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Radiation Oncology

Spirituality in Cancer Patients during the Coronavirus Pandemic (COVID-19): About 90 Patients

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Abstract

Original Research Article

Background: The Covid-19 pandemic has been developing in Morocco officially since March 2, 2020. Although the country has put in place measures to contain the spread of the epidemic, the consequences have been significant and have affected all the fields. The purpose of this study was to assess one special field that we tend to omit: the spirituality in cancer patients. **Methods**: During covid19 pandemic, ninety patients with cancer responded to our questionnaire in Mohammed 6 Hospital in oncology department, from May 4th to May 25th 2020. A thirty-nine questions questionnaire was used, with four major items: About beliefs, worship/practice, spiritual activities and about the pandemic. **Results**: Patients over 50 years old were the most predominant: 43.3%, with a male predominance 66.7%. More than half (53.3%) were married. More than half of our patients reported the beneficial effect of their beliefs during this pandemic and had resort to god more than before. Prayer and being interested in Quran and Shariaa were beneficial for most than 50% of patients. Most of our patients didn't see this pandemic as a punishment but as a test and an opportunity to repent. **Conclusion**: When dealing with crisis, people react in different ways according their background, their beliefs and their experience, but most patients tend to focus on themselves and their -relationship with god/religion- then they focus on the external world.

Keywords: COVID19, Spirituality, cancer, oncology, coronavirus, pandemic, health.

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Introduction

By taking interest in spirituality, we discover that it's a subjective concept very difficult to assess and measure. It varies from one person to another and that's why we cannot establish a precise definition. However, spirituality represents everything that is free from all materiality, everything that concerns the life of the soul and the spirit, with its aspirations for moral values.

The onset of cancer causes major upheavals, and it is also, undoubtedly, accompanied by many questions. In time of Covid19, all life fields are affected, especially faith, beliefs and spirituality which are the first to be questioned.

Throughout this paper, we will try to assess how these patients are coping with this crisis, on a spiritual level.

1. BACKGROUND

The Covid-19 pandemic has been developing in Morocco officially since March 2, 2020. Although the country has put in place measures to contain the spread of the epidemic, the consequences have been significant and have affected all the fields. The purpose of this study was to assess one special field that that we tend to omits: the spirituality.

2. PATIENTS AND METHOD

During covid19 pandemic, 90 patients with cancer responded to our questionnaire, in Mohammed 6 Hospital in oncology department. The questionnaire was completely anonymized.

A 39 questions questionnaire was used.

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With 4 major items:

- About beliefs: 6
- About worship/practice: 23
- About spiritual activities: 7
- About the pandemic: 3

Patients with stage IV diseases were excluded.

Descriptive analysis was used to describe and assess data. For count data, frequencies and percentages were used.

3. RESULTS

Patient characteristics

Patients over 50 years old were the most predominant: 43.3%. The majority of the sample was male (66.7%). More than half (53.3%) were married.

Item 1: Beliefs

One of the main themes is "Beliefs". More than half of our patients reported the beneficial effect of their beliefs during this pandemic and had resort to god more than before.

	More than before	Same	Less than before	Not interested
Interest in religion or spirituality during Covid	36.7%	53.3%	10%	-
Resort to god during this pandemic	60%	36.7%	3.3%	-

	A lot	A little	None
My beliefs were affected by the pandemic	6.7%	33.3%	60%
My beliefs allowed me to surpass the fear of getting the virus	53.3%	30%	16.7%
My beliefs gave me the strength to fight this pandemic	60%	26.7%	13.3%
My beliefs provided me psychological relief in this period	73.3%	16.7%	10%

Item 2: Worship / practice

Regarding "Worship and practice": Prayer and being interested in Quran and Shariaa were beneficial for most than 50% of patients. However, patient's

involvement in volunteering and charity was the same. Among 36% of patients that fasted at least a day per week, the majority didn't express that fasting was helpful during this period.

	More than	Same	Less than	Not interested
	before		before	
Respecting the prayer times	36.7%	53.3%	-	10% (I don't pray)
Duration of prayer	10%	80%	-	10% (I don't pray)
Doing supererogatory prayers	23.3%	46.7%	6.7%	23.3% (I don't pray)
I was interested helping the needy	10% (always)	46.7%(mostly)	20%(barely)	23.3% (I don't)
I helped the needy	6.9% (always)	37.9%(mostly)	34.5%(barely)	20.7% (I don't)

	A lot	A little	None/same
Prayer allowed me to surpass the fear of getting the virus	60%	30%	10%
Prayer gave me the strength to fight this pandemic	53.3%	36.7%	10%
Prayer provided me psychological relief in this period	76.6%	13.3%	10%
Helping the needy allowed me to surpass the fear of getting the virus	13.3%	16.7%	70%
Helping the needy gave me the strength to fight this pandemic	10%	23.3%	66.7%
Helping the needy provided me psychological relief in this period	16.7%	33.3%	50%

	More than before	Same	Less than before	Not interested
I listened to Quran	36.7%	33.3%	16.7%	13.3%
I read Quran	6.7%	46.7%	26.6%	20%
I learned by heart Quran	30%	13.3%	6.7%	50%
I was more interested in my religion	33.3%	46.7%	3.3%	16.7%
I tried to understand the Shariaa and the interpretation	23.3%	23.3%		53.4%
of the Quran				

	A lot	A little	None/same	Not
				interested
Quran/shariaa allowed me to surpass the fear of getting the	56.7%	30%	13.3%	
virus				
Quran/shariaa gave me the strength to fight this pandemic	50%	33.3%	16.7%	
Quran/shariaa provided me psychological relief in this	80%	6.7%	13.3%	
period				
I was interested in voluntary fasting	26.7%(more)	6.7%	43.3%	23.3%
Ramadan excluded, did you fast?	63.3%(0)	33.3%(1-5	3.4%(6-10	0(+10
		days)	days)	days)
Fasting allowed me to surpass the fear of getting the virus	23.3%	16.7%	60%	
Fasting gave me the strength to fight this pandemic	23.3%	23.3%	53.4%	
Fasting provided me psychological relief in this period	36.7%	20%	43.3%	

Item 3: Spiritual activities

Spiritual activities, such as meditation, yoga or listening to spiritual music or "amdah", were not helpful during this period according to the majority:

	More than before	Same	Less than	Not
			before	interested
Meditation / yoga during this pandemic	10%	26.7%	6.7%	56.6%
I listen to spiritual music or "amdah"	23.3%	36.7%	3.3%	36.7%
		A lot	A little	None
My social relations were affected by the pandemic		26.7%	33.3%	40%
My familial relations were affected by the pandemic		23.3%	33.4%	43.3%
My spiritual activities allowed me to surpass the fear	r of getting the virus	13.3%	33.4%	53.3%
My spiritual activities gave me the strength to fight this pandemic		10%	40%	50%
My spiritual activities provided me psychological rel	ief in this period	20%	43.3%	36.7%

Item 4: About the pandemic

Most of our patients didn't see this pandemic as a punishment but as a test and an opportunity to repent.

	Yes	No
I see this pandemic as a punishment	26.7%	73.3%
I see this pandemic as a test	70%	30%
I see this pandemic as an opportunity to repent	73.3%	26.7%

Comparing some results

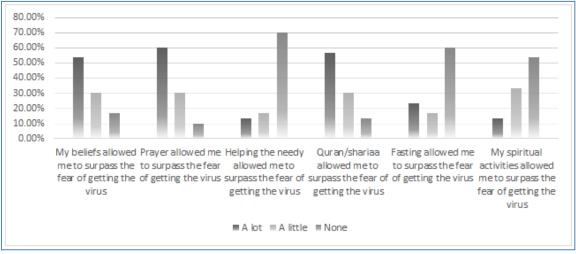


Fig-1: Item/Allowed me to surpass the fear of getting the virus

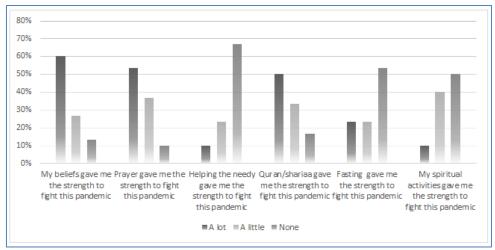


Fig-2: Item/Gave me the strenght to fight this pandemic

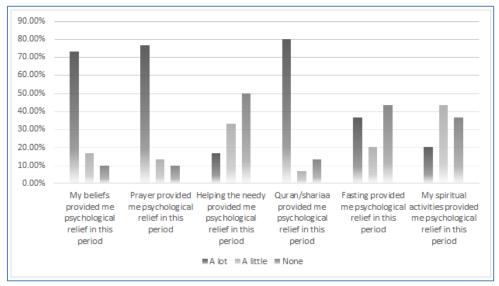


Fig-3: Item/provided me psychological relief in this period

According to our patients, beliefs, prayer and quran/sharia allowed our patients to surpass the fear of getting the virus, gave them the strenght to fight this pandemic and provided them psychological relief in this period, while helping the needy, fasting and spiritual activities didn't have an impact (Figure 1, 2, 3).

4. DISCUSSION

Definition of spirituality

The origin of the word «spirutal» is the fusion of three parts: "spir", which is a latin word that means "to blow", a suffix " tus" is added to obtain the latin word: "breath", another suffix "alis" is added to form "Spiritualis" that means "related to spirit".

We mean by "spirituality", the aspects of human life linked to experiences that transcend sensory phenomena. It's not the same as "religious", although for many people the spiritual dimension of their life has a religious element. The spiritual aspect of human life can be considered as a factor of integration, maintaining the physical, psychological and social components. It's often perceived to be linked to the meaning and purpose of existence and for patients at the end of their life; this is frequently felt as a need for compassion, reconciliation and affirmation of merit [1].

Spiritual needs assessment

We need to ask patients questions about spiritual aspects of their lives. Some believe that these are vague, even perilous, topics. In any case, questions must be asked without judgment, and with a total objectivity and respect for the patient's choices with regard to their own values and beliefs, and their right to remain silent about them must be accepted [2].

We can obtain information on the patient's perception of the concept of the divine by asking them if religion or God is important to them and, if so, asking them to make a simple description of it [3]. By asking them where they find hope and strength, it is possible to assess the situation in the area of "care", for example by asking the question: "Who do you turn to if you need help?" ". It is important to inquire about religious

practices, especially those that affect hospital life or hospital care. Questions that focus on the relationship between spiritual belief and health may also be helpful, for example: "Has being sick changed your beliefs or religious practices? »[1].

Many studies have shown a positive association between spirituality and health, which can be physical or mental. Spirituality is a source of coping and an important component of the quality of life for many patients, especially those suffering from chronic or serious pathologies such as cancer.

In the light of these elements, we can say that spirituality is what helps any person living a difficult or a stressful moment, by giving hope, allowing people to enjoy life by improving its quality, staying optimistic and to find a certain inner peace, and above all to give meaning to life.

To sum up, spirituality involves the quest for meaning, a meaning sought by, for example: psychiatric patients, who no longer recognize themselves, no longer understand each other, no longer manages to lead their life as before and no longer see any meaning in their existence in certain cases. So wouldn't it be wise to know the importance of religiosity for patients? To be interested in the role it can play in diseases such as cancer and during this pandemic period?

How to cope?

There are five important coping functions on which are based the positive religious and spiritual coping models:

- Finding meaning,
- gaining mastery and control,
- Increasing comfort and closeness to God,
- Solidify intimacy in interpersonal relationships as well as the bond with God,
- And, achieving life transformation [4].

Spirituality/religion versus crisis

Because religion and spirituality are nuanced and many-sided, it is important to understand the founding and the basis of these constructs to comprehend how they are involved in coping, including who (clergy, congregation members, God) and what (prayer, reading sacred scriptures) is included in coping, when (acute stressors, chronic stressors), and where (privately, communally) coping occurs, and why (to find meaning, to gain control, to nurture closeness and comfort) particular coping methods are pursued [5].

According to "Pargament"[6], religious/spiritual coping is the convergence of the "search for significance in ways related to the sacred" (p. 32) with the "search for significance in times of stress" (p. 90). This search involve "the use of religious beliefs or behaviors to facilitate problem-solving to

prevent or alleviate the negative emotional consequences of stressful life circumstances" [6].

Religious and spiritual coping can take many forms. They may be focused on divine, intrapersonal, and/or interpersonal field. In the *divine realm*, people may cope with their crisis by confronting threats to their thoughts, feelings, and general relationship with God or a Higher Power. In the *intrapersonal* realm, sacred aspects of life help coping with resolving internal questions, doubts, and uncertainties. In the *interpersonal* realm, coping consists in prioritizing spiritual matters over relational tensions and conflicts. Disasters in all kinds, may possibly trigger the need for religious/spiritual coping in all the three domains cited above [4].

Religion and spirituality are habitually brought to the foreground, when a calamity strikes. After the 2004 indonesian earthquake and tsunami, a Buddhist health-care provider in the Phang Nga Province of Thailand, reported «People talked about ghosts, especially in the beginning...or, people could smell the one they lost. People give donations to the temple in the victim's name, afterwards. It happened with me with my sister's "smell"—it only happened in the first few weeks, and I could smell her body decomposing. I would feel so badly, and it reminded me of her, but I was really busy. It still reminded me to go to the temple. » [7].

A cancer survivor in 2011 reported « Where is this peace and this evenness in my life coming from? Well, it is coming from God. It was coming from him ministering to me and helping me each day to cope with it [cancer] and live through it and heal, not just physically, but to heal spiritually as well » [4].

According to these statements, traumatic experiences can have profound spiritual effects. The first quotation shows how a crisis may be interpreted from a religious or spiritual perspective, whereas the second statement describes how spiritual resources helped the healing of a cancer survivor [4]. Some studies were made to try to measure and assess the spirituality and people's coping, when facing a crisis or a calamity.

Stress reactions about the September 11/2011 were assessed in a national study. 90% of American adults reacted to terrorist attacks by turning to "prayer, religion, or spiritual feelings", 60% were participating in group activities and 36% were making donations, in order to cope during the week after the attacks [8].

Older adults who had been displaced by Hurricane Katrina participated in a qualitative study and interview responses revealed that nearly 37% of the participants pursued active religious coping methods (praying, meditating, spiritual singing, scripture

reading, exercising trust in God, participating in church-related activities), 29% relied on maintaining attitudes of hopefulness, thankfulness, and/or gratitude (frequently directed toward God), and 13% reappraised the situation in a positive existential perspective[9].

Bangladesh is a country known for its frequent devastating cyclones. A Study carried out among the coastal and island people of this country, reveled an increase in diverse religious and spiritual activities (prayer, religious obedience, ritual sacrifices) in the Muslim and Buddhist communities during the days when a storm is imminent to satisfy their God. They view extreme environmental events as 'the wraths of nature' or as Allah's gazab, the wrath of God that befalls persons who or communities that have sinned. In order to resist the cyclone, different religious communities worship in different ways[10].

Whether it is from a religious point of view or not, spirituality keeps an important place in our life, it manifests itself in several ways as we have seen throughout our article, but it manifests itself even more in particular circumstances. For example, our cancer patients already have "an important level of spirituality" with the discovery of their disease, which makes them special patients.

However, with the onset of the pandemic, their "spirituality" manifested itself once again but in other aspects. Humans, when dealing with natural disasters, pandemics, deaths ... react in different ways, and this -according to each person's background, according to their beliefs and to their experience.

We have all the same noted a divergence of humanitarian actions, mutual aid, "return to god" and a greater interest in religion in response to these crises.

5. CONCLUSION

Our focus during this pandemic, went on trying to find a cure but this pandemic has affected all the fields and we tend to omit some issues like spirituality and mental health that may have serious consequences in the long term. When dealing with crisis, people react in different ways according their background, their beliefs and their experience, but most patients tend to focus on themselves and their relationship with god/religion- then they focus on the external world.

What is already known on this topic?

Spirituality is usually used to cope with psychosocial issues that we face during survivorship.

What this study adds

Bring to the fore the importance of spirituality and its forms and the possibility of developing this field in the care of cancer patients in the era of coronavirus especially with the suspension of religious meetings and decrease in social contact in order to avoid contagion.

Competing interests

The authors declare no competing interest.

Authors contribution and agreement

All the authors of the manuscript have read and agreed to its content.

REFERENCES

- 1. World Health Organization. (1990). Traitement de la douleur cancéreuse et soins palliatifs: rapport d'un Comité d'experts de l'OMS [réuni à Genève du 3 au 10 juillet 1989]. Genève: Organisation mondiale de la Santé.
- 2. Stoll, R.I. (1979). Guidelines for spiritual assessment. *Am J Nurs. sept*, 79(9); 1574-7.
- 3. Johnstone, C.B. (1981). On Asking the Right Question. *J Pastoral Care. sept*, 35(3); 169-76.
- 4. Harper, A. R., & Pargament, K. I. (2015). Trauma, religion, and spirituality: Pathways to healing. In *Traumatic stress and long-term recovery* (pp. 349-367). Springer, Cham.
- Paloutzian, R.F., Park, C.L. (2013). éditeurs. Handbook of the psychology of religion and spirituality. Second Edition. New York, NY: Guilford Press; 698.
- 6. Koenig, H. G., Pargament, K. I., & Nielsen, J. (1998). Religious coping and health status in medically ill hospitalized older adults. *The Journal of nervous and mental disease*, *186*(9), 513-521.
- Isaranuwatchai, W., Coyte, P. C., McKenzie, K., & Noh, S. (2017). The 2004 tsunami and mental health in Thailand: a longitudinal analysis of oneand two-year post-disaster data. *Disasters*, 41(1), 150-170.
- 8. Schuster, M. A., Stein, B. D., Jaycox, L. H., Collins, R. L., Marshall, G. N., Elliott, M. N., ... & Berry, S. H. (2001). A national survey of stress reactions after the September 11, 2001, terrorist attacks. *New England Journal of Medicine*, 345(20), 1507-1512.
- 9. Henderson, T. L., Roberto, K. A., & Kamo, Y. (2010). Older adults' responses to Hurricane Katrina: Daily hassles and coping strategies. *Journal of Applied Gerontology*, 29(1), 48-69.
- 10. Alam, E., & Collins, A. E. (2010). Cyclone disaster vulnerability and response experiences in coastal Bangladesh. *Disasters*, *34*(4), 931-954.