and life satisfaction in patients.

References


