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## The Effects of Spirituality on Well-Being of People With Lung Cancer

Martha Gene Meraviglia, RN, PhD

**Purpose/Objectives:** To examine the effects of spirituality on the sense of well-being of people with lung cancer.

Design: Descriptive, correlational study.

Setting: Urban and rural oncology and radiation centers.

**Sample:** 60 adults ranging from 33–83 years of age. Most participants had non-small cell lung cancer and were female, Caucasian, and older than 50

**Methods:** Participants completed a questionnaire composed of six survey instruments: Life Attitude Profile—Revised, Adapted Prayer Scale, Index of Well-Being, Symptom Distress Scale, a background information sheet, and a cancer characteristics questionnaire. Correlations among study concepts were examined, and multiple regression analysis was used to determine the effects of spirituality.

Main Research Variables: Meaning in life, prayer activities and experiences, symptom distress, and psychological well-being.

**Findings:** Higher meaning in life scores were associated with higher psychological well-being and lower symptom distress scores. Higher prayer scores were associated with higher psychological well-being scores. Regression analysis indicated that meaning in life mediated the relationship between functional status and physical responses to lung cancer and explained 9% of the variance in symptom distress. Prayer mediated the relationship between current physical health and psychological responses and explained 10% of the variance in psychological well-being.

**Conclusions:** Aspects of spirituality, meaning in life, and prayer have positive effects on psychological and physical responses in this group of people with lung cancer.

**Implications for Nursing:** This research provides knowledge about spirituality and sense of well-being to guide the care of people with lung cancer.

he current five-year survival rate for people diagnosed with lung cancer is only 14%. The frequent presence of metastases at the time of diagnosis and the generally poor response rate to conventional treatment make lung cancer the leading cause of cancer deaths in men and women (Thomas, Williams, Cobos, & Turrisi, 2001).

Diagnosis of a life-threatening disease such as lung cancer can cause enormous distress. The threat to life can challenge people's beliefs about their life and sense of well-being. Some people, however, have found that their spirituality provides them with the resources needed to withstand the physical and psychological crises brought on by the diagnosis and subsequent treatment of cancer (Moadel et al., 1999).

## **Background**

Spirituality is an abstract and elusive term defined as an attachment to the values of the spirit. The human spirit is described as the immaterial aspect of a person that never dies

## **Key Points...**

- ➤ Spirituality has a positive effect on physical and psychological well-being in people with lung cancer.
- Higher levels of meaning in life are associated with higher psychological well-being and lower symptom distress.
- Higher prayer scores are related to higher psychological wellbeing.
- Meaning in life and prayer lessen the impact of lung cancer on well-being.

(Merriam-Webster Dictionary, 2003). The vast majority of published writings about spirituality focus on the theoretical aspects of the term. Most agree that spirituality is an ongoing, dynamic process that reflects and expresses the human spirit. Previous concept analyses of spirituality provide more detailed discussions (Meraviglia, 1999; Tanyi, 2002).

Spirituality in the nursing literature is discussed from numerous perspectives. Highfield (1992) described spirituality as the essence of human beings that transcends the immediate awareness of the self. Stoll (1989) described spirituality as a person's sense of being that gives life. Several authors incorporated a personal relationship with God in their discussion of the spiritual dimension (Emblen, 1992; Halstead & Mickley, 1997; Martsolf & Mickley, 1998), whereas others focused on the psychological perspective with a primary emphasis on the self and the capacity for healing and self-evolution (Barnum, 1996; Malinski, 2002). A review of oncology nursing literature demonstrated that spirituality was examined frequently in people with cancer either as the main focus of the study or as a theme that emerged in qualitative studies (Flannelly, Flannelly, & Weaver, 2002). Taylor (2001) concluded that spirituality must be considered within a cultural context because previous research has demonstrated differences among ethic groups.

Researchers have attempted to measure spirituality in its totality by operationalizing concepts such as spiritual wellbeing, spiritual perspective, spiritual health, and quality of

Martha Gene Meraviglia, RN, PhD, is an assistant professor of clinical nursing in the School of Nursing at the University of Texas at Austin. This study was partially funded by Sigma Theta Tau's Epsilon Theta Chapter and an ONS Foundation research grant from Aventis. (Submitted June 2002. Accepted for publication March 7, 2003.)

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