

# The Effects of Spiritual Interventions in Patients With Cancer: A Meta-Analysis

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**A**lthough cancer survival has improved with technological advancements in diagnosis and treatment for cancer, a cancer diagnosis is still regarded as a life-threatening and stressful event. In addition to the physical burden of cancer, psychological distress such as anxiety, depression, and spiritual crisis have been linked with decreased quality of life (QOL) and, possibly, reduced survival (Carlson, Waller, & Mitchell, 2012; Satin, Linden, & Phillips, 2009). Therefore, maintaining psychological well-being is an important issue within the cancer population.

Spirituality is increasingly recognized as an essential component of health and well-being (Aukst-Margetić, Jakovljević, Margetić, Biscan, & Samija, 2005; Lin & Bauer-Wu, 2003; McClain, Rosenfeld, & Breitbart, 2003; Yanez et al., 2009). Spiritual or religious beliefs may help a person cope by offering a way to grieve impending death, find meaning and purpose, and adjust to otherwise insoluble problems such as the effect his or her death will have on friends and family (McClain et al., 2003; Tarakeshwar et al., 2006), all facilitating renewed hope and peace of mind. Spirituality remains difficult to precisely define, but most agree (Peteet & Balboni, 2013) that it refers to a connection with a larger reality that gives one's life meaning, experienced through a religious tradition or, increasingly in secular Western culture, through meditation, nature, or art (Van Ness, 1996). Therefore, spirituality may or may not be related to religion, whereas religion is regarded as a specific form of spirituality (van Leeuwen, Schep-Akkerman, & van Laarhoven, 2013).

Spiritual concerns are prevalent among patients with cancer, and one study suggested that 78% of patients reported that spirituality was important to coping with the cancer experience (Peteet & Balboni, 2013). Research has shown that spirituality (or spiritual well-being) is related to better QOL (Frost et al., 2012; Krupski et al., 2006; Zavala, Maliski, Kwan, Fink, & Litwin, 2009), lower anxiety and depression (Gaston-Johansson,

**Purpose/Objectives:** To evaluate the effects of a spiritual intervention in patients with cancer.

**Data Sources:** Databases searched included both international electronic databases (MEDLINE® via PubMed, Cochrane Library CENTRAL, EMBASE, and CINAHL®) as well as Korean electronic databases (KMBASE, KOREAMED, RISS, KISS, and NANET) through December 2013.

**Data Synthesis:** A meta-analysis was conducted of 15 studies involving 14 controlled trials (7 randomized and 7 nonrandomized) with 889 patients with cancer. Spiritual interventions were compared with a usual care control group or other psychosocial interventions. The weighted average effect size across studies was  $-0.48$  ( $p = 0.006$ ,  $I^2 = 65%$ ) for spiritual well-being,  $-0.58$  ( $p = 0.02$ ,  $I^2 = 70%$ ) for meaning of life,  $-0.87$  ( $p = 0.02$ ,  $I^2 = 87%$ ) for anxiety, and  $-0.62$  ( $p = 0.001$ ,  $I^2 = 73%$ ) for depression.

**Conclusions:** The findings showed that spiritual interventions had significant but moderate effects on spiritual well-being, meaning of life, and depression. However, the evidence remains weak because of the mixed study design and substantial heterogeneity.

**Implications for Nursing:** Oncology nurses increasingly recognize the significance of the spiritual domain of care. The current study indicates that facilitating spiritual awareness and needs may be a worthwhile nursing intervention for patients with cancer.

**Key Words:** anxiety; cancer; depression; meta-analysis; spirituality

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Haisfield-Wolfe, Reddick, Goldstein, & Lawal, 2013; Johnson et al., 2011; Kinney, Coxworth, Simonson, & Fanning, 2009; Rawdin, Evans, & Rabow, 2013), and better adjustment to cancer (Li, Rew, & Hwang, 2012; Pearce, Coan, Herndon, Koenig, & Abernethy, 2012).

Although spiritual care may protect against psychological morbidity and enhance QOL, implementing spiritual care in practice is fraught with difficulties and considered a much-neglected area of practice (Highfield, 2000; Noble & Jones, 2010). To facilitate spiritual