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COMMENT

Hope and spiritual well-being: two sides of the same coin?

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Patients strongly want their hope despite facing a diagnosis of cancer or other life-threatening illnesses, experiencing symptoms, a decline in performance status, enduring the persistent toxicities of oncological therapies, and adapting to lifestyle changes imposed by the illness [1].

When addressing the needs of such patients, Health Care Professionals (HCPs) often ponder the significance of hope for both patients and their caregivers, along with strategies for sustaining, encouraging, and nurturing hope.

HCPs may employ validated questionnaires, available in multiple languages, to screen and assess physical, emotional, as well as existential/spiritual, social, and financial needs in a comprehensive, holistic approach [2–4].

In this regard, the studies in progress on the assessment of well-being at the end of life and exploring the possibility of introducing a flourishing measure in palliative care practice are very interesting [5].

Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek meaning, purpose, and transcendence and relate to many important aspects of their lives—that which is significant or sacred for them. Moreover, spirituality is considered a determinant of Health [6]. Experts in the field [2, 4, 7] claim that a spiritual history should be taken by all clinicians who provide care for patients as part of a whole-person assessment and plan.

Hope is one of the many elements related to spiritual well-being.

In the literature, some patients often report spiritual well-being when they have hope and vice versa.

The relationship between hope and spiritual well-being persists across different types of cancer and stages of illness, including treatment, post-surgery, and end-of-life care [8–10]. This includes the adults, the elderly, and even children facing cancer-related challenges [11–13]. Both hope and spiritual well-being are recognized for their role in helping individuals cope with anxiety and depression, irrespective of age. Moreover, losing hope is one of the concerns for patients facing existential challenges [2–4].

A cross-sectional study involving 85 terminally ill cancer patients admitted to a palliative care unit revealed a positive correlation between hopelessness, the desire for hastened death, and poor spiritual well-being [14].

In another cross-sectional study involving 650 cancer patients, the relationship between spirituality and hopelessness was examined. Results showed a significant negative correlation ($p < 0.01$) between spirituality and hopelessness levels [15].

A correlational predictive study with 200 cancer patients investigated the mediating role of hope in the relationship between spiritual well-being and quality of life. The improvement in patients' quality of life was significantly affected by both spiritual well-being and hope ($p < 0.001$) [16].

In a prospective study performed by Ripamonti et al. [17] on 276 cancer patients, the relationship between hope, spirituality/religiosity, and symptoms was examined. Notably, 71% of the patients were at diagnosis or undergoing active oncological therapies, while only 29% had metastatic disease or disease relapse. The findings revealed that higher hope scores were significantly associated with lower suffering and psychological distress ($p < 0.001$), as well as higher spirituality ($p < 0.001$). Furthermore, a significant proportion of patients reported being churchgoers ($p < 0.001$).

In the study by Laranjeira [18], which focused on exploring how hope is experienced by dyads of end-of-life patients, among the barriers to hope was poor communication with clinicians. Hope facilitators included supportive others, positive thinking, connection with nature, faith in religion and science, and a sense of compassion for others.

In a RCT involving 94 hospitalized leukemia patients randomized into a spiritual care program (experimental group) or control group, significant differences in hope and anxiety scores were found immediately, 1 and 2 months after the intervention ($p < 0.001$). The experimental group showed

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decreased anxiety and increased hope scores from baseline to 2 months after the intervention, while the control group experienced worsening anxiety and decreased hope ($p < 0.001$) [19].

A longitudinal study with 139 newly diagnosed colorectal cancer patients aimed to assess how religious/spiritual coping moderates the association between stress and hope. Findings revealed that hope was influenced by cancer appraisal, with the lowest hope reported among those with low challenge appraisals and religious/spiritual coping [20].

Thus, since hope represents a core need and a tool for patients to better cope with their illness at any stage of the disease, it is essential to assess it and implement specific interventions that can facilitate or encourage hope, thereby improving spiritual well-being.

There is therapy for hope [21], but the initial approach involves improving communication with the patient, focusing on better dialogue, sincerity, and providing reassurance by their physicians [17, 18]. Moreover, implementing comprehensive screening and assessment and providing spiritual care for cancer patients and their caregivers may enhance their experience and potentially influence the health-related quality of life of the care recipients [2–4, 7].

The association between spirituality and well-being [7] is undeniable, where well-being is defined as the absence of distress, depression, anxiety, hopelessness, desire for hastened death, and suicidal ideation. In the context of advanced cancer or other life-limiting illnesses, spiritual well-being acts as a mediator amidst severe illness, anxiety, and depression, while also nurturing hope, the search for meaning, and enhanced familial communication. Additionally, spirituality serves as a significant resource in navigating the challenges of caregiving [22]. When caregivers experience disharmony between hopes, values, and beliefs, this can lead to a spiritual crisis [7].

However, challenges persist in addressing patients' spiritual needs effectively. Balboni et al. [7] highlight the unmet spiritual needs of patients with serious illnesses, with estimates ranging from 23 to 98%. Despite the importance of spirituality to most patients (ranging from 71 to 99%), spiritual care remains infrequent, desired by 50 to 96% of patients but received by only 9 to 51%. This gap in addressing spiritual needs may contribute to poorer quality of life outcomes among patients and lack or little hope.

In conclusion, it is imperative for healthcare systems dedicated to comprehensive care to prioritize support for patients' existential and spiritual needs also to nurture and sustain hope, especially when levels of QoL and spiritual well-being are compromised.

Adequate training for the healthcare teams is necessary to cultivate empathy and proficiency in discussing sensitive topics such as spirituality and hope. Building compassionate relationships forms the cornerstone of effective communication in cancer care, as spiritual, religious, and hopeful aspects profoundly influence patients' QoL [2–4, 7].

Even if hope is one element of spirituality, spiritual health is much broader than simply a source of hope in people's lives. For these reasons, an adequate screening of patients' spiritual needs is important as part of the total care and should be done routinely in clinical practice.

Further research is necessary to better understand what produces spiritual well-being in each individual patient and what makes it emerge or strengthen.

Author contribution CR and CC drafted and reviewed the manuscript.

Data availability No datasets were generated or analysed during the current study.

Declarations

Competing interests The authors declare no competing interests.

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