

The Effect of Spiritual Care based on Sound Heart on self-esteem of Children with cancer in Mashhad

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ABSTRACT

Background: Being affected by cancer may change the self-esteem of children, therefore spiritual care as a prominent factor that affect physical and mental health is effective in their adaptation to the diseases.

Aim: To investigate the effect of spiritual care based on sound heart on the self-esteem of children with cancer.

Method: This is an interventional study that was conducted in 2017 on 40 children attending Dr. Sheikh Children's Educational and Medical Center in Mashhad. Sampling was done by simple random method in the intervention and control groups. The intervention group received a training program based on spiritual care focused on the religion of Islam in 5 sessions over four weeks. Data were collected by demographic questionnaire and "Cooper Smith's Self-Esteem Scale", and entered into SPSS/20 software. Independent t-tests, paired t-test and covariance test at the significant level of $p < 0.05$ were used to analyze the data.

Results: The independent t-test did not show a significant difference in the self-esteem of children before and after the intervention in the control group, but in the intervention group, it showed a significant difference in all dimensions of self-esteem ($p < 0.01$).

Conclusion: The results of this study showed that spiritual care increased children's self-esteem. Therefore, subsequent studies are suggested with long-term follow-up to help understand the long-term effects of this type of care on ill children.

Keywords: Spiritual care, Sound heart, Self-esteem, Cancer

INTRODUCTION

Every year in Iran, 100 to 110 thousand people are diagnosed with cancer, of which 3500 are children¹. Although cancer during childhood is uncommon, it is the second leading cause of death in children under 14 years². The main factor in early detection of cancer is the behavior of individuals, which is the focus of interventions to control cancer³. In many cancer patients, chemotherapy is not used as a definitive treatment, but as a way to increase the life expectancy and survival of patient. At the same time, cancer threatens one's independence and ability to play an effective role in the family and society, and lowers self-esteem⁴. Therefore, self-esteem is the core of one's psychological structure that protects him/her against anxiety and provides peace of mind. It also acts as a protective shield against the stress caused by adverse life events⁵. Therefore, the decrease in self-esteem in cancer patients is a predictable and important factor that can lead to reactions such as anxiety, fear and unwillingness to participate in self-care programs⁶. Undoubtedly, one of the important reasons for researchers' attention to the concept of self-esteem is the potential impact that it has on health. Studies that investigated the effect of self-esteem have revealed that impaired self-esteem makes it impossible for people, whether they like it or not, to face challenges of daily lives, and leads to psychological and physical outcomes⁷. A person who has a high sense of self-worth can easily deal with external threats and stressful events without experiencing the disintegration of psychological organization⁸. Also, peace of mind is the most important sign of mental health, which is achieved in the light of other factors. Faith is one of the most important factors affecting peace and mental health⁹. In the Holy Quran, faith is mentioned as the source of peace in the heart. In Surah Al-Fath, we read: "He is the one who entered peace into the believers' hearts in order to add to their faith"¹⁰. It can be

said that remembrance of God is the source of good traits and attributes in humans, including confidence, fear and hope, growing faith, trust, charity, etc. These are the traits that help man in this world and hereafter. Also, in order to enjoy the blessings of God remembrance, one must have a sound heart¹¹. Sound comes from the concept of health. It has a clear meaning, which is; "a heart that is far from any disease and moral deviation". One of the terms in Quran is the "sound heart", which is mentioned in Surah Al-Safat. The most interesting interpretation for the sound heart has been made by Imam Sadegh (AS), as he said; sound heart meets God when no one else lives in it¹². Therefore, in order for the therapist to have a positive and decisive effect on the physical and mental health of patient in the treatment process, they must guide patients to pay attention to spiritual issues (13). By emphasizing the role of self-esteem as one of the components of mental health and since there is a close relationship between mental health and physical health, it is possible to increase the physical health of ill people by promoting their mental health¹⁴. When illness threatens a person's life, the need for spirituality becomes very important to him/her¹⁵. Therefore, it can be said that spiritual care and religious teachings, by creating positive emotions, lead to better performance of physiological organs in the body. This way we can help the sick person, and if the person is healthy, it will maintain his/her health. In fact, the more these teachings are strengthened, the healthier and calmer the person will be¹⁶.

Although it is considered that health care providers, especially physicians and nurses, have the necessary and sufficient capabilities to meet the spiritual needs of their patients and help promote their spiritual health, many of them ignore this dimension of human health for various reasons such as lack of sufficient knowledge, experience, skills, and time to assess the level of patient's spiritual health, and also underestimating this type of care¹⁷. On the other hand, since we live in a country that is based on

Islamic principles and emphasizes on the implementation of religious principles and rules, observing religious principles, providing the necessary conditions for religious practices and meeting the religious needs of patients should be highly considered. But unfortunately, these factors are less considered in hospitals. In addition, considering the relationship between spiritual care and quality of life in patients with chronic diseases such as cancer, providing spiritual care to patients is of great importance. Therefore, this study was conducted to investigate the effect of spiritual care based on sound heart on anxiety and self-esteem of children with cancer.

METHOD

This is an interventional study that was conducted on 40 children aged 8-19 years with cancer who attended Dr. Sheikh Children's Medical Center in Mashhad in 2018. The eligible samples were selected by simple random method. To determine the sample size, the children's files were reviewed and Gpower statistical software as well as Kamari's article (18) were used. Thus, by considering the effect size of 0.97, test power of 80%, significance level of 0.05 and confidence interval of 0.95, 20 individuals were considered in each intervention and control groups. For this purpose, sick children who met all the inclusion criteria were considered as a research sample after giving informed consent. Inclusion criteria include; willing to participate in research, having minimum literacy, being able to speak in Persian, being a Shia Muslim, having ability to communicate properly with the researcher during the initial interview, having physical and mental health to respond to questions and being able to handle the meetings. Also, if any sample stopped participating in spiritual care programs, had frequent absences from meetings, did not want to continue with the research process, suffered from mental disorders such as depression and anxiety after the start of study, died during the study or became discharge before the compilation of study, she/he was excluded from the study.

The required data were collected using a multi-part questionnaire. The first part was related to demographic characteristics and the second part included the Cooper Smith's self-esteem questionnaire. The Cooper Smith Self-Esteem Questionnaire has 58 items, so that general domain has 26 items and family domain, social domain, education domain and lie domain has 8 items each. Each item in this questionnaire receives the score of zero or one, so that the items 14-18-19-21-23-24-28-29-30-32-36-45-57-2-4-5-10 receive the score of one for the answer "yes" and zero for the answer "no". The rest of items are scored reversely, the no answer receives the score of one and yes answer receives the score of zero. The minimum and maximum scores of this questionnaire are 0 and 50, so that higher score indicates higher self-esteem (19). The validity of self-esteem questionnaire has been confirmed in terms of content by ten faculty members of Aliabad Katoul Islamic

Azad University and Golestan and Shahroud Universities of Medical Sciences. Also in the present study, the reliability of this tool was measured by Cronbach's alpha (0.87). The reliability of this questionnaire was also calculated by Shahni Yilagh et al (2008) with two methods of halving (0.73) and Cronbach's alpha (0.91)²⁰.

Demographic and self-esteem questionnaires were completed by patients in both intervention and control groups before the intervention. Before doing so, the researcher gave a brief explanation about the training sessions. The spiritual care treatment was performed by the researcher in 5 sessions lasting for 45-60 minutes each (one session per week; if the training was continued for a long time, other factors might have affected it). In this study, the researcher used the spiritual care training package, which Mrs. Reyhani taught in her research²¹, to educate the patients. At the end of the training sessions, the self-esteem questionnaire was completed again by the intervention and control groups, during which the researcher was present to answer any ambiguity or questions (Table 1).

It was explained to the samples that they can withdraw from the research at any time. The research subjects were also assured that the information obtained from them would be kept confidential. Also, while explaining the objectives of the research, informed written consent was obtained from the samples and they had the right to cancel their participation at any stage of the study. No meeting was held for samples in the control group, and they only received routine hospital education, including a few pamphlets containing brief information about the disease and chemotherapy. In order to observe the ethical principles, after the intervention, training sessions were conducted for the control group. In addition, the study was approved by the Ethics Committee of Islamic Azad University, Shahroud Branch with the ethics code: ID IR.IAU.SHAHROOD.REC.1397.003. It was also registered with the code: IRCT20170512033932N9 in the Iranian clinical trial website. Finally, the obtained data were analyzed by descriptive statistics (mean + standard deviation and frequency) and inferential tests such as independent t-test, analysis of variance, correlation coefficient and regression using SPSS software version 20.

RESULTS

The results showed that in terms of gender, 52.5% of the samples were girls and 47.5% were boys. Other demographic information is given in Table 2.

Mean and standard deviation of self-esteem scores in the intervention and control groups are presented in Table 3. As seen, the mean score of self-esteem in the two groups at the pre-test stage was approximately at the same level. In the post-test stage, the score of self-esteem in the intervention group increased significantly, but no significant change was observed in the self-esteem score of control group (Table 3).

Table 1: Education schedule

Session	Topics of each session	Time of session
Session 1	Introducing members with each other, information about the reasons for forming a group and familiarity with the rules of the group	45-60 min
Session 2	The role of trust and recourse in coping with stress caused by the disease	45-60 min
Session 3	The role of prayer in solving problems	45-60 min
Session 4	Thanksgiving and its effect on reducing negative emotions	45-60 min
Session 5	Steps of patience and training on the value of patience	45-60 min

Table 2: Comparison of the demographic characteristics of children with cancer in the intervention and control groups

Group		Intervention group	Control group	p-value
Demographic				
Age		11.5 ± 2.6	11.65 ± 2.75	P=0.86 F=0.21
Gender	Female	8	13	P=0.1
	Male	12	7	
Birth ranking	1	11	10	P=0.1
	2	5	7	
	3	4	3	
Mother's age		36.75 ± 6.21	37.1 ± 6.26	P=0.9
Father's age		41.11 ± 9.07	41.1 ± 7.21	P=0.27
Father's education	Primary	9	10	P=0.27
	Secondary	5	7	
	Diploma	1	0	
	University	3	5	
Mother's education	Primary	2	3	P=0.37
	Secondary	8	6	
	Diploma	7	7	
	University	4	3	

Table 3: Comparison of the self-esteem of children with cancer in the intervention and control groups before and after the intervention

Group	Before intervention			After intervention		
	Intervention	Control	p-value	Intervention	Control	p-value
General	15.95 ± 4.09	15.1 ± 2.65	P=0.4 F=0.6	20.95 ± 6	15.1 ± 3.12	P<0.01 F=4.14
Familial	5.1 ± 1.16	5.2 ± 1.19	P=0.79 F=0.48	5.6 ± 0.94	4.85 ± 1.2	P=0.03 F=0.9
Social	5.35 ± 1.3	6.1 ± 1.71	P=0.12 F=0.77	6.45 ± 1.12	4.9 ± 1.2	P<0.01 F=0.64
Educational	5.2 ± 1.6	5.6 ± 1.6	P=0.69 F=0.04	7.5 ± 2.16	4.95 ± 2.71	P<0.01 F=0.04
Lying	5.1 ± 1.82	4.8 ± 1.54	P=0.57 F=0.5	6.35 ± 1.2	5.55 ± 2.76	P=0.22 F=3.5
Total	31.18 ± 6.12	32 ± 4.77	P=0.9 F=1.51	40.52 ± 6.59	29.8 ± 4.28	P<0.01 F=2.19

DISCUSSION

Considering the importance of self-esteem, especially for cancer patients, the present study was conducted to determine the effect of spiritual care based on sound heart on the self-esteem of children with cancer. Findings of this study showed that, the level of self-esteem in the intervention and control groups before and after the intervention was significantly different. Therefore, patients whose spiritual health is strengthened can more effectively adapt to their illness and even go through the final stages of illness, so illness can be a window to spiritual awakening and an opportunity for change. Despite the crisis, people with spiritual inclinations are able to find meaning and purpose in life and are more successful in coping with the suffering and illness.

In line with this research, Marashi et al (2015) showed that, there is a significant and positive relationship between both dimensions of spiritual health and self-esteem²². Fathi et al (2014) showed that, the self-forgiveness training program based on Quranic concepts has been effective in increasing the self-esteem of male adolescents²³. Findings of Shariatmadar and Amini (2018) showed that spirituality-based training had a great impact on the

growth of various dimensions of participants' self-esteem (24). Raisi and Faramarzi (2019) showed that self-care education affected the self-esteem components of 10-12 years old children with depression²⁵. In the study of Ramploo et al (2007), psychological interventions significantly increased some aspects of quality of life, including self-esteem²⁶. The results of Zendehtalab and Norouzi study (2014) showed that educational interventions had positive impact on the self-esteem of patients with multiple sclerosis²⁷. Asadi et al (2013) showed that after the implementation of sound heart spiritual care, the level of spiritual experiences in the intervention group was significantly increased compared to the control group at the time of discharge²⁸. Findings of Mirzaei et al (2017) showed the effectiveness of emotional intelligence training on improving self-esteem and its subscales in adolescents with cerebral palsy²⁹. Zendehtalab and Norouzi (2014) showed that educational interventions had positive effect on the self-esteem of patients with multiple sclerosis³⁰. In contrast, the results of a study by Basharpour et al (2014) showed that in happiness and despair, both training methods of cognitive-behavioral coping skills and emotion regulation were equally effective, but the method of emotion regulation had no affect on self-esteem³¹, which is

inconsistent with the results of present study. Explaining the results of this study, it can be said that if we consider self-esteem as one of the variables related to mental health, certainly those who have high spiritual health and inner beliefs, have higher level of self-esteem. In particular, the self-esteem of patients who are one of the most vulnerable sections of society may be threatened because of their illness and the subsequent physical and mental problems, and they may consider themselves useless and worthless. However, if they strengthen their religious beliefs, interpret their disease in the light of meaning of life, establish a strong relationship with God by performing religious practice and gain peace of mind, they can be more resistant to the psychological damage caused by the disease, resulting in less weakness and frustration. Therefore, spirituality along with a sound heart has an important role in accepting the disease.

This study had several limitations, among which were its small sample size, the unwillingness of some patients to continue with the study, and the anxiety caused by attending the sessions in some patients. Since the above limitations may adversely affect the generalizability of the findings and limit the findings, it is suggested that a larger sample size should be used in future research. It is also suggested that subsequent studies should be conducted with long-term follow-up to help understand the long-term effects of this treatment on sick children.

CONCLUSION

According to the findings of this study, there is a significant relationship between the teaching of spiritual care based on sound heart and the self-esteem of children with cancer, so that spiritual care based on sound heart reduces the stress caused by the disease, and increases the self-esteem of children with cancer.

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Conflict of interest: The authors of this article declare that, there is no conflict of interest in the present study.

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