

Original Article

Assessing the effect of two praying methods on the life quality of patients suffering from cancer hospitalized at Seyedo Shohada medical center of Isfahan University of Medical Sciences

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Abstract

BACKGROUND: Life quality and its promotional strategies among patients with acute and debilitating diseases, especially cancer, have been considered from a long time ago by medical and nursing societies. One of the methods to promote the patient's life quality is spiritual care which can be in form of prayer. The results of the studies done about the choice of the best praying method for the patients involves a lot of challenges. Thus, the researchers decided to examine the effect of two individual and choral praying methods on the life quality of the cancer-stricken patients.

METHODS: The present study was conducted in two-staged clinical trial using pre-post test administration in which the researcher examined the effect of two individual and choral praying methods on the life quality of 70 cancer-stricken patients. Data collection to assess the life quality was performed by World Health Organization Brief Life Quality Questionnaire.

RESULTS: The current research showed that the life quality score was increased in the individual-choral group after the intervention. Also, comparing the average life quality score in the two groups of individual and choral praying revealed a significant difference in which the quality of life had improved more in the choral praying group than in the individual praying group.

CONCLUSIONS: The findings of the present study indicated the positive effect of praying and supplication on the life quality of cancer-stricken patients. Generally, choral praying has a better effect on the life quality of cancer-stricken patients compared with praying individually. More studies with a larger sample size are suggested in order to verify the effect of praying on the life quality of cancer-stricken patients.

KEY WORDS: Cancer, nursing, life quality, individual praying, choral praying.

IJNMR 2010; 15(Special Issue): 296-301

Cancer is a malignant disease which affects on all aspects of life of the individual and special attention is required to the issue of life quality in cancer-stricken patients.¹ Discussing the issue of life quality is important not only at the time of getting the disease but also during the treatment. Nowadays, surviving percentage is not important and individuals require a high quality life. Nurses have

an important and more effective role in examining and promoting the life quality of cancer-stricken patients due to longer and more direct contact with the patients. Studies show that the nursing interventions among the patients suffering from cancer significantly is led to a decrease in the side effects resulting from treatment and also promoted their life quality.² Since spirituality is one of the aspects of life quality,

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This article was derived from MSc thesis in the Isfahan University of Medical Sciences.

so the spiritual dimension must be considered throughout examining the patients' life quality. Spiritual caring is an inseparable part of nursing care and it is the nurse who assists the patients with devotion and humbleness and supports them physically, mentally and spiritually. Spirituality, faith, religion and the way that affect on the daily life, health and disease are important concepts for nurses so that they can appreciate the proper time for taking care of the patient.³ Regarding the spirituality issue, prayer and supplication are notice worthy as one kind of spiritual intervention. God says in Quran: "Call upon me and I will answer you" (Quran, The Forgiver, verse 60). "And when my servants question thee concerning Me; I am near to answer the call of the caller when he calls to Me" (Quran, The Cow, verse, 186).⁴ One of the best prayer-therapy methods is praying in choral manner, so that individuals gather in a group and supplicate for each others' health and problems.⁵ Townsend et al (2002) in his systemic review on some of the clinical trial researches in the field of intercessory prayer's effects on health, claimed that 94% of Americans believe in God and 95% of these individuals regularly say their prayer .⁶ With regard to the changes that come up following the development of the disease and the treatment procedure in different aspects of life quality among cancer-stricken patients and also the results obtained through different studies about these patients' life quality both in Iran and other countries and finally by the presence of a lot of emphasis on the life quality issue on cancer-stricken patients in published papers, it seems that one of the biggest challenges of nurses who take care of the cancer-stricken patients is gaining information about the life quality among these patients and finding ways to promote-- it. Propensity toward prayer and supplication among cancer-stricken patients is felt more due to special conditions of the disease and feelings of proximate death. On the basis of the available evidence, there is a growing propensity among patients toward saying prayers and supplication in their beds and reading supplication books or requesting the nurse or the accompanying person to recite

prayer. Some of the patients also tend to attend prayer and mourning sessions or go to a holy shrine. The researcher has felt the necessity of having any kind of spiritual caring for these patients like supplication or prayer besides being aware of their physical, spiritual and psychological requirements and decided to choose and introduce the appropriate method by holding supplication and prayer sessions individually and chorally for cancer-stricken patients and comparing the effect of these two methods on these patients' life quality.

Methods

The present study was conducted in a two-staged clinical trial using a pre-post test administration. The research sample were consisted of all the patients suffering from cancer who were hospitalized in the men/women sections and special units and surgery section of Seyedo Shohada Medical Center of Isfahan University of Medical Sciences and had the inclusion criteria of research. The sampling used in this research was the easy type and the grouping of the samples into two groups of experiment and control groups. The samples that had inclusion criteria were assigned randomly to two experiment groups by using the odd and even numbers under the titles of the individual supplication group and the choral supplication group. The inclusion criteria for the research included: 1) the research samples must be selected from among the mature patients suffering from cancer (18 to 55 years old), 2) the research samples must have no recorded psychological problem in their file except the present disease, 3) the research sample must be Shiite and Iranian nationality, 4) the research samples must have reading and writing literacy in order to recite the supplications book while listening to its sound and fill out the questionnaires, 5) the research samples must be willing to participate in the study, 6) the research samples must have the first and second stages of the disease, 7) the research samples must have awareness about the present conditions and type of their disease and 8) the research samples must not have stress or crisis according to Holmes and Raheh.

In this research, the samples who were not willing to participate, had more than one absence from individual and choral supplication sessions or were released before the 5-day intervention course were all omitted from the study. The sample size was identified by using a formula with a confidence coefficient of 95% and a power coefficient of 80% and 70 samples were randomly selected and assigned into two intervention groups of 35 each. Data collection was done by using two questionnaires. The first questionnaire consisted of the patients' demographic data and the Holmes and Raheh's assessment criterion of stress and crisis. The section about the demographic data of patients included questions about age, gender, marital status, educational level, cancer type and type of treatment. The Holmes and Raheh criterion also consisted of 41 questions about 41 stress-inducing situations in identifying the individual's life changes throughout the last year which is an identifier of individuals' stress score and must not exceed from 150. The second questionnaire was the WHO's Brief Standard Assessment Means of Life Quality which consisted of 26 questions and the scoring for each question is done on the basis of the 1-to-5 criterion. Before doing the intervention, the patients filled out the 3 questionnaires in their own beds. If the individual's stress score is less than 150 according to Holmes and Raheh Criterion, the individual was permitted to fill out the Life Quality Questionnaire. Conducting the intended intervention in both individual and choral supplication groups was done within 5 consecutive days, each day once for about one hour before the sunset, by this difference that intervention was done at bed site by using the supplication cassette with a spiritual sound, walkman and headphone and the supplication book, "Communicating with God", in the individual supplication group but it was done by the presence of a clergy at the prayer house of Seyedo Shohada Medical Center among the research samples and the supplication book, "Communicating with God", was used to recite simultaneously with the clergy. In these two supplication methods, the Tavassol Supplication, Al Yasin Pil-

grimage manual and Imam Ali's Prayer were used. After the end of 6 days of intervention in both individual and choral groups, the research samples were requested to immediately fill out the Life Quality Questionnaire again after finishing of the intervention. Data analysis was done by using the SPSS software, version 16 and using the chi-square, paired t-test, and independent t-test; and the score average of quality of life (QOL) in both individual and choral supplication groups was separately identified and compared. Also, the life quality score difference average was compared between the two groups.

Results

With regard to the samples' individual characteristics, there were 35 individual in each group among whom, there were 22 women and 13 men. The age average of the research units was 36.69 years in the individual supplication group and 35.35 years in the choral supplication group. The highest percentage of research units in the individual supplication group (80%) and the choral supplication group (85.7%) were married. By virtue of educational level, the highest percentage of samples in the individual supplication group (48.6%) and in the choral supplication group (42.9%) had upper-diploma education. All the samples in the choral supplication group and 91.4% in the individual supplication group were under chemotherapy. A high percentage of the samples were suffering from blood cancer in both individual supplication group (40%) and the choral group (22.9%). The results of the statistical tests showed that there was no significant difference between two groups with regard to age, gender, marital status, educational level, treatment type and cancer type. In addition, comparing the mean of stress between two individual and choral supplication groups showed that there is no significant difference between two groups regarding the amount of stress and confrontation with stress-inducing events ($P=0.83$). By virtue of the research objectives, the mean and standard deviation before intervention were 0.68 and 2.83 and after the intervention, they were 0.64 and

3.01 in the individual supplication group. The results of the t-test show that there is a significant difference between the means before intervention and after the intervention ($P=0.001$). The above results approve the positive effect of prayer on the life quality in the individual supplication group. In the choral supplication group, the mean and the standard deviation before the intervention were 0.57 and 3.04 and after the intervention, they were 0.44 and 3.28. The results of the Paired t-test show that there is a significant difference between the means before the intervention and after the intervention ($P=0.001$) which approves of the positive effect of prayer on the life quality in the choral supplication group. The identification and comparison of the mean life quality score of cancer-stricken patients between two groups of individual and choral supplication before intervention showed that there is no significant difference between the means before the intervention and after the intervention ($P=0.14$). The comparison of the score difference of the mean life quality in both individual and choral groups revealed a significant difference ($P=0.038$). The mean of the total score difference of the life quality in the individual supplication group was 0.16 (0.32) and in the choral supplication group, it was 0.23 (0.15). The results of the independent t-test showed that the mean score difference of life quality in the choral supplication group was significantly higher than in the individual supplication group and choral supplication indicated higher effectiveness on the life quality of cancer-stricken patients in the choral supplication group compared with the individual supplication group.

Discussion

The findings of the present study indicated the positive effect of prayer and supplication on the life quality of the patients suffering from cancer. Generally, choral supplication showed a better effect on the life quality of cancer-suffering patients compared with individual supplication. Although this research was quite a modern method in comparing the effects of two individual and choral supplication manners and did not

have any similar counterpart research done yet, a great deal of studies have been done both in Iran and abroad which indicate the positive effect of prayer on promoting the life quality of the patients with malignant diseases, especially those who suffer from cancer. Matthews's research (2000) aiming to study the effect of intercessory prayer (i.e. the prayer that the individual recites in order to heal or do an intercessory action at the time of sickness), both from a near distance by the patient himself/herself or by another person on behalf of the patient, on patients suffering from rheumatoid arthritis showed that conducting the intercessory prayer individually is more effective.⁷ Danckle et al (1998) found out through their research that praying in a private manner by the patient himself/herself is more effective in the recovery of the elderly patients who had done an open-surgery on the heart and also its rate of effect has been more than in others' prayers.⁸ Moschella (2004) concluded in his research on patients who had been diagnosed with breast, lung and blood cancers that religious beliefs act as a source of power and solace for the patient throughout making adjustment with the disease. It was found in his research that faith and belief from the bottom of the heart among the cancer-suffering patients have increased and these patients have allocated longer times to prayer and supplication and they have also attended the religious ceremonies and churches more than others and said their prayers while being with others.⁹ In a descriptive study aiming to assess the effect of prayer as a supplementary treatment alongside chemotherapy for women with returning ovarian cancer and also its effect on these patients' temperament, spiritual condition and life quality, Johnson et al (2009) found out that disturbances in the physical, functional, emotional, spiritual and social conditions of patients following acute diseases like cancer lead to disturbance and deficiency in the life quality of these patients; however, by centralizing meditation and prayer alongside doing chemotherapy on patients and improving and promoting all of their spiritual and psychological factors, their life quality can be

improved.¹⁰ In another study, aiming to assess the affect of prayer-therapy on the amount of ferritin and hemoglobin in patients suffering from thalassemia, Maftoon et al (2009) concluded that the average of hemoglobin in patients suffering from thalassemia after the intervention of prayer and supplication had increased and the amount of ferritin had been decreased and in four cases, the time intervals for receiving blood had been increased approximately to two times more than before.¹¹ Through a study aiming to identify the effect of prayer on the spiritual health of the patients suffering from cancer, Seyed Fathemi et al. (2007), concluded that the average spiritual health total score of the patients (14.36) was 98.35 and most patients were in the upper limit of the classification of spiritual health. The findings also show that the attitude toward prayer is positive and acceptable in 52.2% of the patients. The findings have shown a significant relationship between prayer and patients' spiritual health ($P < 0.001$).¹² Through a comparative assessment of two groups of patients suffering from cancer at the last stage of the disease Idler and Kasl (1997) found that the patients' life quality was better in the group who attended the church for praying and said their prayers alongside with others than in the group in which another person prayed for the patient alone.¹³

The results of these studies in the realm of medical sciences present useful and valuable

information by virtue of using the non-medical methods like prayer and prayer therapy. Encouraging and arousing the treatment-hygienic personnel to believe in and accept this point that the beliefs originating from spiritual matters have a special importance for most of the aid seekers, can affect on the behaviors related to their sides.¹⁴ With regard to an increase in the prevalence of cancer and the importance of the effect of this disease on all dimensions of individual's life suffering from it and also considering this point that the patients who are receiving chemotherapy face with numerous problems and little attention is being paid to the concept of life quality and its related factors among the patient who suffer from cancer, knowing these factors helps the treatment-hygienic personnel in the society to organize their activities in line with promoting the level of health and improving the quality of life. Nurses, who have a close contact with these patients, can assess the effect of cancer and its characteristics on the life quality and make a progress toward balancing these problems by identifying these factors.¹⁵ At the end, we express our utmost gratitude and appreciation toward all the individuals who have cooperated in completing this research.

The authors declare no conflict of interest in this study.

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