Spiritual Well-Being and Practices Among Women With Gynecologic Cancer

Aida J. López, DNP, ARNP, FNP-C, Ruth McCaffrey, DNP, ARNP-BC, FNP, GNP, Mary T. Quinn Griffin, PhD, RN, and Joyce J. Fitzpatrick, PhD, RN, FAAN

Purpose/Objectives: To identify spiritual well-being and spiritual practices in women with gynecologic cancer.

Design: Descriptive, cross-sectional.

Setting: Urban and rural communities in southeast Florida.

Sample: Convenience sample of 85 women ($\bar{X}$ age = 65.72 years) with some form of gynecologic cancer.

Methods: Participants completed questionnaires to assess spiritual well-being and spiritual practices while attending a healthcare clinic.

Main Research Variables: Spiritual well-being, spiritual practices.

Findings: The level of overall spiritual well-being was high, as were the levels of self-efficacy and life scheme (meaningfulness), as measured with two subscales. Most women reported use of several spiritual practices, including family activities, exercise, and listening to music.

Conclusions: Additional study of the spiritual well-being and practices of women with cancer and comparisons with other groups of women are needed.

Implications for Nursing: Nurses can assume a role in encouraging spiritual practices and enhancing spiritual well-being in women with cancer.

Gynecologic cancer attacks the natural foundation of a woman's distinctiveness, her ability to procreate, which brings to mind her loss of sexuality (Ramondetta & Sills, 2004). A diagnosis of cancer can leave a person distressed, stunned, devastated, confused, and physically and mentally overwhelmed. During adverse situations such as a life-threatening illness, many patients find comfort and support in their spirituality, including their beliefs and practices.

Spirituality has been identified as an important component of many women's cancer experiences (Ashing-Giwa et al., 2004; Rippentrop, Altmaier, & Burns, 2006). Women have depended on spirituality as a source of comfort and assurance during challenging times in their lives (Ferrell, Smith, Juarez, & Melancon, 2003). Spirituality helps cultivate psychological well-being and prepares women to fight through illness (Fry, 2000; Renz, Mao, & Cerny, 2005), including breast cancer (Meraviglia, 2006). Although interest in the concept of spirituality and, in particular, spirituality and spiritual needs in people with cancer has increased, limited research has targeted women with gynecologic cancer. This preliminary study aimed to identify spiritual practices and describe spiritual well-being in women with gynecologic cancer.

Background

Spirituality has been defined as a deep search from within to find an intrinsic meaning and purpose in life, as the force that triggers individuals to seek a connection, and as a contact with an enriching experience among a person, others, and an element greater than life itself. Hermann (2006) considered spirituality a natural feature of all humans that sets in motion and guides the search for meaning and purpose in life. Spirituality comprises all aspects of a person's experiences, such as relationships with the self, others, and a transcendent dimension (Hermann). Flannelly, Flannelly, and Weaver (2002) indicated that spirituality includes the need to find significance in life, death, and suffering; transcendence; and a sense of connectedness with oneself, others, and superior powers. Although numerous individuals find spirituality through their religion or personal connection with God or the divine, others find it through nature, art, music, values, and principles or through their search for scientific truth (Anandarajah & Hight, 2001).

In a review of the various conceptualizations of spirituality in nursing and health literature, Chiu, Emblen, Van Hofwegen, Sawatzky, and Meyerhoff (2004) examined 73 articles published from 1990–2000. The authors identified themes of existential reality (e.g., meaning and purpose in life, hope, spiritual existence, experience); transcendence (e.g., an essential component of reality, level of awareness); connectedness (e.g., relationships with self, others, nature, higher being); and power, force, or energy (e.g.,

motivation, creative energy) in the conceptualization of spirituality. As delineated by Taylor (2003c), several researchers have linked spiritual well-being and quality of life (QOL). Studies have included individuals with chronic and terminal illnesses, such as cancer (Chao, Chen, & Yen, 2002; Stephenson, Draucker, & Martsolf, 2003) and cardiovascular disease (Beery, Baas, Fowler, & Allen, 2002; Griffin et al., 2007; Westlake & Dracup, 2001). Taylor (2001, 2003a, 2003b, 2006). Taylor and Mamier (2005) have done extensive work examining spirituality among patients with cancer, with specific emphasis on the spiritual needs of patients and the imperative for nurses to address those needs. Meraviglia (2006) found that meaning in life mediated the effects of cancer on well-being among women with breast cancer.

The theoretic foundation for the present study was based on Fitzpatrick's (2008) elaboration of meaning in life as the driving force for individual wellness. The conceptualization posits that meaning in life is related to higher-level wellness and that the wellness concept can be translated into biologic, psychological, social, cultural, and spiritual dimensions of being. The present study was designed to address the spiritual dimension of wellness with the assumption that professional nursing practice is directed toward enhancing wellness in all domains, including spiritual well-being.

Spirituality and Spiritual Practices in Women With Gynecologic Cancer

Few studies from 1998–2008 specifically addressed the spiritual dimensions of health in women with gynecologic cancer. Gioiella, Berkman, and Robinson (1998) found that, except for patients with ovarian cancer, patients with gynecologic cancer reported a high level of spiritual, existential, and religious well-being and high QOL. In a study of 62 Chinese women with gynecologic cancer in Hong Kong, Molassiotis, Chan, Yam, and Chan (2000) found that faith was an important element of QOL. Other descriptors of QOL were comfort, maintaining accord with society, and psychological or spiritual achievement. Chan, Molassiotis, Yam, Chan, and Lam (2001) studied the experiences of social support in 18 Chinese women with gynecologic cancer and found that religion and spiritual beliefs were among the four major sources included in the women's social networks. Most women practiced a formal religion and had entrusting relationships with the God they believed in. Ferrell et al. (2003) conducted a qualitative ethnographic study with the intent of describing spirituality and meaning of illness in survivors of ovarian cancer. Among those studied, the researchers found that spiritual well-being and meaning of illness were important and that participating in religious activities through prayer groups and places of worship provided a prime source of support (Ferrell et al.). Many participants conveyed positive spiritual changes as a result of their experience with ovarian cancer, and the women counted on their spirituality to help them cope and to derive meaning from their disease experience. The researchers concluded that spirituality was an important part of QOL.

Stewart, Duff, Wong, Melancon, and Cheung (2001) surveyed 200 women from the United States and Canada to understand their experience of surviving ovarian cancer. Sixty-nine percent of participants believed that a positive attitude kept them in remission, followed by routine follow-ups, healthy lifestyles, prayer, stress reduction, diet, and exercise. In a study of complementary and alternative medicine (CAM) use among women with gynecologic cancer, Spannuth et al. (2006) found that all of the women interviewed used some spiritual practice. Prayer was used by 95% of the patients, and 90% requested that others pray for their health. Most women (87%) indicated that they would like to have their physicians pray with them. Most patients believed that spirituality was an important part of their cancer treatment. Molassiotis et al. (2006) assessed CAM use in 72 women with gynecologic cancer from 11 European countries. Results indicated that 40% of the participants used CAM after being diagnosed with cancer. The most commonly used CAM practices were herbal medicine (35%), relaxation techniques (21%), and vitamins and minerals (21%). The women reported a high level of satisfaction with the use of CAM. The most frequent reasons given by the participants for their use of CAM were to increase the body's ability to battle cancer and to enhance physical and emotional well-being.

CAM use is growing among patients with cancer, particularly in women. The most frequently used CAM modalities among women with gynecologic cancer included mind-body techniques, herbal therapy, and dietary supplements. Many patients consider spirituality to be an important part of their treatment.

Spiritual Well-Being and the Spirituality Index of Well-Being Scale

No study of patients with cancer was found in the literature that included use of the **Spirituality Index of Well-Being (SIWB)** scale, although the dimensions of this instrument (life scheme and self-efficacy) are related to the conceptualization of meaningfulness of life, which formed the basis of the present study. Daaleman, Frey, Wallace, and Studenski (2002) and Daaleman, Perera, and Studenski (2004) have used the SIWB with other noncancer populations, including community-dwelling older adults and adult outpatients from primary care sites (Daaleman & Frey, 2004; Daaleman & Kaufman, 2006). Griffin et al. (2007) reported use of the SIWB in older adults with heart failure. Results across studies have indicated that spiritual well-being was related to health status and QOL.

Studies have shown that spirituality is an important aspect in the lives of patients with gynecologic cancer. Through their spirituality, women may experience an

Table 1. Sample Characteristics

Characteristic	n	%
Ethnicity		
Native American or Alaskan Native	3	4
Asian or Pacific Islander	1	1
Black (non-Hispanic)	3	4
Hispanic	5	6
Caucasian (non-Hispanic)	73	86
Marital status		
Single	6	7
Married	42	49
Widowed	23	27
Divorced or separated	14	17
Employment status		
Employed	26	31
Unemployed	59	69
Education		
Did not complete high school	3	4
Completed high school	33	39
Some college	19	22
Completed two-year college	7	8
Completed four-year college	8	9
Some graduate school	6	7
Completed graduate school	9	11
Income ($)		
Less than 50,000	28	33
50,000–100,000	29	34
100,001–150,000	9	11
150,001–200,000	5	6
200,001 or more	5	6
Missing	9	11
Religion		
Christian	39	46
Jewish	40	48
Other	3	4
No religion	3	4
Attendance at place of worship		
Attend	28	33
Do not attend	57	67

N = 85
Note. Because of rounding, not all percentages total 100.

increased level of life satisfaction, reduced stress, and an increased sense of meaning in their lives. Knowing which spiritual practices women use when faced with gynecologic cancer is important because the practices could be integrated into treatment. Gaps exist in the literature related to gynecologic cancer and spirituality. Although gynecologic cancer affects many women, little information is available concerning spiritual practices and spiritual well-being among women with the disease.

Methods

A quantitative descriptive research design was used. The study was conducted at a private gynecologic-oncology practice in the southeastern United States. The practice sees almost 5,000 women annually. About 85% of the patients are affected by some form of gynecologic cancer. Most patients are older than 65 years. The prevailing health insurance is Medicare (85% of the patients), followed by private insurance (14%), and private pay (1%).

The authors obtained participants' approval before initiating the study. Eligible participants were informed of the study at the time of their regular physician's visit and referred to the primary investigator for additional information. Interested patients were screened by the primary investigator to determine whether they met inclusion criteria. If patients remained interested in participating, the investigator provided detailed information about the study, and participants agreed to complete the questionnaires. With institutional review board approval, completion and return of the questionnaires was considered consent.

The **Spiritual Practices Checklist** (Griffin, Salman, Lee, Seo, & Fitzpatrick, 2008) consists of a 12-item checklist of spiritual interventions, modified from the list of spiritual practices developed by Büssing, Matthiessen, and Ostermann (2005) and from a literature review of CAM therapies. Face and content validity were determined by a group of five nurse researchers who had experience with CAM and reviewed the literature on spiritual practices and determined which of the practices should be included in the pilot study assessment. The practices included in the checklist are praying alone, praying with others, recalling positive thoughts, family activities, helping others, listening to or playing music, going to a worship house or quiet place, exercise, reading spiritual material, relaxation, meditation, and yoga. Participants responded yes or no as to whether they had used each of the specific spiritual interventions and ranked their top three practices.

The SIWB (Daaleman & Frey, 2004) measures spirituality and subjective well-being. The tool contains 12 Likert scales: Six measure self-efficacy and six measure life scheme. Items are scored from 1 (strongly agree) to 5 (strongly disagree); total scores range from 12–60, with higher scores reflecting a greater degree of spirituality. The SIWB had a Cronbach alpha reliability coefficient α of 0.91, indicating high internal consistency; the subscales also showed good reliability ($\alpha = 0.86$ for self-efficacy and $\alpha = 0.89$ for life scheme).

Data analysis was completed with SPSS® 15.0. Cronbach alphas were calculated on the self-efficacy ($r = 0.85$) and life scheme ($r = 0.86$) dimensions and on the total SIWB ($r = 0.90$) to determine internal consistency of the instrument for this sample. Descriptive statistics for background data, SIWB, and the Spiritual Practices Checklist were calculated.

Results

Sample and Procedures

The sample included 85 women with gynecologic cancer aged 18 years or older ($\bar{X} = 65.72$, SD = 14.01) who were patients in a healthcare practice at the time of study.

Table 2. Patient Responses on the Spiritual Practices Checklist

Practice	Yes		No	
	n	%	n	%
Family activities	75	88	10	12
Listening to music	74	87	11	13
Helping others	71	84	14	16
Relaxation	67	79	18	21
Exercise	58	68	27	32
Recall positive memories	58	68	27	32
Pray alone	56	66	29	34
Visit house of worship or quiet place	36	42	49	58
Reading spiritual materials	33	39	52	61
Pray with others	32	38	53	62
Meditation	21	25	64	75
Yoga	10	12	75	88

N = 85

Most participants were Caucasian (non-Hispanic) (n = 73, 86%), were unemployed (n = 59, 69%), were high school graduates or had some college experience, and had an annual household income less than $100,000 (n = 57, 67%). About half (n = 42, 49%) were married. The largest reported religious groups were Jewish (n = 40, 48%) and Christian (n = 39, 46%) (see Table 1).

The participants responded to a number of questions related to their cancer. The most common form of primary gynecologic cancer was of the ovaries (n = 42, 49%), followed by cancers of the uterus (n = 24, 28%), cervix (n = 13, 15%), and others (vulva, vagina) (n = 6, 7%). Most patients (n = 65, 77%) indicated that they did not have secondary gynecologic cancer. However, 20 (24%) participants also had a nongynecologic form of cancer. The most common secondary nongynecologic cancer was breast cancer (n = 6, 7%). Most (n = 48, 59%) participants indicated that their gynecologic cancer was in remission; 22 (27%) indicated that the cancer was recurrent, and 12 (15%) were diagnosed within six months prior to the study.

Spiritual Practices

Most participants had used family activities, listening to music, and helping others; fewer participants had tried meditation or yoga (see Table 2). Family activities, exercise, and listening to music were the three practices participants used with the highest frequency; yoga and praying with others were the least used practices (see Table 3).

Spiritual Well-Being

The mean overall spiritual well-being score was 49.61 (SD = 7.25). The total possible score indicating the highest level of spiritual well-being was 60. The mean self-efficacy subscale score was 24.47 (SD = 4.03), and the mean life scheme subscale was 25.14 (SD = 4.28). The total possible score for each of the two subscales was 30. Therefore, the women had high levels of overall spiritual well-being and high levels of self-efficacy and life scheme (meaningfulness).

Discussion

All women in the study reported using many spiritual practices. Although the findings provide some preliminary evidence of the practices used by the participants, no comparisons were permitted because of the nature of the Spiritual Practices Checklist. Additional research will focus on clarifying and refining that measure. For example, participants will be asked to describe their frequency of use of the various practices as well as the meaningfulness of the practice in relation to life meaning and purpose.

The results support the views of previous authors and researchers. According to Hermann (2006), spirituality is a force that triggers individuals to seek contact with an enriching experience between themselves and others and sets in motion the search for meaning and purpose in life. Meraviglia (2004, 2006) found that life meaning had a mediating effect on well-being in people with breast and lung cancer. Results from the present study also support the view that spirituality refers to anything that has meaning and purpose in life, such as music, family, and community (Anandarajah & Hight, 2001; Puchalski, 2001). In a review of spiritual therapies used by people with cancer, Taylor (2005) found that a significant percentage used prayer; other therapies included meditation, relaxation, spiritual healing, mental imagery, and yoga.

The present study was the first to use the SIWB scale with women with gynecologic cancer. The SIWB had high reliability, demonstrating high consistency. The women in the present study had high levels of spiritual well-being

Table 3. Patients' Top-Ranked Spiritual Practices

Practice	n	%
Family activities	49	58
Exercise	37	44
Listening to music	35	41
Pray alone	31	36
Helping others	27	32
Relaxation	26	31
Recall positive memories	18	21
Meditation	9	11
Reading spiritual materials	9	11
Visit house of worship or quiet place	7	8
Pray with others	6	7
Yoga	4	5

N = 85

and high levels of self-efficacy and life scheme scores (meaningfulness in life).

However, the convenience sample was obtained from a single medical practice in the southeast United States and may have characteristics that are not representative of the population of women with gynecologic cancer. The present study's sample was homogeneous, consisting primarily of Caucasian non-Hispanic, middle-class, married women, predominantly affiliated with either the Jewish or Christian faiths, with high school diplomas or some college. The findings from this preliminary study should provide a useful foundation for future research.

Implications for Nursing Practice and Future Research

Spirituality and its assessment have been recognized as an integral part of nursing care (Skalla & McCoy, 2006). Spirituality may help patients cope with their disease by lessening the sense of loss, control, and helplessness over their illness. The results of this study provide useful information about the spiritual practices used by women with gynecologic cancer. Nurses can use this information to encourage women to engage in new spiritual practices or to enhance practices already used. For example, nurses can encourage women to use relaxation, exercise, or meditation as part of their daily routines. Nurses also can help women understand the importance of spiritual practices and spiritual well-being in relation to life meaning and purpose.

Future research could replicate this study with a sample of women with more diverse backgrounds or compare women with cancer to women with other chronic illnesses on the dimensions of spirituality, spiritual well-being, and spiritual practices. Follow-up research will clarify the spiritual practice assessment used in this pilot study. A large national sample would contribute greater understanding of spirituality among women. Future comparisons on spiritual well-being will be made among women with a range of chronic illnesses, including women with cancer versus women without acute or chronic illnesses.

Aida J. López, DNP, ARNP, FNP-C, is a nurse practitioner in the Center for Hematology-Oncology at the Lynn Cancer Institute of the Boca Raton Community Hospital, and Ruth McCaffrey, DNP, ARNP-BC, FNP, GNP, is the director for the Initiative for Intentional Well Being and an associate professor, both in the Christine E. Lynn College of Nursing at Florida Atlantic University in Boca Raton; and Mary T. Quinn Griffin, PhD, RN, is an assistant professor, and Joyce J. Fitzpatrick, PhD, RN, FAAN, is the Elizabeth Brooks Ford Professor of Nursing, both in the Frances Payne Bolton School of Nursing at Case Western Reserve University in Cleveland, OH. No financial relationships to disclose. Mention of specific products and opinions related to those products do not indicate or imply endorsement by the *Oncology Nursing Forum* or the Oncology Nursing Society. Fitzpatrick can be reached at joyce.fitzpatrick@case.edu, with copy to editor at ONFEditor@ons.org. (Submitted April 2008. Accepted for publication August 23, 2008.)

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