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Spiritual Intelligence and Cancer Treatment at a Short Glance

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***Abstract*:** *It has been shown that cancer is the leading cause of death worldwide. It is the second leading cause of death in developing countries. The aim of this short review study was to introduce the spiritual values as important source and resource to patients coping with cancer*

Keywords: *Spiritual intelligence, Cancer treatment*

1. Introduction

Cancer is the leading cause of death worldwide. It is the second leading cause of death *in* developing countries following cardiovascular diseases and the third leading cause of death in developing countries. Cancers account for approximately 12% of all deaths each year worldwide. Number of global *cancer* deaths is projected to increase *45*% from *2007* to 2030 (from *7.9* million to 12 million deaths) . Each year, more than 11 million people are diagnosed with cancer and 7 million cancer related deaths and approximately 22 million cancer survivors worldwide. Studies show that of new cancer cases, 45*%* occurred in Asia, 26*%* in Europe, 15*% in* North America, 7% in Central/South America, 6% in Africa and 1% in Oceania[1-3] Lung cancer is the most common cancer and leading cause of cancer *death* among both men and women in the world followed by breast cancer (women only) which is the second most common cancer worldwide. However, Breast cancer ranked the fifth, after lung, stomach, liver, and colorectal cancers. It is estimated that there are 9 risk factors accounting for 1/3 of all cancers in the world including smoking, sedentary lifestyle, obesity, low consumption of fruits and vegetables, unsafe sexual behaviors, environmental pollutions, indoor air pollution, and unsafe health-care injections.[4] In recent years, spirituality has been increasingly regarded as a basis for human existence and healing. Holistic care addresses the physical, psychological, social and spiritual dimensions of the patient in which spiritual dimension plays a pivotal role in patient care.[5] Spiritual forces as source of peace and happiness for patients have been prominent in many nursing theories over past decade. [6]In this respect, a construct influencing mental health called spiritual intelligence has attracted *the* world's attention and interest. [7] A study in west- Canada on situated clinical encounters in the negotiation of religious and spiritual plurality by Barbara (2010) showed that religious and spiritual beliefs have key role in health care decisions and are effective in treating the patient. [8] Coping is action directed at the resolution or mitigation of a problematic situation including number of strategies. These strategies include adaptive (effective) and maladaptive (ineffective) strategies used by patients to cope with a threat and to create mental equilibrium.[9] There are two types of coping strategies including emotion focused and problem focused strategies. Usually people use both of these strategies to cope with their tensions. Coping strategies are also known as mediators between stress and disease Nurses are the most important staff in the health care system, thus, their job satisfaction is important in nursing management. Thus, spiritual intelligence training is an effective method to increase job satisfaction, and it is suggested that managers consider spiritual intelligence training to increase job satisfaction in nurses.[11] Grief is one of the most painful experiences of the humans after linking emotions. In the literature of trauma, grief and mourning can be seen on many topics. Intervention and treatment of grief seems necessary as the period of

mourning is prolonged. Method of cognitive behavioral therapy helps confront the emotional drain and grief acceptance, increasing the spiritual well-being and emotional intelligence of the elderly bereavement.[12] Multivariate linear regression analysis showed a significant relationship between quality of life and the factors including existential well-being, religious well-being, parents' belief for their children's participation in religious ceremonies, father's education and occupation, father's illness, sufficiency of family income for expenses, and the number of children. Given that spiritual well-being dimensions are among the predictors of quality of life. Thus, it is necessary to find ways to promote spiritual well-being in adolescents and ultimately improve their quality of life.[13] Spiritual care is increasingly being recognized as an integral aspect of nursing practice. The aim of this study was to develop a new instrument, Spiritual Care Needs Inventory (SCNI), for measuring spiritual care needs in acute care hospital patients with different religious beliefs Furthermore, younger age, female sex, Christian religion, and regularly attending religious activities had significantly higher mean total scores in both components. The SCNI was found to be a simple instrument with excellent internal consistency for measuring the spiritual care needs in acute care hospital patients.[14] Patients with lung cancer report more disease burden and lower spiritual well-being (SWB) compared with other cancer patients. Understanding variables that essen disease burden and improve SWB is essential. The aim of this study was to explore the relationship between motivational level for physical activity and SWB in patients with lung cancer. Linear regression showed increased SWB as stage of change for physical activity increased.[15] Past examinations of breast cancer treatment barriers have typically included registry, claims-based, and smaller survey studies. Using a novel analysis of diverse social media users, we observed numerous breast cancer treatment barriers that differed by race/ethnicity. Social media is a powerful tool, allowing use of real-world data for qualitative research, capitalizing on the rich discussions occurring spontaneously online. Future research should focus on how to further employ and learn from this type of social intelligence research across all medical disciplines.[16] The aim of this research was to reveal, from the perspective of the "lived experience" shared by cancer patients and their nurses, how patients facing death create lived experience in the context of palliative care. This research also aims to elucidate the meaning nurses find in patients' experiences while caring for their patients. This research elucidates the spiritual pain experienced by cancer patients and discusses opportunities for nurses to address the spiritual care of these patients.[17] Being aware of notions of spirituality and ethnicity are perhaps at no time as important in nursing as at the end of a patient's life. This paper reflects on a case study of a patient receiving palliative care who was a nurse from Africa. One key reflection that arose from this case is 'what is spirituality?' How this is expressed is a dynamic process, and cannot necessarily be captured by a one-off question and answer session. The following case study highlights that what we want at the end of life, or may think we would want is not at all fixed. Therefore, nurses caring for dying patients need to be open-minded, and check regularly that the patient's chosen pathway is being followed. Also, there must be space for patients to change their minds. Tools are available and might be usefully adapted to suit individual patients' needs.[18]To evaluate issues experienced by parents of children with cancer and factors related to parents' ability to find peace of mind. The Functional Assessment of Chronic Illness Therapy-Spiritual Well-being sense of meaning subscale. Physicians may be able to facilitate formulation of peace of mind by giving parents high-quality medical information, including prognostic information, and facilitating parents' trust.[19] Cancer self-efficacy (CSE) and spiritual well-being (SWB) have been associated with better self-rated health (SRH) among breast cancer survivors (BCS), but have not been well studied among Latina BCS (LBCS). Multivariate logistic regression analyses of secondary data from a cross-sectional population-based telephone survey of 330 LBCS explored relationships of language acculturation, CSE, and SWB subdomains of inner peace and faith with SRH. Findings support the importance of a sense of inner peace and control over breast cancer to LBCS' perceived health.[20] This paper presents findings from a cross-sectional survey about the use of complementary and alternative medicine (CAM) in patients with lung cancer, forming part of a larger study. The data suggest that 23.6% of the lung cancer patients used CAM after the diagnosis with cancer. The most popular CAM modalities were herbal medicine (48.1%), medicinal teas (11.5%), homeopathy (11.5%), use of animal extracts (11.5%) and spiritual therapies (11.5%). Herbal use increased by three times after the diagnosis of cancerThe most common motivation to use CAM was to increase the body's ability to fight the cancer. Main sources of information about CAM were friends and family. As CAM is increasingly used by patients with lung cancer, it is important to be able to assist patients make an appropriate decision by discussing the issue of CAM openly, providing reassurance and communicating safe and appropriate information to patients.[21]The growing interest in the psychological morbidity of patients with cancer has been the major reason for conducting this study. The

measurements used were the Beck Depression Inventory, the Beck Hopelessness Scale, the Mini Mental State Examination, the Greek Brief Pain Inventory, and the Spiritual Involvement and Beliefs Scale. Significant correlations were found between hopelessness, depression, and cognitive condition. These findings demonstrate the physical, psychological, and cognitive aspects of patients with cancer.[22] Outer confirmation meant being understood and taken seriously; the maintenance of human dignity and worth indicated inner confirmation. A lack of inner confirmation is primarily manifest in terms of patients' mental, spiritual and existential concerns. In relation to the theory of Eriksson, these patients were confirmed at the level of having and being, but seldom at the level of becoming.[23]

Existential distress has been recognized as a source of suffering for oncology patients. This study focusses on existential issues and coping mechanisms of a unique culturally diverse Jewish/Middle Eastern oncology population. The findings of this study indicate that existential concerns are endemic in this patient population, but that significant distress is relatively uncommon. Early palliative measures, family support, effective coping strategies, and religious belief systems may influence the way patients with advanced cancer deal with existential concerns.[24]

Research on recognizing depression in patients with cancer shows that diagnosis of cancer often precipitate intense emotions such as fear, sadness, and anger. Individuals who may never have given much thought to their own death are confronted with the very real possibility of a shortened life and future suffering and also financial worries which in turn lead to stress, depression and anxiety. [25] According to our findings, due to diagnostic problems and applying different assessment methods, stress, anxiety and depression are variously prevalent among cancer patients.

On the other hand, nowadays positive psychology has particular attention to mental health which arises from physical, mental, and social well-being.[26] The findings show that spirituality and in particular spiritual intelligence is an effective coping strategy to solve problems of everyday life.[27] The findings also indicate that spiritual values are important to patients coping with cancer such that the patients with higher level of spirituality value could cope effectively to their problem.[28]

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3. References

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