

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF NURSING AND MIDWIFERY

**SPIRITUALITY WELLBEING AND ASSOCIATED
FACTORS AMONG CANCER PATIENTS IN TIKUR
ANBESSA SPECIALIZED HOSPITAL, ADDIS ABABA,
ETHIOPIA.**

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**A RESEARCH THESIS SUBMITTED TO THE SCHOOL
OF GRADUATE STUDIES OF ADDIS ABABA
UNIVERSITY, COLLEGE OF HEALTH SCIENCES,
SCHOOL OF NURSING AND MIDWIFERY IN PARTIAL
FULFILMENT OF THE REQUIREMENTS FOR THE
MASTER OF SCIENCE IN CLINICAL ONCOLOGY
NURSING**

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ADDIS ABABA, ETHIOPIA

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COLLEGE OF HEALTH SCIENCES
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ACRONYMS AND ABBREVIATIONS

AOR	Adjusted Odd Ratio
AYA	Adolescent and young adult
CI	Confidence Interval
FACIT-SP Being	Functional Assessment of Chronic Illness Therapy-Spiritual Well-
HPV	Human papillomavirus
QoL	Quality of Life
R/S	Religion and Spirituality
SPSS	Spss statistical package for social sciences
SpN-Qu	Spiritual need questionnaire
SWB	Spiritual Well Being
TASH	Tikur Anebessa Specialized Hospital
TNM	Tumor, Node, Metastasis
USA	United States of America
WHO	World Health Organization

CONTENTS

APPROVAL SHEET	III
ACKNOWLEDGMENT	IV
ACRONYMS AND ABBREVIATIONS	V
LIST OF TABLES	IX
LIST OF FIGURES	X
ABSTRACT	XI
1. INTRODUCTION	1
1.1. Background	1
1.2. Statement of the problem	2
2. LITERATURE REVIEW	3
2.1 spirituality in cancer patients	3
2.2 factors associated with spirituality in cancer patients	4
2.3 Purpose of the study	6
Justification	6
2.3. Conceptual framework	7
3. OBJECTIVE	8
3.1. General objective	8
3.2. Specific objective	8
3.3. Research question	8
4. METHODS	9
4.1. Study area and period	9
4.3. Description Populations	9

4.3.1. Source population	9
4.3.2. Study population	9
4.4. Inclusion and exclusion criteria	9
4.4.1. Inclusion criteria:	9
4.4.2. Exclusion criteria	10
4.5. Sample size determination	10
4.6. Sampling technique and Sampling procedure	10
4.7. Variables	11
4.7.1 Dependent Variables	11
4.7.2 Independent	11
4.7.3. Operational definition	11
4.8. Data collection tool and procedure	12
4.8.1. Data collection procedure	12
4.8.2 Data collection tool	12
4.8.3 Data quality assurance	12
4.9. Data analysis	13
4.10. Ethical consideration	13
4.11. Plan for Dissemination of Results	14
5. RESULT	15
5.1. Socio-demographic and clinical characteristics of cancer patients	15
5.2. Types of cancer of among cancer patients	18
5.3. Spirituality wellbeing level	19
Factors associated with spirituality wellbeing cancer patients	20
6.1. Strength and limitation of the study	24

6.1.1 Strength of the study	24
6.1.2. Limitation of the study	24
7.CONCLUSION AND RECOMMENDATION	24
7.1. Conclusion and recommendation	24
8. REFERENCE	25
9.ANNEX	29
ANNEX I. Information sheet (English Version)	29
9. Annex III. Consent form (English Version)	30
9. ANNEX V. QUESTIONNAIRE (English Version)	30
ANNEX VI. THE FACIT-SP QUESTIONNAIRE	33
ANNEX IV.	35
Annex VII	38

LIST OF TABLES

Table 1. Socio-demographic characteristics of spirituality and associated factor among cancer patients in Addis Ababa, Ethiopia, 2021 (N=385)

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Table 2: Multiple logistic regression factors associated with spirituality among cancer patients in Addis Ababa, Ethiopia, 2021 (N=385)..... 21

LIST OF FIGURES

Figure 1: Conceptual framework. For assessment of spirituality and associated factors among cancer patients in Addis Ababa, Ethiopia.....	7
Figure 2: Types of cancer of spirituality and associated factor among cancer patients in Addis Ababa, Ethiopia, 2021 (n=385)	18
Figure 3: Spiritual wellbeing of spirituality and associated factor among cancer patients in Addis Ababa, Ethiopia, 2021 (n=385).....	19

ABSTRACT

Background even though worldwide studies explored the spiritual and religious practice can help the effect patients fine-tune the effect of cancer, little is known about spirituality wellbeing in Ethiopia, therefore this study is important to assess the spirituality and associated factor among cancer patients in Addis Ababa, Ethiopia.

Objective: To assess the spirituality wellbeing and associated factors among cancer patients in Tikur Anbessa specialized hospital, Addis Ababa, Ethiopia.

Methods: Institution-based cross-sectional study was conducted among cancer patients attending Tikur Anbessa specialized hospital (TASH) with oncology units in Addis Ababa from January 8 to March 8, 2021. The total sample size was 385 participants selected by the simple random sampling method. Data were entered into Epi-data version 4.6 and exported to SPSS version 25 and were checked none response rate of 10%, the actual sample size for missing values. Data were cleaned. Descriptive statistics such as frequency and percentages were done to describe and displayed in tables, graphs, and charts. Bivariate and multivariate analysis was carried out to see the association between independent and the outcome variable. Significant factors were identified based on R-square include in 95% confidence level at P-value less than 0.05.

Result: 422 cancer patients were included in the study. Which gave response rate was 385 (91.3%), seventy six (19.74%) participants had good spirituality well-being, 207(53.8%) participant were female, factor Sex of respondents (AOR=1.12 (CI=1.08,1.17)religioneducation(AOR=2.01(95%CI=1.12,2.92),educationstatus(AOR=4.03 (93% CI= 1.73,9.35) and comorbidity (AOR=1.32 (95% CI=1.08,2.65) significantly associated with spirituality well-being of cancer patients with p-value less than 0.05.

Conclusion: In this study factor that was the sex of respondents, the educational status of respondents, those respondents having comorbidity, and respondents having religious education were significant associated with spiritual wellbeing.

Recommendation: to maintain spiritual wellbeing focuses on religious education and focus on the prevention of chronic disease to tackle the comorbidity disease that increases the level of attitude cancer and improves their quality of life.

Keyword: Cancer, Factors, Spirituality, Addis Ababa, Ethiopia

1. INTRODUCTION

1.1. Background

Spirituality is an intellect of connection to something bigger than us. It is a universal human experience that touches almost all individuals in the world. (1). Spirituality is specific to the person, self-defined, and deals with how that individual interacts with and experiences their “God” or ultimate reality, and the fundamental belief about how a person finds meaning, understood as the inner life of a person, feeling, and behaviors of person. (38). Some may find that their spiritual life is long-windedly connected to their connotation with a religious place of worship, mosque, or synagogue (2). Others may pray or find comfort in a personal relationship with God or a higher power (3). Still, others seek meaning through their connections to nature or art. Like sense of purpose, the personal meaning of spirituality might vary through life, acclimating to particular experiences and relationships(4).

Spirituality, a complex concept, encompassed the whole human being (5). Spirituality exceeded the religiosity of individuals. The transcendence of religion was vital in understanding spirituality (6). Historically, religion categorized individuals, whereas spirituality encompassed broad ideas and individualized components transcending the barriers of religion(7).

Spirituality encompassed a broad belief system that included human rights, religion, experiences, and culture. When healthcare workers practiced according to their spirituality a higher power connected healthcare workers to the surrounding community, which allowed the individuals to recognize their specific purposes. According to Brown spirituality was a cornerstone for people to bloom in worrying or distressing environments(8).

Spirituality may touch how a patient survives of the cancer experience, bargains sense, and amity, and explain well-being throughout cancer treatment and survivorship despite exhaustion or hurt, and may assist patients in finding a sense of health in the middle of disease(9). Spirituality is the foundation of strength that helps cancer patients to cope, find meaning, and make sense of the cancer experience as they improve from treatment (10). Several studies described that spirituality is important to cancer patients and may influence medical decision-making. Accordingly, 88% of cancer patients considered spirituality to be at least somewhat important in their treatment decisions and frequency of extreme importance(11). Therefore it is important this study spirituality recognized as a factor that a feeling improved quality of life, quality of care for patient and family member.

And effective in decreasing physical, mental symptom, anxiety depression and rapid and long recovery cancer diseases.

1.2. Statement of the problem

Cancer is the world's leading cause of death in recent times (12). According to WHO 2017, each year more than 10 million people are diagnosed with cancer and around 6 million people die due to cancer(13). (14). Although data about cancer prevalence is limited in Ethiopia, the ministry of health report estimated that each year, there could be more than 150,000 cancer cases, and more than 2000 adult patients with cancer visited Tikur-Anebessa Specialized Hospital (TASH) in 2012(15). In Ethiopia cancer is becoming a worrying issue. Besides poor cancer screening, diagnosis, and treatment procedures cancer covers the indispensable account of all deaths in the country(16). Seriously illness like cancer patient doubt their belief and religious value and cause much distress may feel that they are being punished by God or may have a loss of faith. Cancer is a debilitating disease that suffers patients a lot (17). Cancer diagnosis and treatments has its opposite effect on spirituality. Spiritual distress, feeling uncomfortable, worried, or scared about the real or possible situation and felling of depression common patient (17). Spirituality is such an important part of daily life as well as growth and healing. Spiritual, practice meditation as a way to achieve detachment from suffering eventually get enlightenment help people cope with suffering and dying. Several studies in the USA reported that between 92% and 97% of Americans say that believed in God, or higher power and 87% reported that spirituality either very or fairly important for life (Gallup, lindsav 1999) (18,19). According to studies conducted in Ethiopia among cancer patients, negative religious coping (e.g. most patients believe “cancer is caused by a devil or a curse from God as a consequence of bad did of individuals”) is associated with distress and QOL decrement (20–22). Studies explored that spiritual or religious practices can help patients fine-tune the effects of cancer and its treatment. Patients who trust in their faith or spirituality are inclined to experience enlarged hope and sanguinity, liberty from regret, advanced gratification with life, and a state of mind of internal harmony (23) many cancer patient suffer from fear uncertainty and they may feel the need for help to deal this fear, The gaps in spirituality studies may hinder health care providers from effectively assessing spirituality and providing spiritual care Therefore, the purpose of the current study is to assess the level of spiritual wellbeing and associated factors among cancer patients in TASH, Addis Ababa,ethiopia.

2. LITERATURE REVIEW

2.1 spirituality in cancer patients

The study was done by Cassandra I. Alcaraz. et.al in USA 2014 the study show that spirituality wellbeing assessed African American had ($<.001$) compare to non-African American. The analysis adjusting comorbidity and income moderately impact spirituality and cancer-related problem (38).

The study conducts on Texas's universities in March 2007 spirituality support by religious communities or medical system was significant association all measure extend life (odds ratio, 1.96, 95% CI, 1.08 to 3.57(24). Another study conducted in the same country also explored that it is perilous that clinicians address spiritual issues of the patient, diagnose and treat spiritual distress and integrate patients' spiritual resources of strength into the treatment plan. Working with board-certified chaplains as expert spiritual care professionals is essential to attend to patients' spiritual issues. But every member of the healthcare team must be responsible for attending to all dimensions of patients' suffering, spiritual as well as psychosocial and physical. In this way, patients can receive the most compassionate and person-centered care with improved quality of life as well as patient health outcomes(25.).Accordingly, a study by Yuko Kamijo, Toshihiro Miyamua 2020 spirituality among patients with cancer has been increasing for two decades. Higher levels of spirituality have been associated with better QOL, more spiritual patients have superior survival rates, and patients with spiritual pain have tended to report more severe physical and emotional symptoms than patients with no spiritual pain. (26).

In the study conducted by (John R. Peteet, MD1) the result shows that 100 patients with advanced cancer in an outpatient palliative care clinic in Texas, most of whom considered themselves spiritual-religious, spiritual pain was both common and associated with lower self-perceived religiosity and QOL (27). A study conducted, National Health Interview Survey data, 2015 suggests that approximately 70–90% of individuals diagnosed with cancer report that spirituality is important in coping with their diagnosis and/or treatment. 68.5% of adult cancer survivors reported praying for their health, with African American survivors being most likely to report praying for their health (80.1%) (28).In the study conducted by Hussein Mohammad, HamedRadmehr the results showed that spiritual religion has a significant effect on increasing quality of life and reducing anxiety and

depression in the elderly. The effect on 60 percent of changes in depression and 54 percent of anxiety were related to the spiritual-religion intervention the effect of spiritual-religious psychotherapy on enhancing the quality of life and reducing symptoms of anxiety and depression among the elderly (29) A study conducted in Ram bam Health Care Campus, Haifa, Israel that tried to distinguish between Spiritual distress, general distress, spiritual well-being, and spiritual pain among cancer patients during oncology treatment revealed that Spiritual distress is present in approximately 25% of oncology patients(30).

A study conducted in Turkey on the effect of religious coping on the hope level of cancer patients receiving chemotherapy showed that their level of hope and positive religious coping of the patients were high and their level of negative religious coping was low. The study recommended that it is important terms of raising awareness on the importance of religious coping to health professionals providing services to cancer patients, it is recommended that health care professionals should primarily provide patients a service with a holistic care approach, determine the spiritual and religious needs of patients, give psycho-religious support to the patients if necessary, enable the practices to strengthen the positive religious coping styles of the patients while they are dealing with cancer diagnosis and treatment, and prepare environments that will facilitate patients' religious practices in clinics(31).

2.2 factors associated with spirituality in cancer patients

The study was conducted by payment Noor university-Astara, Iran. There is a significant and positive correlation between total score of spiritual well-being and hope [$r(120) = 0.57, P < 0.001$]. The correlation is significant and positive between spiritual well-being with hope scores [$r(120) = 0.56, P < 0.001$]. There is a positive and significant correlation between Existential well-being score with hope scores [$r(120) = 0.48, P < 0.001$]. As specified from correlation analysis, there is a positive and significant correlation between spiritual well-being and its components and hope with life satisfaction. (40)

According to the study done by MD Anderson, Palliative Care Outpatient Clinics in Houston, USA a total of 112 individuals were approached, giving a recruitment rate of 63%. The median age was 53 years, and 61% were female. A majority identified themselves as Christians, and few considered themselves atheists. Highlights the prevalence and intensity of self-rated spirituality, religiosity.

Almost all patients considered themselves spiritual (98%) and religious (98%), with a median score of 9 (interquartile range 7-10) and 9 (5-10), respectively. Almost all patients agreed that spirituality/religiosity was a source of strength and helped them and their caregivers cope with their illness (32).

In the study conducted by Wataru Noguchi, 2006 the result showed that the average patients accounted for 54.4% of the subjects. More than 10 years of education was reported by 80.5% of subjects, and 91.3% were married. Most (58.4%) of the patients had a performance status of 0, and the majority were in good physical condition Mean FACIT-Sp meaning/peace subscale was 22.1 (SD 6.3); the faith subscale was 9.72 (SD 3.7)(33).

A study done by the AYA HOPE study shows that the majority of participants were male and unmarried. Most participants had health insurance, 65% of participants were diagnosed with early-stage disease (stage I/II) and 82% were not in treatment at the time of study participation. Most participants (84%) had at least one symptom in the 4 weeks before completing at least one unmet service needs survey and 28% had severe or chronic comorbidity. Unmet support service needs and health-related quality of life among adolescents and young adults with cancer patients (34).

The cross-sectional survey, a study done by Lin HR, Bauer-Wu sm. the result showed that applied the spiritual needs questionnaire (Spnq version 1.2.) to 210 patients (75% women, mean age 54 ± 12 years) with chronic pain conditions (67%), cancer (28%), and other chronic conditions (5%) religious needs, need for inner peace, patients with chronic pain and cancer, needs for inner peace had the highest scores. Such generalizations can lead to interventions that can be employed to improve Psycho-spiritual well-being, self-awareness, coping and adjusting effectively with stress, having satisfying relationships and connectedness with others, a sense of faith, a sense of empowerment and confidence, and living with meaning and hope. (35).

A study conducted in Ram bam Health Care Campus, Haifa, Israel tried to distinguish between Spiritual distress, general distress, spiritual well-being, and spiritual pain among cancer patients during oncology treatment revealed that there is significant cross-cultural variation in examining spirituality. Spiritual distress and spiritual well-being are properly inversing each other. Islamic-influenced societies, a commonly heard theme in the face of illness is the belief that whatever happens is God's will and that man's job is to accept God's will. Thus, in this religious-cultural context, an inability to accept what is happening would seem to be an expression of spiritual distress, of not finding comfort within commonly shared spiritual beliefs and patients' subjective

feelings regarding their physical well-being. Patients who see their situation as being worse than it is, are unsurprisingly more likely to despair of the possibility of a continued life of purpose and connectedness, and vice versa (36).

According to a study conducted in Turkey on the effect of religious coping on the hope level of cancer patients receiving chemotherapy identified that the study also concluded that there was a positive relationship between positive religious coping style and hope levels of patients, and positive religious coping style was a significant predictor of hope level(37).

2.3 Purpose of the study

The purpose of this study was to examine the level of patient's spirituality, spiritual wellbeing among patients undergoing cancer treatment, inpatients, and outpatients because of Tikur Anbessa specialized hospital's largest cancer patient population in the country.

2.4. significant of the study

There are limited studies that have been done on the spirituality wellbeing and factor association among cancer patients in developing countries specially Sub Saharan Africa and Ethiopia. Therefore, result of this study contributes as important evidence that can be used by the policy makers, program planners and educators to design appropriate strategy to address the problem. Furthermore, the study result also provides information for health institutes and health care professionals working on issue related with spirituality wellbeing among cancer patients

Institutions and/or individuals who are interested to know on spirituality wellbeing and factor associated among cancer patients can use the document as a reference. Besides, it can be a useful reference for researchers and other personnel interested in this topic, and will serve as a base for any further studies to be conducted in this area of study.

Justification

This study helps to assess spirituality wellbeing and factor association among cancer patient in TASH, oncology center, therefore it can also highlight the knowledge of spiritual well-being and factor associated with cancer as an initiative and other researchers in this area further, in line with these, it will also contribute to policy decision making routine spiritual wellbeing information a better improvement cancer patients.

This study is important and influences cancer patient’s Spirituality performance and effectiveness. It enhances the well-being and quality of life, therefore understanding spirituality and treating the spiritual sickness helps patients with cancer

2.3. Conceptual framework

There is limited literature regarding spirituality. However, the author based different kinds of assumptions and customary frameworks for our study. besides we have used very important input from the references mentioned (4,11,18,23,26,29).The independent variable factors such as socio-demographic, clinical, and educational characteristics related to (dependent variable spirituality) are shown in figure

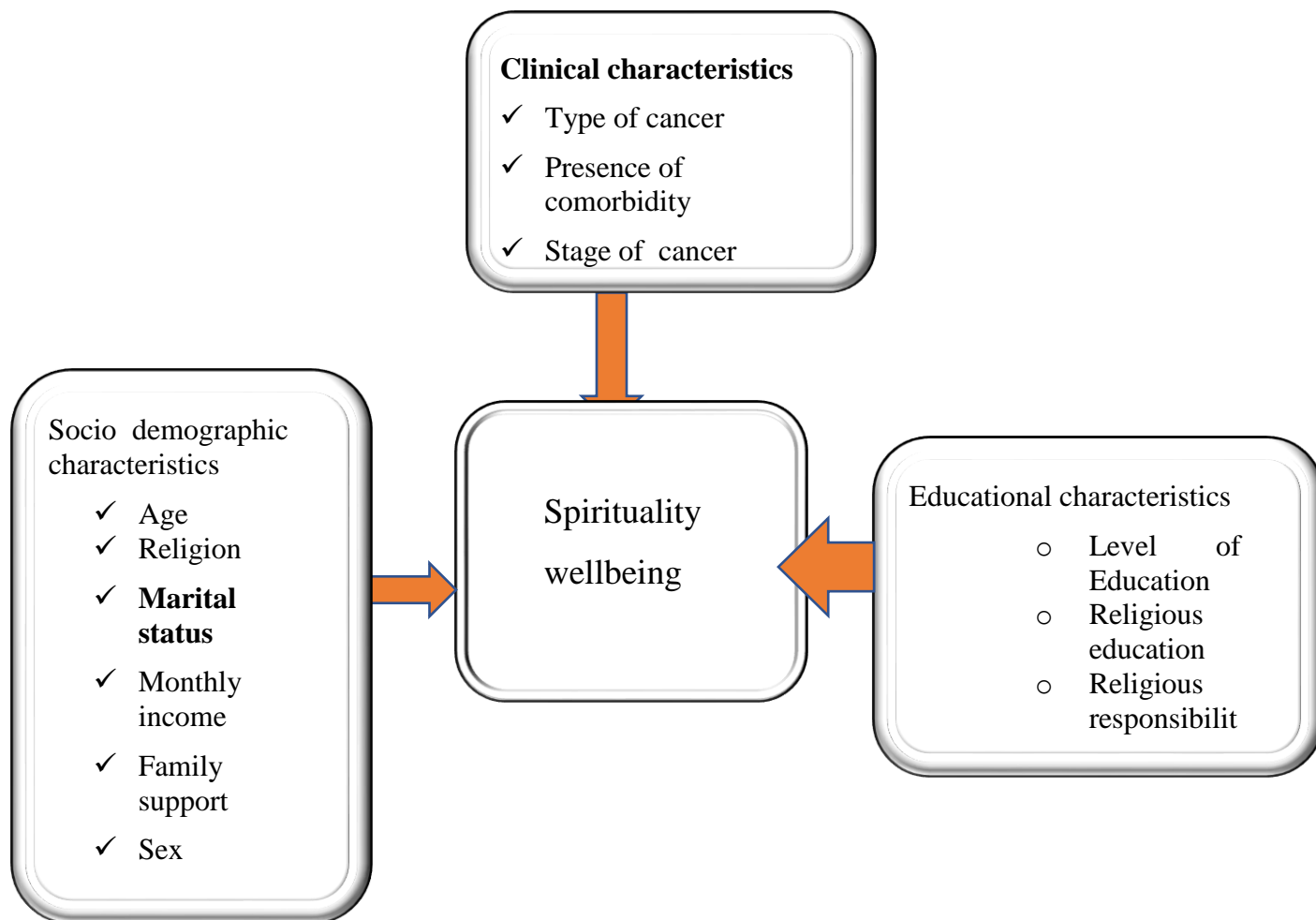


Figure 1: Conceptual framework. For assessment of spirituality and associated factors among cancer patients in Addis Ababa, Ethiopia

3. OBJECTIVE

3.1. General objective

.To assesses spirituality wellbeing and associated factors among cancer patients in Tikur Anebessa specialized hospital Addis Ababa, Ethiopia, 2021.

3.2. Specific objective

To assesses the spiritual wellbeing of cancer patients in Tikur Anebessa specialized hospital
Addis Ababa, Ethiopia.2021

.To identify factors associated with spirituality among cancer patients in Tikur Anebessa specialized hospital, Addis Ababa, Ethiopia 2021.

3.3.Research question

what are spirituality wellbeing impact of among cancer patients ? how does it affect their health status ?

4. Methods

4.1. Study area and period

This study was conducted in the Addis Ababa Tikur Anbessa specialized hospitals (TASH) oncology unit. It is located in Addis Ababa, Lideta sub-city Addis Ababa Ethiopia. The city has through recent years seen a robust annual growth rate, and the population is estimated to be 4 million. Addis Ababa is a chartered city and considered both a city and a state. It is the largest city in the world located in a landlocked country. Tikur Anbessa specialized hospitals (TASH). it provides cancer diagnosis and treatment services in two different places in Addis Ababa with a total of 45 beds which is 35 inpatient beds, 2 emergency beds, 10 days care beds in both main oncology center it is located in Tikur Anbessa hospital (OPD, inpatient, radiation therapy center) and subunit amestegna (5gna) located at Lideta sub-city woreda 8 it serves as a daycare, a pediatric oncology center and inpatient The data collection was conducted from January 8 to March 8, 2021.

4.2. Study design

The institutional-based cross-sectional study design was used.

4.3. Description Populations

4.3.1. Source population

All cancer patients that were attending follow-up, assessment, and diagnosis, booked and waiting for treatment and on treatment at oncology unit patients in Addis Ababa, Ethiopia.

4.3.2. Study population

Cancer patients who attend their follow-up or are admitted to oncology units of Tikur anbessa specialized hospital Addis Ababa.

4.4. Inclusion and exclusion criteria

4.4.1. Inclusion criteria: Cancer patients who are attending treatment at Tikur Anbessa specialized hospital oncology unit Addis Ababa, mental intact (not having a hearing impairment, can speech), and whose age 18 years and above were included in the study.

4.4.2. Exclusion criteria

Cancer patients who are case differ from cancer patients who not yet started treatment, seriously sick, and mentally ill during the data collection period.

4.5. Sample size determination

The sample size was determined by using the formula for estimating a single population proportion formula. The sample size was calculated by assuming spirituality prevalence was 50% because there are no studies done before in the study area. Based on the assumption of 5% marginal error, 95% confidence interval (CI), and none response rate of 10%, the actual sample size for the study was as follows.

$$n = \frac{\left(z \frac{d}{2}\right)^2}{p(1-p)}$$

Where n=Sample size

Z=value corresponding to a 95% level of significance=1.96

p= prevalence in previous study for knowledge (0.5)

q= (1-p) = (1- 0.5) = 0.5

d= Margin of error, assumed to be 5%

Therefore, using the above single population proportion formula the sample size Calculated as; 384 and then adding 10% for non-response rate to provide a total sample size of 422 patients.

4.6. Sampling technique and Sampling procedure

The data collected by using a simple random sampling technique to get the required sample size within a specified study period all cancer patients that were come for initiation of treatment and follow up during the data collection period were asked, the number of the study was cancer patient during the study period and those who were part of the final sample size (the number of the patient coming study period).

4.7. Variables

4.7.1 Dependent Variables

Spirituality wellbeing

4.7.2 Independent

✓ Socio-demographic characteristics

Sex,

Age,

Religion, marital status, monthly income,

✓ Clinical characteristics

Type of cancer

Comorbidity

Stage of cancer

Educational characteristics

Religious education.

Educational status.

4.7.3. Operational definition

Good spiritual well-being: participants score ranges from 0 to 4. The total score is the sum of scores of subscales, which ranges from 0 to 48, 1. Record answers in "item response" column. If missing, mark with an X; 2. Perform reversals as indicated, and sum individual items to obtain a score; 3. Multiply the sum of the item scores by the number of items in the subscale, then divide by the number of items answered. This produces the subscale score; 4.

with a higher score signifying greater SWB of the FACIT-sp12 questions. Questions High spiritual well-being was defined as a FACIT-Sp total score of ≥ 36 .

Poor spiritual well-being: participants with a low score of the FACIT-sp12.

4.8. Data collection tool and procedure

4.8.1. Data collection procedure

Face to face interview was conducted among cancer patients in the selected study areas using interviewer-administered questionnaires and clinical data collected from the patient's files. one supervisor was recruiting and five data collectors were also recruiting among BSc nurses. All cancer patients who fulfill the inclusion criteria were interview. The principal investigator and supervisor were made frequent checks on the data collection process to ensure the completes and consistency of the gathered information.

4.8.2 Data collection tool

All of the FACIT-Sp questionnaires were designed for interview-based and use a 5-point Likert type scale to measure patient-reported HRQOL (0 = Not at all; 1 = A little bit; 2 = Somewhat; 3 = Quite a bit; and 4 = Very much). The recall period for each question is seven days. Questions were written at the fourth-grade reading level as measured by the Lexile Framework. The English version of the FACIT-Sp has been translated and linguistically validated in Arabic, Chinese (Simplified and Traditional), Danish, Dutch, Farsi, French, German, Italian, Japanese, Korean, Norwegian, Portuguese, Spanish, and Swedish. The FACIT-Sips validated and reliable tool with internal reliability of ($\alpha = 0.81-0.88$) and validity of ($r = 0.58$)

The questionnaire was translated from English to Amharic and back-translated to English to confirm the accuracy of the Amharic version before using for data collection by two independent translators.

4.8.3 Data quality assurance

Study subjects to ensure validity and reliability; the pretest of the tool which is adapted from previous related studies was carried out by interviewing 5% of the sample size at the source of population. Then the tool was refined to incorporate the challenges/issues observed during pretesting. The data were collected by five trained BSc Nurses. The completeness and accuracy of the data were checked by one supervisor and principal investigator during data collection time every

day. During the data collection, each participant's medical record card was registered to prevent repetition. To protect the patient's privacy anonymous and voluntary participation was kept.

4.9. Data analysis

Instructions of analysis

1. Record answers in the "item response" column. If missing, mark with a Perform reversal indicated, and sum the individual items to obtain a score;
2. Multiply the sum of the item scores by the number of items in the subscale, and then divide by the number of items answered. This produces the subscale score.
3. The higher score, the better QOL/spiritual well-being

Data was entered into EPI data version 4.11 software and export to SPSS version 25 and was checked for missing values and cleaned. Descriptive statistics such as frequency and percentages were done to describe and displayed in tables, graphs, and charts. The measure of central tendency (mean) was calculated. Significant factors were identified based on R squared include in 95% confidence level at P-value less than 0.05.

4.10. Ethical consideration

Ethical clearance was obtained from the institutional review board of Addis Ababa University, College of Health Sciences School of Nursing, and Midwifery Research Committee. A Support letter from the Department of Nursing was written to Tikur Anbessa Specialized Hospital, Written informed consent was obtained from all study participants. Participants were informed about the objective of the study. After the information is provided about the purpose of the study, non-invasiveness of the data collection procedure, confidentiality of the information, and respondents were reassured that they would be anonymous (unnamed). Then respondents were given chance to ask anything about the study and were free to refuse or stop at any moment they wanted to if their choice.

4.11. Plan for Dissemination of Results

The result of this study will be presented to Addis Ababa University College of health science, school of nursing and midwifery and a copy of the research will be sent to advisors of this research. Then, the document will be disseminated to Tikur Anbessa specialized hospital, federal Minister of health, and the manuscript will be submitted to be presented on a workshop and different seminars and finally submitted to a relevant scientific journal for publication

5. Result

5.1. Socio-demographic and clinical characteristics of cancer patients

385 cancer patients make a response rate of 91.3%. The majority 207 (53%) were female, 269(69.9%) of them were married, Most of the study participants 223(57.9%) were came from Outside Addis Ababa, More than half of respondents religion was Orthodox 202 (52.5%) followed by Muslim 102 (26.5%), a significant proportion of participant income earn 1001-3000 these, account 110 (28.6%) of the participant, about 320(83.1%) had family support, 66(17%) participants completed higher education,91(23.6%) of the primary school these accounted the largest proportion of the study. (Table 1)

Table 1 socio-demographic characteristics of spirituality and associated factor among cancer patients Ababa, Ethiopia 2021 study participant= (n=385)

Variable	Numbers	Percentage (%)
Sex		
Male	178	46.2
Female	207	53.8
Age group		
18-30	72	18.7
31-45	134	34.8
46-60	121	31.4
61-75	52	13.5
>75	6	1.6
Marital status		
Single	69	17.9
Married	269	69.9
Divorced	24	6.2
Widowed	23	6.0
Religion		
Orthodox	202	52.5
Muslim	102	26.5
Protestant	63	16.4
Other	6	1.6
Income in birr		
100-1000	93	24.2
1001-3000	110	28.6
3001-5000	54	14.0
5001-7500	24	6.2
>7500	15	3.9
Family support (relative)		
Yes	320	83.1
No	65	16.9

Table 2 educational characteristics spirituality wellbeing

variable	Number	Pere cent (%)
Religious education		
Yes	240	62.3
No	145	37.7
Educational status		
Cannot read and writ	75	19.5
Able to read and write	51	13.2
Primary school (1-8)	91	23.6
Secondary school (9-10)	65	16.9
Preparatory school (11-12)	37	9.6
College diploma and above	66	17.1

Table 3 Clinical characteristics

Variable	Number	Pere cent (%)
Comorbidity		
Yes	112	29.1
No	273	70.9
Level sickness		
Early-stage (1 and 2)	179	46.5
Late-stage (3 and 4)	206	53.3

5.2.Types of cancer of among cancer patients

All subjects had diagnosed with a different type of cancer. seventy-three of cancer patients who had colonic cancer, forty-nine of them have breast cancer, twenty-nine cancer patients are sarcoma, and sixteen of them prostate cancer the rest one hundred sixty-one are categorized other type of cancer (Fig 2).

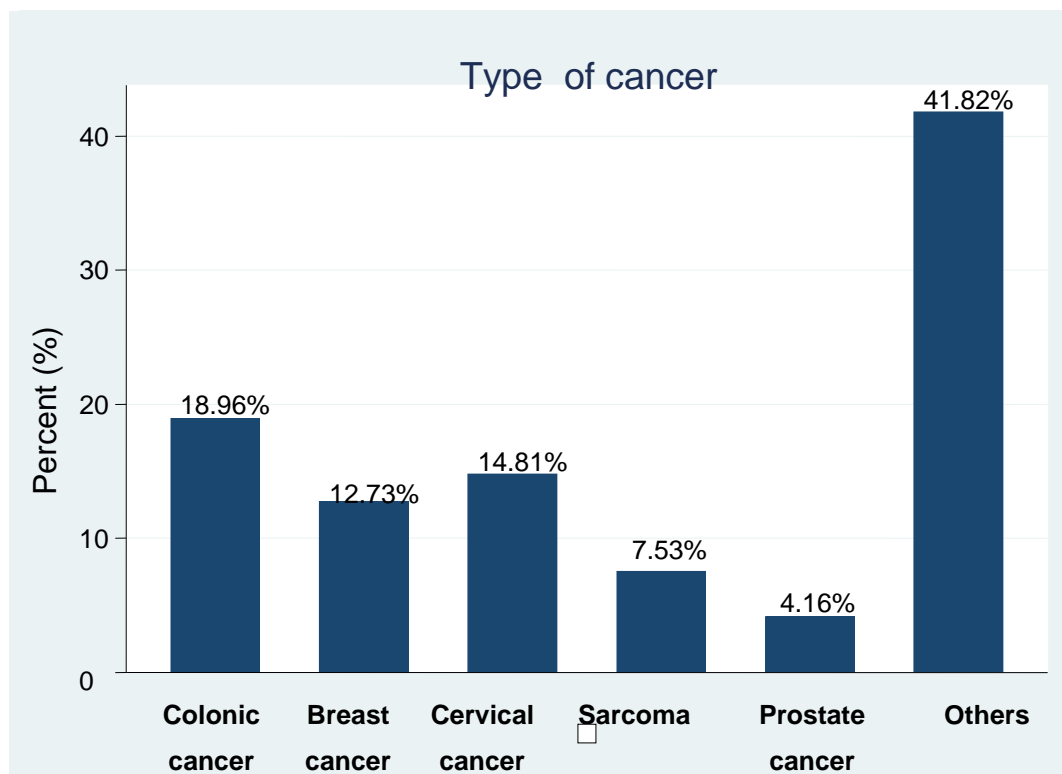


Figure 2: Types of cancer of spirituality and associated factor among cancer patients in Addis Ababa, Ethiopia, 2021 (n=385)

5.3. Spirituality wellbeing level

Cancer patients on spirituality wellbeing score were ranged from 0-48 points with a mean knowledge score of 31.68 (SD \pm 0.27). 309 (80.26 %) of the cancer patients had poor spiritual wellbeing and 76 (19.74%) had good spiritual wellbeing (fig3)

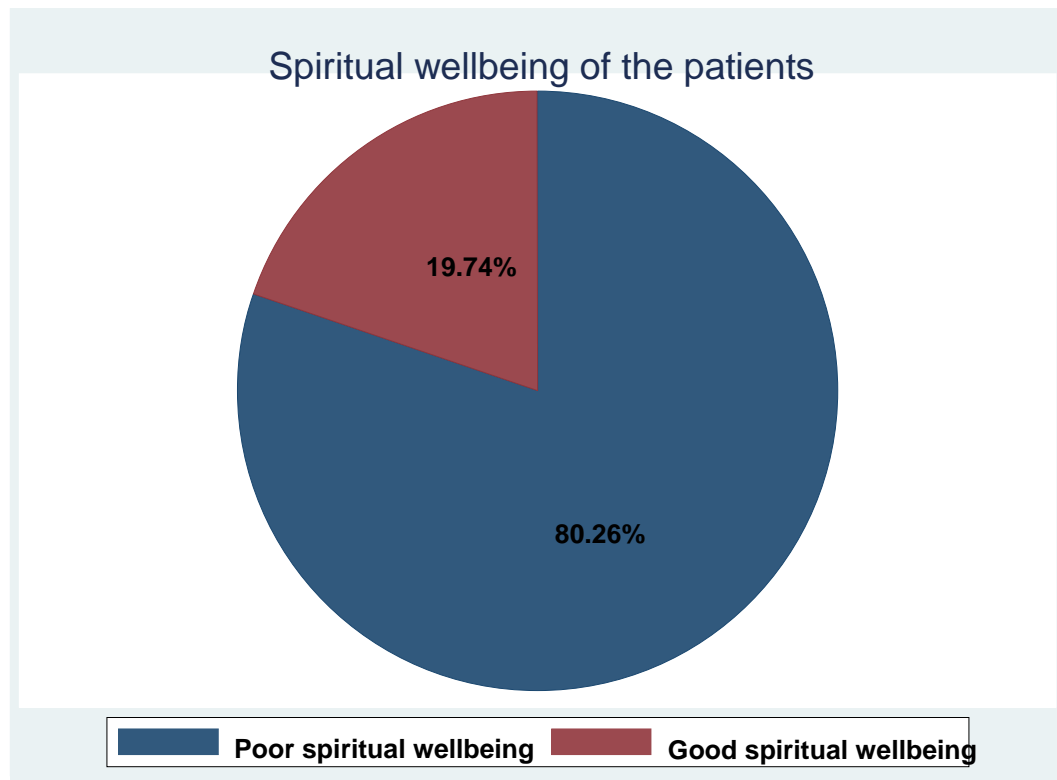


Figure 3: Spiritual wellbeing of spirituality cancer patients in Addis Ababa, Ethiopia, 2021 (N=385)

Factors associated with spirituality wellbeing cancer patients

In the binary logistic regression model sex, area of residence, monthly income, educational status, religious education, comorbidity, and occupational status were significantly associated with the spirituality wellbeing of cancer patients with a p-value of less than 0.5.

In multiple logistic regression models, the sex of the participant, religious education, educational status, and comorbidity were significantly associated with the spiritual wellbeing of a cancer patient with a p-value less than 0.05. However, area of residence, monthly income, and occupational status were not significantly associated with the spiritual well-being of a cancer patient (Table 2).

The sex of the respondent was significantly associated with the spiritual well-being of the cancer patient. Being male gender was 12% (AOR =1.12(95%CI: 1.08, 3.07) more increase to have better spirituality wellbeing as compared to female gender of cancer patients. The religious education status of the respondent was significantly associated with the spiritual well-being of a cancer patient. The cancer patient who had religious education was 2 times (AOR =2.01(95%CI: 1.12, 2.92) have better spirituality wellbeing as compared to cancer patients who had not religious education (Table 1)...

The educational status of the respondent was significantly associated with the spiritual well-being of the cancer patient. A cancer patient who had an educational status college diploma and above was 4 times (AOR =4.03(95%CI: 1.73, 9.35) have better spirituality wellbeing as compared to respondents who could not read and write. Comorbidity was significantly associated with the spiritual well-being of a cancer patient. The cancer patient who had not comorbidity was 32% (AOR =1.32(95%CI: 1.08, 2.65) more increase to have better spirituality wellbeing as a compared cancer patient who had comorbidity (Table 2).

Table 3: Multiple logistic regression factors associated with spirituality among cancer patients in Addis Ababa, Ethiopia, 2021 (N=385)

Variable	Spiritual wellbeing		COR(95%C)	AOR(95%CI)	P –value
	Good (%)	Poor (%)			
Sex					
Male	38(9.9)	140(36.4)	1.2(1.054-1.74)	1.12(1.08- 3.07)	0.012**
Female	38(9.9)	169(43.9)	1	1	
Religion education					
Yes	57(14.8)	83(47.5)	2.06(1.17,3.6)	2.01(1.12, 2.92)	0.03**
No	19(4.9)	126(32.7)	1	1	
Educational status					
Cannot read and write	13(3.4)	62(16.1)	1	1	
Able to read and write	5(1.3%)	46(11.9)	0.76(0.3-91.5)	1.08(0 .47 -2.47)	0.854
primary school (1-8)	17(4.4)	74(19.2)	0.85(0.4-61.6)	0.77(0.36-1.65)	0.51
secondary school (9-10)	10(2.6)	55(14.3)	1.72(0.6-93.1)	0.66(0.21-2.10)	0.48
the preparatory school(11-12)	14(3.6)	23(6)	1.80(1-3.23)	0.57(0.17-1.91)	0.36
College diploma and above	17(4.4)	49(12.7)	4.63(2.30-9.3)	4.03(1.73-9.35)	0.01**
Comorbidity					
No	60(15.6)	213(55.3)	1.69(1.11-3.1)	1.32 (1.08,-2.65)	0.023**
Yes	16(4.2)	96(24.9)	1	1	

** indicates that variable significantly associated factors at p-value<0.05

6. Discussion

This study assessed spirituality and associated factor among cancer patients in Addis Ababa, Ethiopia, 2021. In this study, the proportion of cancer patients with good spiritual wellbeing was low (19.74%). This finding is almost similar to the result of studies conducted in Israel (25%) and Turkey (23.8%) (30,31). Routine spiritual assessments to identify spiritual needs and total symptom management that include this type of assessment can thus contribute to improving cancer patients' QOL.

In contrast to this, it was lower than a study conducted in the USA (68%), in India (60%) (28,29). This difference might have come from the different study areas, , geographical location, and as well as time gap might have contributed to the difference. In addition, another possible explanation for this difference may be because of variation in the tools and differences in the composition of study subjects. However, the important spiritual the connectedness of with his or her surrounding person with the environment and cultural with different group of participants.

The sex of the respondent was significantly associated with the spiritual well-being of the cancer patient. Being male gender was 12% more increase to have better spirituality wellbeing as compared to female gender of cancer patients. It is similar with a study done Japan showed that male had good spiritual wellbeing than females (34). This difference might be women report poorer spiritual wellbeing of the cancer patient because their illnesses may be taken less seriously, and therefore they receive less empathy and social support than males. The other possible reason for females scoring lower spirituality wellbeing than males many women with cancer had poorer emotional, cognitive, physical, roll function and financial difficulty experienced by women. (Camelia Rohani, Heidar-Ali Abedi, (2015))

Religion education of the respondent was significantly associated with the spiritual well-being of a cancer patient. The cancer patient who had religious education was 2 times (AOR =2.01(95%CI: 1.12, 2.92) better spirituality wellbeing as compared to cancer patients who had no religious education. It is similar to a study done in Turkey study showed that the religious education of the respondent was significantly associated with the spiritual wellbeing of a cancer patient(35). This finding could be explained as; the more to closer to religious educational many cancer patient viewed their cancer healing to came opportunity to get closer to God.

The educational status of the respondent was significantly associated with the spiritual well-being of a cancer patient. The cancer patient who had an educational status college diploma and above was 4 times (AOR =4.03(95%CI: 1.73, 9.35) have better spirituality wellbeing as compared to respondents who could not read and write. Cancer patients who are more educated had high positive perception of their illness, to get information about the disease condition and better understand the instructions given on drug usage, which invariably enhances their QoL.

Comorbidity was significantly associated with the spiritual well-being of a cancer patient. A cancer patient who had not comorbidity was 32% (AOR =1.32(95%CI: 1.08, 2.65) more increase to have better spirituality wellbeing as a compared cancer patient who had comorbidity. This could be due to the reason that those co-morbid patients had an additional disease for which they were being treated and which might push them to invest extra money much needed to afford these drugs, pain, and worry reducing their overall health-related quality of life. This could also be due to the contributions of different chronic diseases in patients with cancer and the side effects/drug interactions of the different drugs, which might impair all aspects of quality of life. However, area of residence, monthly income, and occupational status were not significantly associated with the spiritual wellbeing of the cancer patient. A descriptive study was conducted involving 240 adults with cancer and family caregivers attending a tertiary hospital. More than two-thirds of participants reported moderate or high needs. Information (90.8%) and spiritual support (85%) were the domains of highest need among adults with cancer. spiritual support (81.7%) ranked the highest among family caregivers. regression analysis showed that needs and literacy explained 36% of the variance in adults with cancer's quality of life and 28% of the variance in family caregivers' quality of life. Spiritual need accounted 1 for 9.5% and 9.1% of variation for adults with cancer respectively. Findings suggest that interventions with a focus on and spiritual needs may improve wellbeing of adults with cancer and caregivers in Nigeria. The research are generalizable low-income countries where spirituality are often a strong feature of daily life.

6.1. Strength and limitation of the study

6.1.1 Strength of the study

The use of an adapted and validated questionnaire to measure spirituality wellbeing is the strength of this study.

6.1.2. Limitation of the study

Administering the questionnaires during a face-to-face interview might be introduced social desirability bias.

The cross-sectional nature of this study did not allow us to know the cause and effect relationship and to definitively determine the level of spirituality in any situation.

7. Conclusion and recommendation

7.1. Conclusion and recommendation

The factor that was sex respondents (AOR=1.12 (95% CI=1.73, 9.35) and the educational status of cancer patients (AOR=4.03 (95% CI 1.73, 9.35) and those participants comorbidity were (AOR=1.32 (95% CI 1, 73,(95% CI=1.08,265) than patients religious education (AOR=2.01 (95% CI=1.12,2.92) were significant associated with the spiritual wellbeing. A concerted effort must be made to improve the spirituality wellbeing of cancer patients in oncology health care service in Ethiopia counseling cancer patients during screening and treatment. There is need for a multi-sectoral approach in addressing spirituality wellbeing in Ethiopia, that need the involvement of ministry of health (policymakers), training institution, hospital, community, family and individual to prevent poor spiritual wellbeing.

Further large-scale study preferably cohort study might be necessary to examine and address the problems of cancer patients.

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- 40 Life satisfaction, spiritual well-being and hope in cancer patients Esa Jafari, Mahmoud Najafib, Faramarz Sohrabic, Gholam Reza Dehshiric, Esmail Soleymanid, Rasoul Heshmatie F *

9.ANNEX

ANNEX I. Information sheet (English Version)

Hello dear? Dear respondent my name is ____I am here to collect data for a study entitled, “assessment of spirituality and associated factors among cancer patients in Addis Ababa, Ethiopia.” The study is being conducted by Meketa Gezahegn who is an MSC Oncology Nursing student at Addis Ababa University, College of health sciences, school of nursing, and midwifery. For this study you are selected as a participant and before getting your consent or permission, you need to know all necessary information related to the study.

Thus, this information will be detailed as the objective of this study is to an assessment of spirituality and associated factors among cancer patients in Addis Ababa, Ethiopia in 2021. You are being asked to take part in this study and to respond sincerely. You are selected to be simple random sampling. This questionnaire focuses on assessing your symptoms and their associations. Your cooperation and willingness are greatly helpful in identifying problems in the mentioned area.

This questionnaire may take 30 to 45 minutes to complete.

There is no major risk for participating in this study. Your name will not be written in this form and all the information you give us will be kept confidential. Your participation is voluntary and if you feel discomfort with any of the questions it is your right to drop or stop filling the questionnaire. If you have questions regarding the study or if you wish to know the result after its completion, it's pleasure to give you our phone number. Please contact the principal investigator.

Meketa Gezahegn

Phone number: +251910993166

Email: gebremeskelmeketa@gmail.com

Are you willing to participate in this study?

If yes please proceed to the consent form Thank you

9. Annex III. Consent form (English Version)

In signing this document, I am giving my consent to participate in the study entitled, “assessment of assessing of spirituality and associated factors among cancer patients in Addis Ababa, Ethiopia.” I have been informed that the objective of this study is to the assessment of spirituality and associated factors among cancer patients in Addis Ababa, Ethiopia 2021. I have understood that participation in this study is completely voluntary. I have been told that my answers to the questions will not be given to anyone else and no reports of this study ever identify me in any by any means. I understood that participation in this study doesn’t involve risks except the time spent on completing the questionnaire.

I understand that nurse Meketa is the contact person and if I have questions about the study or about my rights as a study participant the following is the contact address.

Address of principal investigator:

Phone number: +251910993166

Email: gebremeskelmeketa@gmail.com

Participant’s signature: _____ date: _____

Thank you for your willingness to participate!!

9. ANNEX V. QUESTIONNAIRE (English Version)

R. N	I. Socio-demographic questions	
101	Age	In _____ years
102	Sex	<input type="checkbox"/> 1.Male

		<input type="checkbox"/> 2. female
102	Religious education	<input type="checkbox"/> 1. No <input type="checkbox"/> 2.yes
103	Religion	<input type="checkbox"/> 1.Orthodox Christian <input type="checkbox"/> 2.Muslim <input type="checkbox"/> Protestant Catholic <input type="checkbox"/> Other
104	Marital status	<input type="checkbox"/> 1.single <input type="checkbox"/> 2. married <input type="checkbox"/> 3. widowed <input type="checkbox"/> 4.Divorced
105	Level of education	<input type="checkbox"/> 1.cannot read and write <input type="checkbox"/> 2.can read and write <input type="checkbox"/> 3.primary school (1-8 grade) <input type="checkbox"/> 4.secondary school (9-10 grade) <input type="checkbox"/> 5.preparatory school(11-12) Collage and above
106	Religious responsibility	<input type="checkbox"/> 1. yes

		<input type="checkbox"/> 2.No
107	Family support	<input type="checkbox"/> 1. yes <input type="checkbox"/> 2.No
108	Do you have disease other than cancer	<input type="checkbox"/> 1.Yes <input type="checkbox"/> 2. No
109	Area of residence	<input type="checkbox"/> 1.Addis Ababa <input type="checkbox"/> 2. outside Addis Ababa
110	Level of sickness/disease stage	<input type="checkbox"/> 1. stage I, II <input type="checkbox"/> 2. stage III, V
111	Type of governmental hospital you attend?	<input type="checkbox"/> 1.TASH <input type="checkbox"/> 2.SPHMMC <input type="checkbox"/> 3. ZU M
112	Monthly income	_____Ethiopian birr
113	Occupation	_____
114	Type of cancer	_____

ANNEX VI. THE FACIT-SP QUESTIONNAIRE

Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

Spiritual well-being questions	N	A	S	Q	V
	o		o	u	e
	r	l	m	i	r
I feel peaceful	0	1	2	3	4
I have a reason for living	0	1	2	3	4
My life has been productive	0	1	2	3	4
I have trouble feeling the peace of mind	0	1	2	3	4
I feel a sense of purpose in my life	0	1	2	3	4
I can reach down deep into myself for comfort	0	1	2	3	4
I feel a sense of harmony within myself	0	1	2	3	4
My life lacks meaning and purpose	0	1	2	3	4
I find comfort in my faith or spiritual beliefs	0	1	2	3	4
I find strength in my faith or spiritual beliefs	0	1	2	3	4
My illness has strengthened my faith or spiritual beliefs	0	1	2	3	4
I know that whatever happens with my illness, things will be okay	0	1	2	3	4

ሁለተኛክፍል. የመረጃወረቀት (የአማርኛስሪት)

ጤናይስጥልኝስሜ-----ይባላል።

እኔየጥናቱባለቤትመከተገዛህኝንወክዬስገኝእርሱምየአዲስአበባዩኒቨርሲቲጤና-

ሳይንስኮሌጅየአንኮሎጂነርሲንግዮይህረምረቃተማሪሲሆንየመመረቅያጥናቱበአዲስአበባ፤

ኢትዮጵያውስጥበካንሰርህመምተኞችመካከልያለውንመንፈሳዊነትእናተያያዥምክንያቶችመገምገም.መዳሰስ በሚልርዕስላይእየሰራይገኛል።

የምሰበስበውመረጃለሆስፒታሎቻችንናእናለህብረተሰቡከፍተኛአቅምይሰጣል።

ጥያቄዎቹንለመመለስከ10 እስከ15 ደቂቃይወስዳል።

አላማውበካንሰርታማሚችመንፈሳዊነትእናተያያዥገዳዎችመዳሰስአዲስአበባውስጥበሚገኙየካንሰርህክምናየ ሚሰጡየህክምናተቋማት/ሆስፒታሎችበሚመጡላይምንያህልእንደሆነለማወቅነው።

የጥናቱልዩጥቅም፡-

የጥናቱተሳታፊዎችየረጅምናየአጭርጊዜጥቅምይኖራቸዋልየረጅምጊዜጥቅምምየጥናቱውጤትለህረሰቡእናለ ጤናተቋማቱየሚያመጣውጥቅምሲሆንየእጭርጊዜጥቅምደግሞከጥያቄዎቹበኋላተሳታፊዎቹስለካንሰርአጠ ርያለገለፃይደርግላቸዋል።

የጥናቱተሳታፊዎችመብት፡-

በጥናቱላይያለመሳተፍመብትአሎትመመለስየማይፈልጉትንጥያቄዎችእንዲመልሱአይገደዱም።

በአስፈላጊውሰዓትጥናቱንማቋረጥይችላሉያልገባዎትንማንኛውንምጥያቄመጠየቅይችላሉ።

ሚስጥራዊነቱ :

የሚመልሷቸውመልክቶችሁሉሚስጥራዊነታቸውየተጠበቀሲሆንየጥናቱተሳታፊነትምናመለያሳይወሰድበመለ ያቁጥሮችእንጠቀማለን።

ANNEX IV.

የፈቃድቅጽ (የአማርኛቅጽ)

ከላይ እንደተጠቀሰው በጥናቱ መሳተፍ ምንም ዓይነት ጉዳት አያስከትልም ስም በዚህ መጠይቅ ላይ አይፃፍም መረጃው ምክትቤት ጠቀሰው ውጪ ለማንም ተላልፎ አይሰጥም ሊመልሱ የሚፈልጉትን ጥያቄ መመለስ በማይፈልጉ በትጊዜ አቋርጠው መሄድ ይችላሉ።

ሌላው ልንገጥም የምንፈልገው የርሶ እውነተኛ መልሶች ለሚደረገው ጥናት በጣም ጠቃሚ እንደሆነ እንዲሁም ጥያቄዎን መልሶ ለማጠናቀቅ ከ30-45 ደቂቃ ሊፈጅ ይችላል።

የተሰጡትን መረጃ ተረድተው በጥናቱ ሊሳተፉ ስለሚችሉ ይጠቁኑ።

ከላይ ያለውን በሙሉ በማውቀው ቋንቋ ተነቦ ልኝ ተረድቼ አለው ካሉ፡-

በጥናቱ ለመሳተፍ ፍቃድ ይኖሩት?

- 1) አይደለሁም (አመስግናለሁ) 2. አዎ (እንቀጥላለን)

R.	ማህበራዊና የሰነድ ጥያቄዎች	
101	ዕድሜ	_____ በዓመት
102	ጾታ	<input type="checkbox"/> 1. ወንድ <input type="checkbox"/> 2. ሴት
102	የሀይማኖት ስምዕን	<input type="checkbox"/> 1. አዎ <input type="checkbox"/> 2. አይ/ አልወሰድኩም
103	የሚከተሉት ሀይማኖት ምን ድንድው?	<input type="checkbox"/> <ul style="list-style-type: none"> ○ ክርስቲያን ኦርቶዶክስ

		<input type="checkbox"/> ○ ሙስሊም <input type="checkbox"/> 3. ፕሮቴስታንትክርስትና <input type="checkbox"/> ○ ካቶሊክ 5.ሌላ
104	የጋብቻሁኔታ	<input type="checkbox"/> ○ ያላገባ <input type="checkbox"/> ○ ያገባ <input type="checkbox"/> ○ የሞተባት/የሞተበት <input type="checkbox"/> ○ የፈታች/የፈታ
105	የትምህርትደረጃ	<input type="checkbox"/> ○ ማንበብናመጻፍየማይችል <input type="checkbox"/> ○ ማንበብናመጻፍብቻ <input type="checkbox"/> ○ የመጀመሪያደረጃትምህርትቤት (1-8 ሻክፍል) ተጠናቋል <input type="checkbox"/> ○ ሁለተኛደረጃያጠናቀቀ <input type="checkbox"/> ○ ኮሌጅእናከዛበላይ
106	በሚከተሉትእምነትውስጥሀይ ማኖታዊሀላፊነት/ ስልጣን/ አለ ?	<input type="checkbox"/> ○ አዎ <input type="checkbox"/> ○ የለም
107	በመታመምዎየተነሳየቤተሰብእርዳታይደረግሎታል	<input type="checkbox"/> 1. አዎ <input type="checkbox"/> 2. የለም

108	ከካንሰርህመሙ ሌላ የማይተላለፍ በሽታ አለቦት ?	<input type="checkbox"/> 1. አዎ <input type="checkbox"/> 2. የለኝም
109	የትንውሮሚኖሩት	<input type="checkbox"/> ከአዲስ አበባውጭ <input type="checkbox"/> አዲስ አበባ
110	የካንሰርህ መምዘድ ለጃንዳትነት ው	<input type="checkbox"/> 1. የመጀመሪያ ደረጃ (1ና 2) <input type="checkbox"/> 2. ከፍያለ ደረጃ (3ና 4)
111	ህክምናዎን የተይከታተሉት?	<input type="checkbox"/> 1. ጥቁር አንባሳ ሆስፒታል
112	የታመሙት ካንሰር አይነት ምን ይባላል	_____
113	ስራዎትን	_____
114	ወርሃዊ ገቢ በብር	_____

ለሚኖሩት ጥያቄ የሚጠቀሙት አድራሻ እና የጥናት አድራጊው መረጃ

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የጠያቂው ስምና ፊርማ -----

የተጠየቀበት ቀን በኢትዮጵያ አቆጣጠር -----/-----/-----

የጥናቱው ጤነኛ

1. ተጠናቋል

- 2. መጠየቅ አልፏል
- 3. ተጠያቂው አልተገኘም
- 4. በከፊል የተጠናቀቀ

በሱፐርቫይዘር ተረጋግጧል ስም-----

ፊርማ-----

ቀን -----

Annex VII

ስርዓተ-ሥራ በሽታ ህክምና መንፈሳዊ ደህንነት ተግባራዊ ዳሰሳ መጠይቅ

<u>መንፈሳዊ ደህንነት መጠይቅ</u>	በፍ ጹም	ትን ሽ	በተወሰ ነደረጃ	በጣ ም	እጅግ በጣ
ሰላማዊ ስሜት ይሰማኛል	0	1	2	3	4
ለመኖር ምክንያት አለኝ	0	1	2	3	4
ህይወቴው ጤታማ ነበር	0	1	2	3	4
የአይምሮ ሰላም ይሰማኛል	0	1	2	3	4

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1
1

በህይወቴውስጥየአላማስሜትይሰማኛል	0	1	2	3	4
ለመጽናናትወደራሴጥልቀትውስጥለመድረስችያለሁ	0	1	2	3	4
በራሴውስጥየመግባባትስሜትይሰማኛል	0	1	2	3	4
ህይወቴትርጉምናአላማየለውም	0	1	2	3	4
በሀይማኖቴናመንፈሳዊእምነቴመጽናናትይሰማኛል	0	1	2	3	4
በሀይማኖቴናመንፈሳዊእምነቴጥንካሬይሰማኛል	0	1	2	3	4
ህመሜህይማኖቴንወይንምደሞመንፈሳዊእምነቴንአጠንክሮልኛል	0	1	2	3	4
በህመሜምክንያትየሚከሰትማንኛውምነገርደህናእንደሚሆንአውቃለሁ	0	1	2	3	4

