RESEARCH ARTICLE

SPIRITUALITY, HOPE AND WISDOM IN CANCER PATIENTS

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Manuscript Info	*Abstract*
……………………. 	…………………………………………………………… Cancer can start almost anywhere in the human body, which is made up of trillions of cells. Normally, human cells grow and multiply (through a process called cell division) to form new cells as the body needs them. When cells grow old or become damaged, they die, and new cells take their place. Sometimes this orderly process breaks down, and abnormal or damaged cells grow and multiply when they shouldn't. These cells may form tumors, which are lumps of tissue. Tumors can be cancerous or not cancerous (benign). Cancerous tumors spread into, or invade, nearby tissues and can travel to distant places in the body to form new tumors (a process called metastasis). Cancerous tumors may also be called malignant tumors.

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Introduction:-

Cancer is a disease in which some of the body's cells grow uncontrollably and spread to other parts of the body. Cancer can start almost anywhere in the human body, which is made up of trillions of cells. Normally, human cells grow and multiply (through a process called cell division) to form new cells as the body needs them. When cells grow old or become damaged, they die, and new cells take their place. Sometimes this orderly process breaks down, and abnormal or damaged cells grow and multiply when they shouldn't. These cells may form tumors, which are lumps of tissue. Tumors can be cancerous or not cancerous (benign). Cancerous tumors spread into, or invade, nearby tissues and can travel to distant places in the body to form new tumors (a process called metastasis).[1] Cancerous tumors may also be called malignant tumors. Many cancers form solid tumors, but cancers of the blood, such as leukemias, generally do not. Benign tumors do not spread into, or invade, nearby tissues. When removed, benign tumors usually don't grow back, whereas cancerous tumors sometimes do. Benign tumors can sometimes be quite large, however. Some can cause serious symptoms or be life threatening, such as benign tumors in the brain.

Spirituality in cancer patients may cause lower level of depression, anxiety, distress, uncertainty, panic, hopelessness and tendencies towards suicide and thereby play an important role in improving mental health of the cancer patients (Breitbart, 2002).[2] Spirituality confer the way to help, hope and gratitude to the cancer patients (Greenstein & Breitbart, 2000) and strength their belief to cope and recover from their illness quickly (Ferrell et al., 1998). Similarly, patients with low level of spirituality were more in the arena of hopelessness and have experienced comparatively higher fear of death (Chochinov & Breitbart, 2009).[3]

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Method:-
Aim and Objective:-
To study gender difference in spirituality , wisdom and hope .
To relationship between spirituality and hope , wisdom and hope , wisdom and spirituality

Hypothesis:
H1 In a sample of oncology patients, spiritual experiences are indirectly related to wisdom through hope.
H2 In a sample of oncology patients, meaning in life mediated the relationship between hope and wisdom .

Design:
This is a qualitative study guided existential phenomenology approach, which focuses on the individuals' lifeworld. Accordingly, it is possible to comprehend individuals' perceptive experiences by conducting phenomenological interviews. In the analysis of the qualitative data, we sought to identify patterns of common experiences shared by the participants using different scales adult hope scale , spiritual intelligence scale , and wisdom affecting scale with phenomenological analysis method.

Variables:
Independent Variable:
cancer patients

Dependent Variables:
spirituality , hope and wisdom

Sample And It's Selection
The initial number of patients consisted of 100 patients from settings treated for cancer at Cancer Centre. Only one criterion of admission was used recoverable stage of cancer. Among 100 patients, 15 were too sick to participate, 26 declined to participate, and 9 patients did not completely fill the questionnaires, resulting in the research remained 50 patients. Snowball sampling(a non-probability sampling, where it is hard to find or race back the subjects) was used for data collection.

Results:-
In order to understand, analyse and check for our hypothesis, it was done on the following basis:

Independent Variable:
Cancer Patients

Dependent Variables:
Spirituality , Hope And Wisdom

Demographics variables are presented in Table1, descriptive statistics in Table 2, and values of fit models indicators in Table 3. The model of relationships between variables consistent with the research hypotheses is shown in Scheme 1.

Table 1:- Demographics variables ($n = 50$).

		Classification	Percentage or mean
Gender		Men	8.5%
		Women	91.5%
Age			55.16 years
Diagnosis		Lung cancer	8.5%
		Breast cancer	91.5%
Education		Primary education	16%
		Occupational education	8%
		High school education	44%

		University education	32%
Duration of disease			2.12 years

Table 2:- Descriptive statistics (**n** = 50).

	SIS	WAS	AHS
Mean	63.52	106.36	37.50
Standard deviation	20.49	20.68	8.14
Skewness	−0.64	−1.02	−0.63
Kurtosis	−0.40	0.46	0.38
Minimum	19	51	23
Maximum	96	138	48
Reliability	0.97	0.93	0.91

Table 3:- Fit indicators fot testing models (**n** = 50).

Number of models	CMIN/DF	RMSEA		CFI	GFI
Model 1	.496 (**p** = 0.796)	[0.000, 90% (0,000; 0.233)]		1	0.97
Model 2	.555 (**p** = 0.519)	[0.000, 90% (0,000; 0.256)]		1	0.98

Model 1 Spiritual experiences are related to hope, which is indirectly related to wisdom through meaning in life.

Model 2 Spiritual experiences are related to hope, which mediates the relationship between meaning in life and wisdom.

Scheme 1
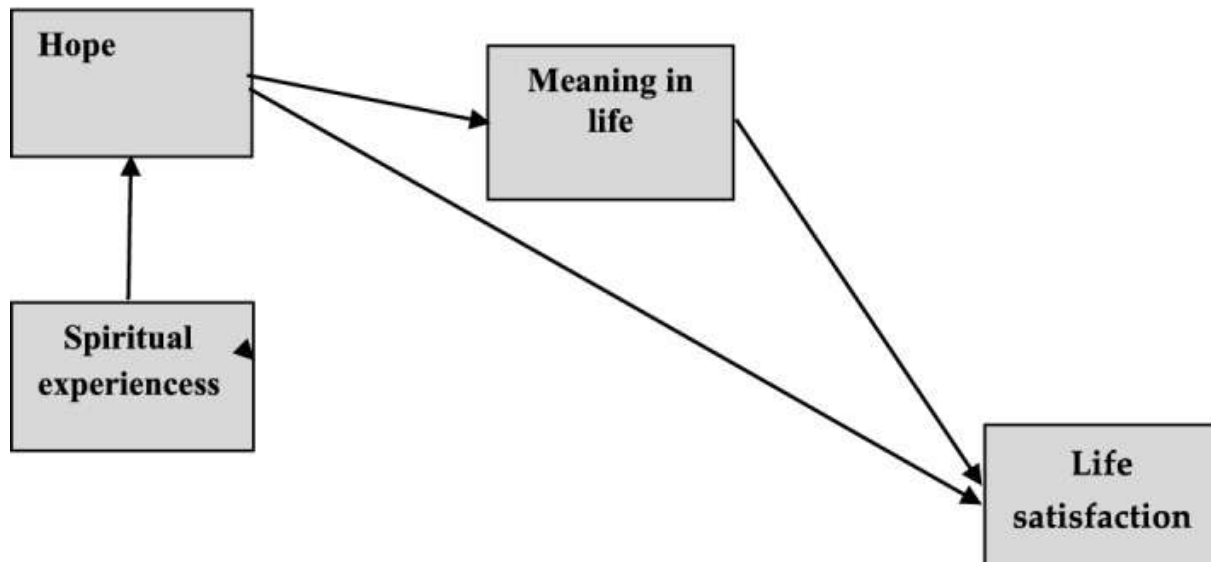
Model of relationships between variables consistent with the research hypotheses

To verify if meaning in life moderates the relationship between hope and life satisfaction Process macro in SPSS was applied (Hayes, 2018).

There were no statistically significant moderating effect of meaning in life in the relationship between hope and life satisfaction (CI 95% [LL =—0.0034; UL = 0.0035], moderating effect = 0.001, **t** = 0.049; **p** = 0.961). This meant that meaning in life is not a moderator in the relationship between hope and life satisfaction (Scheme 2).

Scheme 2
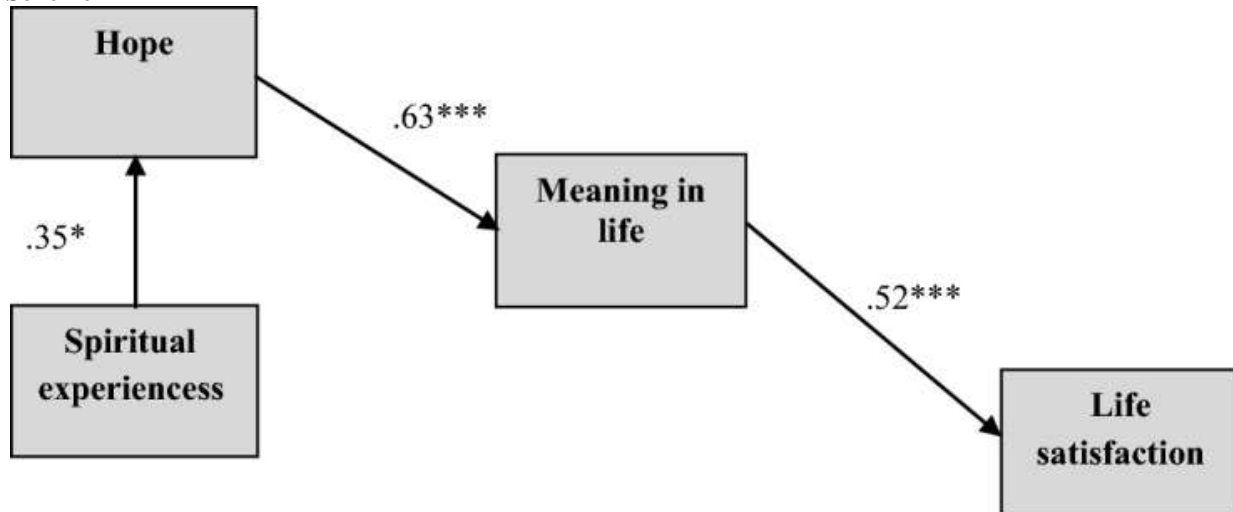
Final model best fitted to data. **Note**. The standardized regression coefficients are presented. *p < .05, **p < .01, ***p < .001.

In models 1 and 2, the RMSEA indicator value was below the acceptable level of 0.06, the CFI value was higher than the required 0.95 (Hu & Bentler, 1999), and GFI was higher than treated as a minimum 0.9 (Byrne, 1994) (see Table3)). This meant that they were well-fitted to the data (see Table3,), but there one exception. In model 2, direct path between hope and life satisfaction was not statistically significant (CI 95% [LL = -0.123; UL = 0.524], beta = 0.218, **p** = 0.187). In model 1 presented on Scheme Scheme11 spiritual experiences predicted hope (CI 95% [LL = 0.065; UL = 0.589], beta = 0.351, **p** ≤ 0.05), and hope predicted meaning in life (CI 95% [LL = 0.391; UL = 0.778], beta = 0.634, **p** ≤ 0.01). Additionally, meaning in life was directly related to life satisfaction (CI 95% [LL = 0.277; UL = 0.707] beta = 0.528, **p** ≤ 0.01). In this model, spiritual experiences were indirectly related to life satisfaction through the pathway hope-meaning in life (CI 95% [LL = 0.027; UL = 0.256], indirect effect = 0.117 **p** ≤ 0.05), as well as hope was indirectly related to life satisfaction through meaning in life (CI 95% [LL = 0.146; UL = 0.516], indirect effect = 0.334, **p** ≤ 0.01). Additionally spiritual experiences were indirectly related to meaning in life through hope (CI 95% [LL = 0.043; UL = 0.496], indirect effect = 0.222, **p** ≤ 0.05).

Discussion:-
The study's main purpose was to examine spiritual and existential mechanisms underlying wisdom in oncology patients suffering from cancer. Additionally tested the relationship between hope and meaning in life in explaining wisdom among members of this group.

Contrary to Wnuk's (2021c), Feldman and Snyder's (2005) studies did not find the moderating effect of meaning in life in the relationship between hope and life satisfaction.[4]

The hypothesis regarding the indirect relationship between spiritual experiences and life satisfaction through hope was only partially confirmed. According to previous studies conducted on Polish samples, spiritual experiences correlated positively with hope (Wnuk, 2021c; Wnuk & Marcinkowski, 2014), but inconsistently with assumptions hope was not directly related to life satisfaction, only indirectly through finding meaning. These differences can be explained by the fact that in one of these studies relationship between hope and meaning in life in explaining life satisfaction and affectivity was not explored (Wnuk & Marcinkowski, 2014). Only separate indirect pathways between spiritual experiences and well-being indicators through hope or meaning in life were tested. In the second study, the relationship between hope and feeling of hopelessness depended on the level of meaning in life and was not significant in a group of participants with a higher than average level of meaning in life and negative in the groups of participants with average and less than average level of meaning in life (Wnuk, 2021c).[5]

Conclusion:-

It demonstrated that spiritual interventions may improve spiritual well-being and quality of life, and reduce degree of depression, anxiety, and hopelessness for patients with cancer. The results have substantial clinical significance because they are highly relevant to the daily work of doctors and nurses. However, because most of the scales used to measure the outcomes had strong subjectivity, the methodological quality of some of the included studies was not very high. We should thus interpret these results with caution, and more comprehensive research is needed.

Informed Consent:
Written informed consent was taken from patients .

Ethical Approval:
Ethical committee approval was taken from the Institutional Committee Of Ethics

Source Of Funding-
Funding source was self

Conflict Of Interest–
there was no conflict of interest

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