

Social Workers Attitudes Towards the Use of Spiritual Practices in Professional Interventions with Cancer Patients

BY

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ملخص الدراسة

لعل احدث ما توصلت اليه الخدمة الاجتماعية هو ذلك الجانب الروحي والديني في مكونات الخدمة، واصبح التعبير عن التنوع الروحي جزء اصيل من منظومة الشخصية الاجتماعية في كل الاحوال، وتهدف هذه الدراسة الى ابراز اتجاهات الاخصائيين الاجتماعيين نحو استخدام الممارسات الروحية في تدخلاتهم مع مرضى السرطان، وتبرز هذه الدراسة ايضا اهمية الخدمات الاجتماعية المقدمة لمرضى السرطان والتي قد تؤدي الى اكسابهم ثقافة علمية واجتماعية وروحية تساعد في تقبل المرض مع الحرص على اتباع اجراءات العلاج. وطبقت هذه الدراسة على مجموعة من الاخصائيين الاجتماعيين قوامها (٣٠) اخصائي اجتماعي من العاملين بمستشفيات محافظة بورسعيد بأقسام الاورام بمتوسط الحسابي لأعمارهم (٥٠.٧) وانحراف معياري (٣.٨)، وتوصلت نتائج هذه الدراسات الى تحديد اهم اتجاهات الاخصائيين الاجتماعيين نحو أهمية الممارسات الروحية في التدخلات المهنية مع مرضى السرطان واتجاهاتهم نحو الاهتمام بالممارسات الروحية في التدخلات المهنية مع مرضى السرطان، وكذلك تحديد أهم معوقات الممارسات الروحية مع مرضى السرطان، وتحديد مقترحات تفعيل هذه الممارسات الروحية في التدخلات المهنية للأخصائيين الاجتماعيين مع مرضى السرطان، واقترحت هذه الدراسة ضرورة عمل برامج تدريبية للأخصائيين الاجتماعيين العاملين في مجال الاورام على الممارسات

الروحية في تدخلاتهم المهنية باعتبارهم مكون الرعاية الروحية والدينية ضمن الخدمات التي تقدم لمريض السرطان.

الكلمات المفتاحية

اتجاهات الاخصائيين الاجتماعيين - الممارسات الروحية - التدخلات المهنية - مرضى السرطان.

ABSTRACT

The most recent achievement of social work is perhaps the spiritual and religious aspect in the components of service that the expression of spiritual diversity has become an integral part of the social personality system in almost all cases. This study aims at highlighting the attitudes of social workers towards the use of spiritual practices in their interventions with cancer patients. It also highlights the importance of social services provided to cancer patients, which may lead to their acquisition of a scientific, social and spiritual culture that helps them to accept the disease while ensuring that treatment procedures are followed. This study is applied to a group of social workers consisting of (30) social workers working in Port Said governorate hospitals in the oncology departments, with an arithmetic average for their ages (50.7) and a standard deviation (3.8). The results of this study determine the most important attitudes of social workers towards the importance of spiritual practices in professional interventions with cancer patients, and their attitudes towards interest in spiritual practices in professional interventions with them. The results also identify the most important obstacles to spiritual practices with the patients, and suggest some proposals to activate these spiritual practices in the professional interventions of social workers with their patients. This study suggests the need for training programs for the social workers in the field of oncology on spiritual practices in their professional interventions as a main component of spiritual and religious care within the services provided to cancer patients.

KEYWORDS: Social Workers Attitudes - Spiritual Practices - Professional Interventions - Cancer Patients.

INTRODUCTION

Throughout its history, social work plays a critical role in patients care initiatives due to its unique perspective, wisdom and skill. Accordingly, it puts the new screening criteria established by the Cancer Committee of the American College of Social Workers of Oncology at the forefront of the development and implementation of distress screening procedures. The social worker profession is challenged to work across disciplines and change systems of care to improve the health and well-being of cancer patients and their families. Most recent studies indicate that the use of psychosocial screening tools leads to lower rates of distress, improved quality of life, and improved communication between patient and the service provider (Zebrack, et. al. 2012, p. 615-624).

In order to provide comprehensive care for cancer patients, the social worker needs to direct their attitudes not only with the physical body and mind, but also to take care of sensitive and effective ways for the patient's spirit. Given the increasing research evidence linking physical and mental health with spiritual health, it is assumed that patient care, especially oncology patients, needs to support spiritual health as it helps in promoting other dimensions of health. Definitely, clients with cancer approach their health challenges, decisions, and struggles with a worldview that reflects what are usually considered spiritual or religious beliefs. Moreover, a failure to appreciate these influencing beliefs is a failure to understand what actually motivates the patients. Spiritual beliefs and practices are often found to alleviate suffering for the patients.

Perhaps the most recent achievement of social work is that spiritual and religious aspects in the components of service, and the expression of spiritual diversity has become an integral part of the social personality system in all cases. Since spirituality (spiritual aspect) is the axis of human nature that gives man a sense of unity and integration and gives him the driving energy to achieve his potential for growth, self-development and self-transformation, the field of cancer diseases has become one of the areas that imposes itself on the practice of social work (Calicchiam & Loise, 2006, p:307). Social workers indulged in the field of cancer care can support spiritual health through some spiritual practices in their professional interventions that help them cope, adapt, and help them have a more peaceful death. Therefore, cancer, with its multiple components, reflects values and beliefs that become a field for professional practice using spiritual methods by focusing on the values, beliefs and inner strength of the patients. It also reflects a large aspect represented in the spiritual dimensions that constitute the cognitive framework, the value system, and the

set of skills and experiences in applying the spiritual aspects so that cancer patients can deal with the challenges left by this disease.

Religious and spiritual care for patients is considered an essential element within the patient's health care in the health sector. It is a holistic perspective that investigates the causes of health more than the causes of disease. It is also concerned with achieving inner peace and harmony with oneself and dealing with people who are exposed to health, social or psychological crises. Therefore, this study discusses the attitudes of social workers towards the use of spiritual practices in professional interventions with cancer patients.

THE SIGNIFICANCE OF THE STUDY

The significance of this study appears through the following points:

1. the construction of a measurement tool to reveal the attitudes of social workers towards the use of spiritual practices in professional interventions with cancer patients
2. the scarcity of scientific studies (to the extent of the researcher's knowledge) regarding the attitudes of social workers towards the interest in applying spiritual practices in professional interventions with cancer patients
3. the nature of cancer and patients with it and their need to the support of spiritual practices by social workers working in the medical field
4. helping social workers working in the medical field who deal with cancer patients to put into consideration the importance of using spiritual practices in professional interventions

STUDY AIMS

This study seeks to achieve a set of objectives defined as follows:

1. Identifying social workers' attitudes towards the importance of using spiritual practices in professional interventions with cancer patients
2. Identifying the social attitudes of social workers towards the application of spiritual practices in professional interventions with cancer patients
3. Identifying social workers' attitudes towards interest in spiritual practices in professional interventions with cancer patients
4. Identifying the obstacles of social workers' attitudes towards the use of spiritual practices in professional interventions with cancer patients

5. Identifying social workers' attitudes towards activating the use of spiritual practices in professional interventions with cancer patients

STUDY CONCEPTS

1. The Concept of Social Workers' Attitudes

The attitude is a hypothetical construct that represents the degree to which an individual likes or dislikes a particular subject. Attitudes are generally positive or negative to a person, place, thing, or event, and this is often referred to as the subject of the attitude. Attitude is also a psychological readiness or a mental and neural preparation for a positive or negative response towards people, things, topics, situations, or symbols in the environment that indicate this response (Amasha, 2019, p.72). The attitudes of social workers in this study are defined as a state of psychological readiness and positive or negative response towards the use of spiritual practices in professional interventions with cancer patients. The procedural concept of social workers' attitudes regarding spiritual practices in professional interventions with cancer patients can be defined as follows:

- a. attitudes of social workers towards the significance of using spiritual practices in professional interventions with cancer patients
- b. attitudes of social workers towards the application of spiritual practices in professional interventions with cancer patients
- c. attitudes of social workers towards obstacles to the use of spiritual practices in professional interventions with cancer patients
- d. attitudes of social workers towards activating the use of spiritual practices in professional interventions with cancer patients

2. The Concept of Spiritual Practices

Spiritual practices are a group of practices that rely on spiritual methods that represent a set of higher values, beliefs and internal forces that the individual, family and group are keen on. They take many manifestations in the living practices and daily life that are full of events and accidents with which a person reacts with happiness or sadness. Hence, there are states of joy, inner satisfaction, and happiness that arise from many situations, such as success, wealth, health, and others. On the contrary, there are cases of suffering and pain that culminate in a sense of alienation and separation from social life as a result of the shock of death or disease (Osman, Abdel-Fattah, 2004).

3. The Concept of Cancer

Cancer is formed within cells, those basic elements that make up tissues, and tissues are what make up the organs of the body. Cells grow normally and divide to form new cells whenever the body needs them. When the cells become old, they die and are replaced by other new cells. A defect sometimes occurs in that organized process, so new cells are formed when the body does not need them, and the old cells do not die at the exact time of their death. These extra cells may be a group of tissues called a tumor. Tumors are either benign or malignant, and malignant tumors are cancer. Malignant tumors are more dangerous than benign tumors and endanger life. They can be removed, but sometimes they come back again. In addition, some malignant tumor cells attack nearby tissues and organs. Some of them may also spread to other parts of the body. Cancer cells spread by detaching from the primary tumor and entering the bloodstream or lymphatic system. These cells may attack other organs forming new tumors that damage these organs. The spread of cancer is called metastasis (Saudi Cancer Control Association, 2013, p. 5:6). The cancer patient, either male or female, suffers from the disease and medicine, and the family suffers from the pain of the calamity.

STUDY QUESTIONS

1. What are the attitudes of social workers towards the importance of using spiritual practices in professional interventions with cancer patients?
2. What are the attitudes of social workers towards the application of spiritual practices in professional interventions with cancer patients?
3. What are the attitudes of social workers towards interest in spiritual practices in professional interventions with cancer patients?
4. What are the obstacles of social workers' attitudes towards using spiritual practices in professional interventions with cancer patients?
5. What are the suggestions for activating the use of spiritual practices by social workers in professional interventions with cancer patients?

REVIEW OF THE LITERATURE

Cultural heritage in all cultures reflects the importance of the spiritual dimension for man, especially with regard to the relationship of the individual, his family, others, and the surrounding nature as well, whether in relation to popular and dogmatic beliefs or traditions, or even in specialized scientific

studies. This dimension has been added to the aspects of the human study, with its essential connection to the personality, especially with regard to therapeutic practice, that highlights it, which makes it a main element in activating the treatment paths. Emphasis is placed on the spiritual aspect in the practice of social work, as it is found that one of the reasons for the deficiency of social work is its neglect of this spiritual aspect in designing and developing plans and policies for family services and services provided to patients. The deficiency also extends to the neglect of mental health terms and phrases from the spiritual side, especially in the treatment of cases of depression and psychological decline (Forma, 2003, p:337).

One of the studies confirms that in 2014 the Association for Social Work Oncology (AOSW) established a project to ensure the quality of cancer care (APQCC). This project includes a group of oncology social workers representing 65 COC-accredited programs across the United States (including one in Canada). It aims at examining the ability of cancer programs to provide high quality psychosocial support services and assessing of the implementation of the distress and grief examination. Accordingly, the aim of this study is to describe how this collaborative research program was established and implemented under the auspices of the Association for Social Work on Oncology (AOSW). It also aims at reporting the program's impact on oncology social workers who participated in it (Zebrack, et. al. 2018, p.19-30).

Another study confirms that the scientific research is able to inform the techniques and methods of treatment for family members, including the cancer patient, from their daily problems. That mainly reflects the growing interest in the spiritual aspects in the existing relationships between the patient and his family in order to use the common denominators to reach the accelerators of healing from the family's sorrows. Cancer is the greatest cause of family worries and disturbances; therefore, the researcher must present new dimensions of family relations with the cancer patient in their spiritual aspect as an entry point for professional interventions and the provision of services for cancer patients. (Coffey, 2002, p. 25: 50)

Aponte's study indicates the importance of the spiritual aspects in the cancer patient's life and that there are multiple sources of spiritual elements. He states that the skilled healer is the one who picks up these elements and uses them in treatment, among other means. That goes back to the belief that the spiritual aspects and spiritual comfort play a crucial role in facing patients' fatigue and

stress. That study also shows the need of social workers dealing with cancer patients for training courses in the use of spiritual practices in professional interventions to face the challenges, pain and suffering of cancer patients. (Aponte, 1999, P 75: 85)

Walsh's study indicates that the increasing interest in the moral and spiritual aspects, especially with regard to religious and cultural family relations. It also highlights the importance of the value structure that prevails within the family of a cancer patient. Accordingly, the social worker can put the spiritual aspect in the right place inside the treatment plan, especially in the case of a cancer patient facing psychological, social and material suffering caused by the disease. (Forma, 1999, p. 29-50)

Doug's study shows that the manifestations of religiosity that can be deduced through the words of the individual and the repetition of religious phrases that indicate the existence of ALLAH may refer to the modern life with all its complexities. That religious aspect can be a means of effective treatment in cases of morale decline as a result of cancer. (Oman, 2019, p.87:90)

Corby's study indicates that spiritual satisfaction is to achieve the objective equivalent of material satisfaction, as religious activities provide the cancer patient and his family with spiritual cover and moral compensation in the face of the difficulty of life, especially after contracting the disease. (Corby, 2003, p.111)

Callicchia's study reveals the relationship between the spiritual aspects and social support in facing the stresses of life, such as cancer, through an experiment on a sample of graduates specialized in rehabilitation programs as social counsellors. The results of that study show that there is no correlation between psychological and living pressures and social support, while confirming the inverse relationship between these two concepts. On the other side, the spiritual aspects of professional interventions play an important role in facing the pressures resulting from cancer for a family member (Callicchia, 2006).

Hoogestraat's study highlights the importance of spiritual aspects that each individual carries within him from the set of values and beliefs that they have as a guarantee of a normal life. Hence, the treatment of the patient becomes more beneficial in the case of using those self-motivations and stimuli that are related

to the spiritual aspects and help to get rid of the suffering of the disease. (Hoogestraat, 2013, p:413)

Through reviewing the literature, the researcher finds a set of indicators as follows:

1. Emphasizing that spiritual practices in professional interventions with cancer patients have become one of the important aspects that must be considered when providing social care to cancer patients and the problems they face, in addition to focusing on the physical, psychological, mental and social dimensions
2. Not ignoring spiritual practices in professional interventions with cancer patients when intervening to alleviate the pain and suffering caused by the disease
3. Emphasizing, by some previous studies, the importance of spiritual practices as a means to help a cancer patient overcome psychological fatigue, social stress, and bullying to face the challenges and pains of the disease
4. Including religious worship, spiritual methods and concepts that work on moral satisfaction, and religious activities in spiritual practices in professional interventions with cancer patients help provide spiritual cover for the patient in facing the difficulties of the disease and barriers to recovery
5. Based on the previous indicators, the researcher has the methodological reassurance in relying on spiritual practices in professional interventions with cancer patients and using these practices to face the obstacles and challenges facing cancer patients in the Egyptian environment.

THEORETICAL FRAMEWORK

The researcher has dealt with many theoretical sources related to the spiritual practices of human nature in general and with regard to the practice of these aspects in social work in particular. It has become an important dimension in the practice of social work added to the psychological, mental, physical and social aspects achieving the integration between these aspects within the framework of the environment in which the human personality is formed. Then, it is possible to identify the spiritual and philosophical aspects from which the social worker derives his professional activity in

professional interventions with cancer patients to overcome the challenges, suffering and pressures of the cancer patient. The theoretical hypotheses of the study are defined as follows:

1. The latest findings of social work that spiritual and religious aspects in the elements of service provision and the expression of spiritual coordination are a short part of the social personality system in all cases.
2. The spiritual aspect expresses the human motivation to feel one with the components of life and the relationship with others from the perspective of integration and belonging to a group that has principles, beliefs, customs and relations with an intangible but tangible force that drives the meanings of sympathy and common love for the ideal, often ideological or religious.
3. There is research and historical evidence that proves that spiritual factors affect human behavior in general. In other words, the spiritual state, the sense of psychological location, and the mood often led to certain patterns of behavior. There are many phenomena and actions that occur to a cancer patient, which are only a true reflection of the prevailing spiritual state in the patient's relations with others in the surrounding environment.
4. Cancer is an acute psychological crisis, so the spiritual aspects play a profound role in shaping the attitude towards the manifestations of this disease in the patient's surrounding environment. Therefore, spiritual practices in professional interventions with cancer patients will play a key role in helping the patient and his family to endure and alleviate the suffering of this disease.

SPIRITUAL METHODS AND PRACTICES

The spiritual approach is an approach that relies on the effectiveness of spiritual and religious values in modifying the client's attitudes and unbridled patterns as a driving force that strongly rejects all forms of human foolishness and restores social stability for the individual, the group and society to achieve the maximum states of maturity, growth and humanity (Osman, Abdel Fattah, 2008). The spiritual approach is also defined as a therapeutic approach that means conscious practice and is concerned with spiritual factors. It focuses on the personal growth and professional growth of the social worker who deals with clients within the framework of the ethics and morale they adopt. Hence

the social worker realizes the value and goals of the different changes that they express in the spiritual and religious aspects, which supports communication for effective solutions to the crises and life pressures they face (3. Bint Ibrahim, 1991, p.47).

The spiritual approach is one of the therapeutic approaches in the way of serving the individual that appeared to confront the problems due to the weakness of the faith tendency. It focuses on investing in religious meanings in achieving life stability for man, the most honorable creation of ALLAH and his successor on earth, which all heavenly religions unanimously agreed to honor and raise his status and role in the reconstruction of the universe and life (Osman, 2004, p. 252). Therefore, the spiritual approach depends on the following concepts:

1. Pureness

Pureness is an elevated rank of relations between man and the superpower that he senses from within that it controls everything. In front of it, he feels his helplessness and his weakness, and that by its closeness, his spirit and actions are purified and transcendent with the environment in which he lives. Hence, these relationships are characterized by pureness, serenity, decency, spirituality, honesty in word and deed, compassion, addressing the mind and the soul together. That results in enveloping the specialist's relationship with the client in all stages of the assistance process, and it is possible through achieving the following (Othman, Abdel-Fattah, 2004):

- Deepening the client's sense of security, confidence and safety
- Arousing the client's desire to disclose his most intimate secrets
- Addressing the client's faith instinct

2. Reinforcing Faith

Faith is the focus of help, which the professional practitioner must support gradually and automatically without fabrication and with the necessary degree without boredom. To achieve this, the following must be done (Othman, Abdel-Fattah, 2004):

- Choosing the appropriate time for reminding ALLAH's commands and prohibitions so as not to lose its wisdom, and it is preferable to avoid it at times of anger

- Starting first with the religious wisdom behind the verses before presenting their texts
- Avoiding prohibitive religious texts or those that threaten punishment, with preference for commanding texts that herald reward

3. Pressing and Determinism

The spiritual approach, despite its grace, does not reject, when necessary, the practice of pressing and determinism, especially in extremely serious problems such as addiction, falling into major sins, destroying the family, or displacing children. As religion has commanded and permitted such behaviors in some situations, but it will remain the style of the lover and pity for his client and not the method of healing, punishing, or despairing.

4. Meditation

Meditation is one of the methods that are used in the light of the spiritual approach, which in their entirety limits falling into problems such as poverty. Not only meditation is an integral part of religion and spiritual training, it also helps the individual and the family to get rid of abnormal conflicts. In addition, it supports the religious tendency that contributes to the response and retrieval of most life activities, including the good memories of the individual and the family.

5. Meaning of Life

The meaning of life is a common and multi-concept element that describes human experience as a meaningful life because it depends on feelings of interaction and communication. The positive meaning of life is represented in the strength of religious beliefs, the values of transcendence, membership in groups, sincerity to issues, and clarity of goals. Hence, finding meaning in life is an indispensable introduction to preventing falling into various problems (Osman, Abdel-Fattah, 2004). There is no doubt that the concept of the meaning of life for individuals with cancer often affects them from falling into the circle of life pressures resulting from the disease.

METHODOLOGICAL PROCEDURES

1. Study Type

This study belongs to the types of descriptive analytical studies through which accurate information can be obtained that depicts and diagnoses reality and contributes to the analysis of its phenomena. The descriptive study relies on collecting, analyzing and interpreting data and facts in order to draw conclusions. Through this, it leads to the issuance of generalizations regarding the situation or phenomenon being studied. It also helps to quantitatively and qualitatively describe the opinions of a specific research community of a specific size towards a specific service, problem, or need. (Abdel-Halim Reda, 1998, p. 429)

2. Method Used

The type of study controls the choice of its method, and therefore this study relies on a social survey method for social workers working in oncology departments in Port Said Governorate hospitals to identify their attitudes towards the use of spiritual practices in their professional interventions with cancer patients.

3. Study Tools

This study relies on a questionnaire measuring the attitudes of social workers towards the use of spiritual practices in professional interventions with cancer patients (prepared by the researcher). This tool is designed by referring to the theoretical heritage and the conceptual framework directed to the study, and looking at the various references that dealt with the subject of spiritual practices in the way of working with individuals with different clients in the nature of their problems, and referring to the observations of the experts in the field of social service and individual service as well as referring to scientific studies and previous research related to the subject of the current study. The questionnaire includes the following main dimensions:

- The first dimension: The primary data
- The second dimension: The attitudes of social workers towards the importance of using spiritual practices in professional interventions with cancer patients
- The third dimension: The attitudes of social workers towards applying the use of spiritual practices in professional interventions with clients with cancer

- The fourth dimension: Attitudes of social workers towards interest in spiritual practices in professional interventions with cancer patients
- The fifth dimension: Obstacles of social workers' attitudes towards the use of spiritual practices in professional interventions with cancer patients
- The sixth dimension: Proposals to activate the use of spiritual practices by social workers in professional interventions with clients with cancer

Table (1): the degrees of stability and validity of the scale using the Spearman coefficient between the first and second application of the group on which the measurement was conducted.

N	First Application (x)	Second Application (y)	(x) Ranks	(y) Ranks	d	d Square
1	150	152	1	1	Zero	Zero
2	99	95	10	10	Zero	Zero
3	110	102	5.5	8	2.5	6.25
4	127	114	5.5	3.5	-1.5	2.25
5	110	114	5.5	3.5	2	4
6	123	120	3	2	1	1
7	101	103	9	6.5	2.5	6.25
8	103	100	8	9	-1	1
9	112	111	4	5	-1	1
10	105	103	7	6.5	0.5	0.25
11						22

$$\rho = 1 - \frac{6 \sum d_i^2}{n(n^2 - 1)}$$

132

$$p = 1 - \frac{132}{990} = 0.87$$

990

We can conclude that this measurement tool depends on the validity of its results and their significance. It is taken into account that the application conditions in the pre and post measurement are very similar, as the researcher

records the respondents' responses herself in both cases, and also unified the place and time of application to a large extent, and the application time took (45-50) minutes.

3.1 Tools Validity

The researcher depends on two types of tools validity: arbitrators' validity and self-validity. (a) Arbitrators' validity: the tool is examined by five social casework professors to determine the validity of the content, and by calculating the percentage of arbitrators' agreement, the statements and questions that scored 80% or more are verified, and the statements and questions that scored less than 80% are deleted. (b) Self-Validity: the square root of the stability coefficient is calculated as follows:

$$\text{Self-Validity} = \sqrt{\text{stability coefficient}} = \sqrt{0.87} = 0.932$$

Accordingly, it is found that the tool has a high degree of stability and validity, and its results can be relied upon.

STUDY FIELDS

a. Place Field

The spatial field of this study is determined in the oncology departments of Port Said governorate hospitals: Al-Salam Hospital, Ataa Hospital, Al-Soliman Hospital, Al-Zohour Hospital, Al-Nasr Hospital, Port Fouad Hospital, and Al-Mabra Hospital. These seven hospitals in Port Said Governorate are chosen due to the availability of departments dealing with cancer patients (oncology department).

b. Time Field

This study took about 3 months, starting from March 2023 to June 2023.

c. Human Field

The study includes a group of (30) social workers working in oncology departments in Port Said governorate hospitals on their attitudes towards the use of spiritual practices in professional interventions with cancer patients. The comprehensive survey method is applied to all social workers (30 ones) working in the seven hospitals.

STATISTICAL PROCESSORS USED FOR DATA ANALYSIS

- Spearman coefficient to calculate the stability of a measuring tool for the attitudes of social workers
- percentages and frequencies
- Arithmetic mean
- Weighted weights
- standard deviation

DEMOGRAPHIC RESULT INFORMATION

Table (2): the characteristics of the study sample

The Variable		The Number	The Percentage
Gender	Male	15	50 %
	Female	15	50 %
Age	Less than 45 years old	1	3.33%
	From 45 to less than 50 years old	11	36.67%
	From 50 years and over	18	60%
	Arithmetic mean	50.7	
	Standard deviation	3.8	
Educational Qualification	Social Work Bachelor	30	100
marital status	married	27	90
	Widow/ widower	3	10
Work duration in the medical field	Less than 20 years old	5	16.67
	From 20 years to less than 25	16	53.33
	From 25 years and over	9	30
	Arithmetic mean	22.6	
	Standard deviation	3.33	
Duration of working with cancer patients	From 10 years to less than 15	14	46.67
	From 15 years and over	16	53.33
	Arithmetic mean	14.6	
	Standard deviation	2.4	

THE RESULTS OF THE SOCIAL WORKERS ATTITUDES

Table (3): the assessment of social workers' attitudes towards spiritual practice in professional interventions with cancer patients. n = 30

N	The Variable	Weights Sum	Weights Average	Standard Deviation
1	Attitudes of social workers towards the importance of spiritual practice in professional interventions with cancer patients	1490	49.67	1.69
2	Attitudes of social workers towards the application of spiritual practices in professional interventions with cancer patients	1468	48.93	2.60
3	Attitudes of social workers towards interest in spiritual practices in professional interventions with cancer patients	578	19.27	1.66
4	A measure of social workers' attitudes towards spiritual practice in professional interventions with cancer patients	3536	117.87	3.97

Table No. (3) shows that the average weights for estimating "social workers' attitudes towards spiritual practice in professional interventions with cancer patients" is (117.87), with a standard deviation of (3.97). In the second place is "the assessment of social workers' attitudes towards the application of spiritual practices in professional interventions with cancer patients" with an average weight of (48.93) and a standard deviation of (2.60). Then, in the third place is "attitudes of social workers towards interest in spiritual practices in professional interventions with cancer patients" with average weights of (19.28) and a standard deviation of (1.66).

RESULTS OF OBSTACLES TO THE USE OF SPIRITUAL PRACTICES

Table (4): social workers' assessment of the obstacles to using spiritual practices in professional interventions with cancer patients. n = 30

N	The Phrase	Yes	To some extent	No	Weights Sum	Weights Average	Arrangement
1	I have not heard of these practices	8	20	2	66	2.2	Fifth
2	Unfamiliarity with the techniques of spiritual practices	18	12		78	2.6	Third
3	Poor knowledge of the areas of practice of this spiritual approach	23	7		83	2.767	Second
4	Never been trained in these spiritual practices before	25	5		85	2.833	First
5	I find it difficult to apply these practices with patients	17	13		77	2.567	Fourth
6	There is no response from the patient to these spiritual practices	2	12	16	46	1.533	Eighth
7	These practices are not effective with cancer patients		8	22	38	1.267	ninth
8	There is difficulty in applying these spiritual practices	10	14	6	64	2.133	Sixth
9	No need for spiritual practices with cancer patients	12		18	54	1.8	seventh
10	Difficulty responding to a cancer patient's goal of practice		7	23	37	1.233	tenth

Table No. (4) shows that the first three main obstacles for using spiritual practices in professional interventions are "Never been trained in these spiritual practices before", "Poor knowledge of the areas of practice of this spiritual approach", and "Unfamiliarity with the techniques of spiritual practices". These obstacles ranked first, second, and third, respectively. On the other hand, the last three obstacles are "These practices are not effective with cancer patients", "These practices are not effective with cancer patients", and "Difficulty responding to a cancer patient's goal of practice" in eighth, ninth, and tenth places, respectively.

THE RESULTS OF PROPOSALS TO ACTIVATE THE USE OF SPIRITUAL PRACTICES IN PROFESSIONAL INTERVENTIONS WITH CANCER PATIENTS

Table (5): social workers' assessment of activating the use of spiritual practices in professional interventions with cancer patients. n = 30

N	The Phrase	Yes	To some extent	No	Weights Sum	Weights Average	Arrangement
1	The need for theoretical knowledge of social workers with these practices	27	2	1	86	2.867	Fourth
2	Getting enough training on these spiritual practices	28		2	86	2.867	Fourth Place Duplicate
3	Knowledge of the cognitive basis of spiritual practices	29	1		89	2.967	Second
4	Training in using the techniques of these spiritual practices with patients specifically	29	1		89	2.967	Second Place Duplicate
5	Ensuring the effectiveness of these spiritual practices with cancer patients	27	3		87	2.9	Third
6	The commitment of social workers to these practices with cancer patients	30			90	3	First
7	Include these spiritual practices within the professional intervention program with cancer patients	29	1		89	2.967	Second Place Duplicate
8	Putting these spiritual practices within the professional intervention program for social workers with cancer patients	30			90	3	First Place Duplicate
9	Popularizing spiritual practices with cancer patients	29	1		89	2.967	Second Place Duplicate
10	Determine the professional foundations of the practices that the social worker must adhere to with cancer patients	30			90	3	First Place Duplicate

It is clear from Table No. (5) the evaluation of social workers to activate the use of spiritual practices in professional interventions with cancer patients. The results of this table show that "The commitment of social workers to these practices with cancer patients", "Putting these spiritual practices within the professional intervention program for social workers with cancer patients", and "Determine the professional foundations of the practices that the social worker must adhere to with cancer patients" are in the first place, first place duplicate, and first place duplicate, respectively. In the third place is "Ensuring the effectiveness of these spiritual practices with cancer patients", and in the fourth place is "The need for theoretical knowledge of social workers with these practices", then in the fourth-place duplicate is "Getting enough training on these spiritual practices".

CONCLUSION

This study recommends that social workers working in the field of cancer care should be trained to practice spiritual methods. It also emphasizes the importance of social workers acquiring religious knowledge related to the patient and the medical ethics in order to provide religious education, guidance and meet the patient's needs. It also recommends training social workers to include components of spiritual and religious care in services provided to cancer patients. In addition, this study shows that one of the ways to reduce fatigue and stress when suffering from cancer is to reconsider spirituality and religion, as many cancer patients believe that reconsidering their spiritual or religious beliefs and practices helps them cope with their disease.

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Appendix (1)

A Questionnaire Measuring Social Workers' Attitudes towards the Use of Spiritual Practices in Professional Interventions with Cancer Patients

Dalia Naim Abdel-Wahab Shalaby

Assistance Professor of Social Casework, the Higher Institute of Social Work
Port Said, Egypt

2023

The data of this form is confidential and is used only for scientific research purposes.

Dear colleagues

The researcher Dalia Naim Abdel-Wahhab Shalaby is preparing a scientific study entitled Attitudes of social workers towards the use of spiritual practices in professional interventions with cancer patients. To complete the study of this topic, it was necessary to prepare this tool to measure the attitudes of social workers towards the use of spiritual practices in professional interventions with cancer patients, in terms of:

First: the primary data

Second: Social workers' attitudes towards the importance of using spiritual practices in professional interventions with cancer patients

Third: Social attitudes of social workers towards the application of spiritual practices in professional interventions with cancer patients

Fourth: Identifying the attitudes of social workers towards the interest in spiritual practices in professional interventions with cancer patients

Fifth: Identifying the obstacles of social workers' attitudes towards the use of spiritual practices in professional interventions with cancer patients

Sixth: Identifying social workers' attitudes towards activating the use of spiritual practices in professional interventions with cancer patients

Therefore, please answer the questions of this questionnaire by expressing your opinion in front of the responses that agree with your point of view. The researcher extends the highest verses of thanks for your sincere cooperation with her.

First: The primary data

Name (Optional):		
1. Gender:	a. Male	()
	b. Female	()
2. Age		() years
3. Marital Status	a. Single	()
	b. Married	()
	c. Married and Family Provider	()
	d. Divorced	()
	e. Widower	()
4. Duration of work in the medical field		() years
5. Duration of working with cancer patients		() years
6. The number of training courses on professional interventions with cancer patients		() Courses

Second: Social workers' attitudes towards the importance of using spiritual practices in professional interventions with cancer patients

N	The Phrase	Yes	To Some Extent	No
1.	Spiritual practices are consistent with professional interventions with cancer patients			
2.	Spiritual practices with cancer patients require special skills from the practitioner			
3.	Spiritual practices with cancer patients require the social worker's conviction.			
4.	Spiritual practices can be applied with cancer patients through the use of religious videos			
5.	I can't do spiritual practices with cancer patients			
6.	Spiritual practices are the basis for dealing with cancer patients			
7.	I don't want to use spiritual practices with cancer patient			
8.	Spiritual practices with cancer patients bring many benefits			
9.	Spiritual practices can be applied with cancer patients through the use of audio recordings			
10.	I used spiritual practices before with cancer patients			
11.	The use of spiritual practices helps a cancer patient accept his/her disease			
12.	Spiritual practices help increase the interaction between the cancer patient and the people around him/her			
13.	Spiritual practices help strengthen the relationship of the cancer patient with his/her family			
14.	Spiritual practices transform the cancer patient from a passive listener to an active participant in the treatment process			
15.	Spiritual practices give a chance to recover from disease			
16.	Spiritual practices help solve problems for a cancer patient			
17.	Spiritual practices with a cancer patient improve his health			
18.	Spiritual practices with a cancer patient stimulate clinging to life			
19.	Spiritual practices give hope to the cancer patient for recovery			
20.	Spiritual practices with a cancer patient help get rid of introversion			

Third: Social attitudes of social workers towards the application of spiritual practices in professional interventions with cancer patients

N	The Phrase	Yes	To Some Extent	No
1.	Spiritual practices with a cancer patient help get rid of depression			
2.	Spiritual practices enable a cancer patient not to fear the unknown			
3.	Spiritual practices help with a cancer patient not to fear death			
4.	Using spiritual practices with a cancer patient helps a safe death			
5.	Spiritual practices with a cancer patient lead to self-confidence			
6.	Using spiritual practices with a cancer patient helps not to be pessimistic about life			
7.	Spiritual practices in professional interventions with cancer patients help to be closer to ALLAH			
8.	Spiritual practices with a cancer patient reduce the feeling of fear and anxiety about the future of his family			
9.	Spiritual practices in professional interventions help the cancer patient to reduce the feeling of misery and unhappiness			
10.	Spiritual practices in professional interventions help the cancer patient not to be isolated from society			
11.	The use of spiritual practices in professional interventions with a cancer patient helps to eliminate isolation and social loneliness			
12.	The use of spiritual practices in professional interventions with cancer patients confirms the fact that ALLAH is the healer			
13.	The use of spiritual practices in professional interventions with a cancer patient gives hope in life			
14.	Spiritual practices help in professional interventions with a cancer patient to accept the disease			
15.	Spiritual practices in professional interventions with a cancer patient enable him/ her to maintain social contact with others			
16.	The use of spiritual practices with a cancer patient stimulates belief in destiny, good and bad			
17.	Spiritual practices with a cancer patient give a sense of optimism in the future			
18.	Spiritual practices in professional interventions with a cancer patient enable him/ her to continue working			
19.	The use of spiritual practices in professional interventions with cancer patients strengthens their will			
20.	Spiritual practices in professional interventions with cancer patients enable them to feel equal with others			

Fourth: Identifying the attitudes of social workers towards the interest in spiritual practices in professional interventions with cancer patients

N	The Phrase	Yes	To Some Extent	No
1.	Spiritual practices with a cancer patient help to establish relationships with others with the same disease			
2.	Spiritual practices in professional interventions with a cancer patient increase his contact with others			
3.	The use of spiritual practices in professional interventions with a cancer patient helps maintain matters of worship			
4.	I can't use spiritual practices with cancer patients			
5.	The use of spiritual practices does not work for patients with cancer			
6.	Cancer patients do not respond to spiritual practices in professional interventions with them			
7.	Spiritual practices in professional interventions with cancer patients do not increase their self-confidence			
8.	Using spiritual practices with cancer patients does not strengthen their patience to endure their illness			
9.	Spiritual practices with a cancer patient do not lead to a sense of optimism and enthusiasm for life			
10.	Spiritual practices in professional interventions with cancer patients strengthen their personal will			

Fifth: Identifying the obstacles of social workers' attitudes towards the use of spiritual practices in professional interventions with cancer patients

N	The Phrase	Yes	To Some Extent	No
1.	I have not heard of these practices			
2.	Unfamiliarity with the techniques of spiritual practices			
3.	Poor knowledge of the areas of practice of this spiritual perspective			
4.	Never been trained in these spiritual practices before			
5.	I find it difficult to apply these practices with patients			
6.	There is no response from the patient to these spiritual practices			
7.	These practices are not effective with cancer patients			
8.	There is difficulty in applying these spiritual practices			
9.	No need for spiritual practices with cancer patients			
10.	Response difficulty of a cancer patient to the goal of these practices			

Sixth: Identifying social workers' attitudes towards activating the use of spiritual practices in professional interventions with cancer patients

N	The Phrase	Yes	To Some Extent	No
1.	The need for theoretical knowledge of social workers with these practices			
2.	Get enough training on these spiritual practices			
3.	Knowledge of the cognitive basis of spiritual practices			
4.	Training in using the techniques of these spiritual practices specifically with patients			
5.	Ensuring the effectiveness of these spiritual practices with cancer patients			
6.	The commitment of social workers to these practices with cancer patients			
7.	Including these spiritual practices within the professional intervention program with cancer patients			
8.	Putting these spiritual practices within the professional intervention program for social workers with cancer patients			
9.	Mainstreaming spiritual practices with cancer patients			
10.	Determining the professional foundations of spiritual practices that the social worker must adhere to with cancer patients			

Appendix (2)

A Questionnaire Measuring Social Workers' Attitudes towards the Use of Spiritual Practices in Professional Interventions with Cancer Patients

Dalia Naim Abdel-Wahab Shalaby

Assistance Professor of Social Casework, the Higher Institute of Social Work
Port Said, Egypt

2023

The data of this form is confidential and is used only for scientific research purposes.

Dear colleagues

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First: the primary data

Second: Social workers' attitudes towards the importance of using spiritual practices in professional interventions with cancer patients

Third: Social attitudes of social workers towards the application of spiritual practices in professional interventions with cancer patients

Fourth: Identifying the attitudes of social workers towards the interest in spiritual practices in professional interventions with cancer patients

Fifth: Identifying the obstacles of social workers' attitudes towards the use of spiritual practices in professional interventions with cancer patients

Sixth: Identifying social workers' attitudes towards activating the use of spiritual practices in professional interventions with cancer patients

Therefore, please answer the questions of this questionnaire by expressing your opinion in front of the responses that agree with your point of view. The researcher extends the highest verses of thanks for your sincere cooperation with her.

First: The primary data

Name (Optional):		
1. Gender:	a. Male	()
	b. Female	()
2. Age		() years
3. Marital Status	a. Single	()
	b. Married	()
	c. Married and Family Provider	()
	d. Divorced	()
	e. Widower	()
4. Duration of work in the medical field		() years
5. Duration of working with cancer patients		() years
6. The number of training courses on professional interventions with cancer patients		() Courses

Second: Social workers' attitudes towards the importance of using spiritual practices in professional interventions with cancer patients

N	The Phrase	Yes	To Some Extent	No
1.	Spiritual practices are consistent with professional interventions with cancer patients			
2.	Spiritual practices with cancer patients require special skills from the practitioner			
3.	Spiritual practices with cancer patients require the social worker's conviction.			
4.	Spiritual practices can be applied with cancer patients through the use of religious videos			
5.	I can't do spiritual practices with cancer patients			
6.	Spiritual practices are the basis for dealing with cancer patients			
7.	I don't want to use spiritual practices with cancer patient			
8.	Spiritual practices with cancer patients bring many benefits			
9.	Spiritual practices can be applied with cancer patients through the use of audio recordings			
10.	I used spiritual practices before with cancer patients			
11.	The use of spiritual practices helps a cancer patient accept his/her disease			
12.	Spiritual practices help increase the interaction between the cancer patient and the people around him/her			
13.	Spiritual practices help strengthen the relationship of the cancer patient with his/her family			
14.	Spiritual practices transform the cancer patient from a passive listener to an active participant in the treatment process			
15.	Spiritual practices give a chance to recover from disease			
16.	Spiritual practices help solve problems for a cancer patient			
17.	Spiritual practices with a cancer patient improve his health			
18.	Spiritual practices with a cancer patient stimulate clinging to life			
19.	Spiritual practices give hope to the cancer patient for recovery			
20.	Spiritual practices with a cancer patient help get rid of introversion			

Third: Social attitudes of social workers towards the application of spiritual practices in professional interventions with cancer patients

N	The Phrase	Yes	To Some Extent	No
1.	Spiritual practices with a cancer patient help get rid of depression			
2.	Spiritual practices enable a cancer patient not to fear the unknown			
3.	Spiritual practices help with a cancer patient not to fear death			
4.	Using spiritual practices with a cancer patient helps a safe death			
5.	Spiritual practices with a cancer patient lead to self-confidence			
6.	Using spiritual practices with a cancer patient helps not to be pessimistic about life			
7.	Spiritual practices in professional interventions with cancer patients help to be closer to ALLAH			
8.	Spiritual practices with a cancer patient reduce the feeling of fear and anxiety about the future of his family			
9.	Spiritual practices in professional interventions help the cancer patient to reduce the feeling of misery and unhappiness			
10.	Spiritual practices in professional interventions help the cancer patient not to be isolated from society			
11.	The use of spiritual practices in professional interventions with a cancer patient helps to eliminate isolation and social loneliness			
12.	The use of spiritual practices in professional interventions with cancer patients confirms the fact that ALLAH is the healer			
13.	The use of spiritual practices in professional interventions with a cancer patient gives hope in life			
14.	Spiritual practices help in professional interventions with a cancer patient to accept the disease			
15.	Spiritual practices in professional interventions with a cancer patient enable him/ her to maintain social contact with others			
16.	The use of spiritual practices with a cancer patient stimulates belief in destiny, good and bad			
17.	Spiritual practices with a cancer patient give a sense of optimism in the future			
18.	Spiritual practices in professional interventions with a cancer patient enable him/ her to continue working			
19.	The use of spiritual practices in professional interventions with cancer patients strengthens their will			
20.	Spiritual practices in professional interventions with cancer patients enable them to feel equal with others			

Fourth: Identifying the attitudes of social workers towards the interest in spiritual practices in professional interventions with cancer patients

N	The Phrase	Yes	To Some Extent	No
1.	Spiritual practices with a cancer patient help to establish relationships with others with the same disease			
2.	Spiritual practices in professional interventions with a cancer patient increase his contact with others			
3.	The use of spiritual practices in professional interventions with a cancer patient helps maintain matters of worship			
4.	I can't use spiritual practices with cancer patients			
5.	The use of spiritual practices does not work for patients with cancer			
6.	Cancer patients do not respond to spiritual practices in professional interventions with them			
7.	Spiritual practices in professional interventions with cancer patients do not increase their self-confidence			
8.	Using spiritual practices with cancer patients does not strengthen their patience to endure their illness			
9.	Spiritual practices with a cancer patient do not lead to a sense of optimism and enthusiasm for life			
10.	Spiritual practices in professional interventions with cancer patients strengthen their personal will			

Fifth: Identifying the obstacles of social workers' attitudes towards the use of spiritual practices in professional interventions with cancer patients

N	The Phrase	Yes	To Some Extent	No
1.	I have not heard of these practices			
2.	Unfamiliarity with the techniques of spiritual practices			
3.	Poor knowledge of the areas of practice of this spiritual perspective			
4.	Never been trained in these spiritual practices before			
5.	I find it difficult to apply these practices with patients			
6.	There is no response from the patient to these spiritual practices			
7.	These practices are not effective with cancer patients			
8.	There is difficulty in applying these spiritual practices			
9.	No need for spiritual practices with cancer patients			
10.	Response difficulty of a cancer patient to the goal of these practices			

Sixth: Identifying social workers' attitudes towards activating the use of spiritual practices in professional interventions with cancer patients

N	The Phrase	Yes	To Some Extent	No
1.	The need for theoretical knowledge of social workers with these practices			
2.	Get enough training on these spiritual practices			
3.	Knowledge of the cognitive basis of spiritual practices			
4.	Training in using the techniques of these spiritual practices specifically with patients			
5.	Ensuring the effectiveness of these spiritual practices with cancer patients			
6.	The commitment of social workers to these practices with cancer patients			
7.	Including these spiritual practices within the professional intervention program with cancer patients			
8.	Putting these spiritual practices within the professional intervention program for social workers with cancer patients			
9.	Mainstreaming spiritual practices with cancer patients			
10.	Determining the professional foundations of spiritual practices that the social worker must adhere to with cancer patients			