Author’s response to reviews

Title: Iranian Cancer Patients’ Perception of Spirituality: A Qualitative Content Analysis study

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Author's response to reviews: see over
To dear editorial board of the journal,
It is my pleasure to thank to dear authorities and referees of the journal for their advice and valuable tips for improvement of my articles quality.

The changes and suggested points asked by the referee (John Paley) were done as follows:

♥ Regarding the first comment (The introduction be rewritten, slightly, in order to reflect the analysis that follows)
Thanks to relevant advice of the dear referee, These changes were done:

Background
Cancer patients are prone to spiritual distress once faced with the disease diagnosis, change in disease stages and the difficulties of ending their lives. (1) And this is because they suffer from the lack of meaning, value and purpose in their lives due to the severe physical and functional damage that follow the disease. (2) According to the survey of New York Cancer Center, cancer patients and their families should be taken care of in and absolutely safe and secure setting so that they can express their physical, emotional and spiritual needs (3). As Schulz notes "cancer patients spiritual needs often includes finding meaning and hope, having access to spiritual recourses and extrapolating meaning from the pain and suffering" (4). Basically, in the case of life crisis, spirituality rises as a serious issue for both patients and their families (5), since spirituality is a dimension or an aspect through which cancer patients can fight the sense of fear and loneliness throughout their disease. (6)

However, anyone may have his own interpretation of the concept of spirituality. And the person's age, sex, race, culture, previous personal experiences, and also the stage of life which the person is experiencing, affects the expression of the spirituality. (7) There is still is not a unified definition of spirituality which can further the research and treatment in cancer field (6) because spirituality is a multifunctional concept (8) and no unified definition exists which include its whole aspect. Among them are, each person's innate nature (8, 9), innate desire for meaning-making (10), attachment with God or a superior power (9), meaning and hope provider in life (8, 9, 11). In addition, the present ongoing discussions regarding the spirituality and religion have further complicated the topic of spirituality. Religion is defined as an organized system of beliefs, activities, rituals and symbols which facilitate the sense of attachment to God, a superior Being or Absolute Power or a designed truth (12).

From the viewpoint of the Muslims, there existed no difference between the religion and spirituality and basically, spirituality is defined alongside with the religion thought and activities (13). However, in the western world, spirituality is not synonymous with religion (14). To them, spirituality is a more comprehensive concept than religion and embraces the philosophical thoughts on life, meaning and purpose. (15)

Perhaps, the best definition for spirituality can be defined as such: it is a way through which human beings recognize the exalted meaning and value of their lives. In their quest for the answer to this question, many people have turned to religion. However, some people restore to the spiritual concepts outside the realm of organized religion. (16)
Spirituality is associated with both culture and religion and all these three factors influence our understanding of health and disease. Thus, in clinical environments, there must be a deep understanding of the religious/spiritual concepts. Similarly, confusion between the two realms of religion and spirituality must be avoided (6). Basically, providing a clinical care system that takes into account all the patients’ spiritual aspects, is one of the most important and crucial responsibilities of nurses. (11) However, in crowded environments, nurses might ignore the patients’ spiritual needs. (17) As Grant notes (2004), health expert have discovered the significance of spiritual dimension and its effect and there is a congregation that spiritual needs must be provided as well as satisfied. However, most of them feel that there is not enough time and professionalism regarding the spiritual care. (18). Mooney (2007), too, referred to the existing problems in a direct definition of spirituality, the lack of true understanding of nurses regarding this issue and the lack of understanding of the significance of discussing this issue as several reasons for nurses’ ignorance in treating this issue in clinical treatment. (11)

According to this fact, it can be concluded that there is a certain ambiguity regarding the understanding of the concept of spirituality. Keeping in mind this fact that, on one hand, the experiences of patients and their families can play an underlying role in understanding this concept, and on the other hand, since the view points and experiences of cancer patients in the field of spirituality in Iran have not been studied, a better understanding of this issue is required. Particularly, with regard to the fact that understanding spirituality is affected by culture and personal codes, however, Iranian patients’ interpretation of spirituality may not necessarily be similar to that of other cultures. Thus, this study id carried out in order to evaluate the cancer patients’ perception of spirituality.

♥ Regarding the second comment (The style of referencing appears to be hybrid)

With offering our best thanks for your relevant comments and valuable tips, It was tried to eliminate all mistakes in references.

References:


9- Wong KF, Yau SY. **Nurses’ experience in spirituality and spiritual care in Hong Kong.** Applied Nursing Research 2010, 23(4): 242-244.


14- Wright M. **Hospice care and models of spirituality.** European Journal of Palliative Care 2004, 11(2): 75-78.


25- Dehghani z: Impact of prayer on spiritual well being in cancer patients undergoing chemotherapy. 3 rd International Congress on Supportive and Palliative Care in Cancer: 15-17 January 2011; Tehran (IRAN).


Regarding the third comments (The paper is not written in fully idiomatic English)
It was tried to eliminate grammatical and structural mistakes.

At the end, it is upon us to thank to the referees whose attentive remarks caused comprehensive changes and enrichment of the present article.

Best regards,
Rahnama