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 for your advice and valuable tips for improvement of my articles quality. I wrote point by point changes of my article:

Title:

**Iranian Cancer Patients' Perception of Spirituality:**

It is changed to:

**Iranian Cancer Patients’ Perception of Spirituality:**

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1- Ph.D candidate, Nursing Department, University of Social Welfare and Rehabilitation Sciences, Tehran, IRAN
  Email: rahnamamo@gmail.com
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Abstract:

Spirituality is a subjective and multidimensional concept.

It is changed to:

Spirituality is a subjective and multidimensional concept.

The ambiguity in its meaning can prevent its application in education and medicine.

It is changed to:

The ambiguity in its meaning can create barriers in its application in both education and medicine.

The purpose of the present study was to explore the Iranian cancer patients’ perception of spirituality.

It is changed to:

The present study aimed to explore the Iranian cancer patients’ perception of spirituality.

Semi-structured interviews were held with 11 cancer patients and six members of their families in one of Tehran’s hospitals and charity institutes.
Semi-structured interviews were held with 11 cancer patients and six members of their families in one of Tehran’s hospitals and a charity institute. The data generated from the interviews was transcribed verbatim and content analysis approach was used for reduction and named data, to obtain analytical code and determination of categories and themes. Three themes (and seven sub-themes) emerged from the data analysis: 1) God as the spiritual truth (relationship with God, trust in God); 2) Moralties as a spiritual sign (considering personal and social moral codes); 3) Spiritual resources as the source of hope (religious, personal and social resources).

From the viewpoint of the cancer patients as a whole, spirituality can be defined in a religious context. However, some of them believe in morality beside religiosity, so health care staff are required, through paying particular attention to this aspect, to offer the opportunity to patients to use spiritual resources. Overall, in the view of cancer patients, spirituality can be defined in a religious context. However, some of them believe in morality beside religiosity, so health care staff must pay due attention to these aspects, to provide them with the opportunity to use spiritual resources.

Background:

Cancer patients are prone to spiritual distress once faced with their diagnosis.

This is because they suffer from lack of meaning, value and purpose in their lives due to the severe physical and functional damage that accompanies the disease.

According to a survey by the New York Cancer Center, cancer patients and their families should be taken care of in an absolutely safe and secure setting so that they can express their physical, emotional and spiritual needs.
According to a survey by the New York Cancer Center, cancer patients and their families should be taken care of in an absolutely safe and secure setting so that they can freely express their physical, emotional and spiritual needs.

Also the person's age, sex, race, culture, previous personal experiences, and the stage of life which the person is experiencing, affects the expression of their spirituality.

It changed to:

Also the person’s age, sex, race, culture, previous personal experiences, and the stage of life, which the person is experiencing, affect the expression of his spirituality.

There is still is no unified definition of spirituality which can further the research and treatment of cancer.

It changed to:

There is still is no unified definition of spirituality, which can direct the research and treatment of cancer.

and no unified definition exists which captures its entirety. Among the definitions are:

Each person's innate nature

It changed to:

and no comprehensive definition that captures its entirety has been offered so far.

Among the definitions are: each person's innate nature (8, 9); innate desire for meaning-making (10); attachment with God or a superior power (9); and providers of meaning and hope in life.

It changed to:

Among the definitions are: "One’s innate nature" (8, 9), "innate desire for meaning-making" (10), "The feeling of attachment to God or a superior power" (9) and "provider of meaning and hope in life".

In addition, the present ongoing discussions regarding 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.

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In addition, the ongoing discussions regarding 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, an absolute power or a designed truth.

From the viewpoint of the Muslims, there existed no difference between religion and spirituality, and spirituality is essentially intertwined with religious thought and activities.

It changed to:

From the viewpoint of Muslims, there exists no difference between religion and spirituality, and spirituality is essentially intertwined with religious thoughts and activities.
To westerners, spirituality is a more comprehensive concept than religion and embraces philosophical thoughts on life, meaning and purpose.

Perhaps the best definition of spirituality can be expressed as follows: it is a way through which human beings recognize the exalted meaning and value of their lives. In their quest for this meaning and value, many people have turned to religion. However, some people seek comfort in spiritual concepts outside the realm of organized religion.

Providing a clinical care system that takes into account all of the patients’ spiritual needs is one of the most crucial responsibilities of nurses.

As Grant notes (2004), health experts have discovered the significance and effect of spiritual dimensions, and there is a consensus that spiritual needs must be catered for and satisfied. However, most of them feel that there is not enough time and professionalism devoted to spiritual care.

Mooney (2007), too, refers to the existing problems concerning 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 the issue. Mooney cites these as reasons for the failure of some nurses to attend to the spiritual needs of patients in clinical treatment.

According to these arguments, it can be concluded that there is a certain ambiguity regarding the understanding of the concept of spirituality. Keeping in mind the fact that, on one hand, the experiences of patients and their families can play an underlying role in understanding this concept, and that, on the other hand, the
viewpoints and experiences of cancer patients regarding spirituality in Iran have not been studied, a better understanding of this issue is required. In particular, the effect of culture and personal codes of behavior in understanding spirituality means that Iranian patients’ interpretations of spirituality may not necessarily be similar to those of other cultures. Thus, this study aims to evaluate the cancer patients’ perception of spirituality.

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Accordingly it can be concluded that there is a certain ambiguity in understanding the concept of spirituality. Keeping in mind the fact that the experiences of patients and their families can play an underlying role in understanding this concept, and that the viewpoints and experiences of cancer patients regarding spirituality in Iran have not been studied, a better understanding of this issue in Iran is required. In particular, the effect of culture and personal codes of behavior in understanding spirituality means that Iranian patients’ interpretations of spirituality may not necessarily be similar to those of other cultures. Thus, this study has been designed to evaluate the Iranian cancer patients’ perception of spirituality.

Methods:

This qualitative study with the purpose of exploring the Iranian cancer patients’ perception of spirituality was done using a conventional content analysis approach, which is used to evaluate patients’ experiences about their spiritual needs during the nursing care services. This study was conducted to explore the Iranian cancer patients’ perception of spirituality.

It changed to:

This qualitative study was done with the purpose of exploring the Iranian cancer patients’ perception of spirituality as well as evaluating the patients’ experiences about their spiritual needs during the nursing care services using a conventional content analysis approach.

Data collection:

The data were gathered through semi-structured interviews. First, some general questions were proposed to start the interviews such as, please define spirituality according to your view. Or, what is your description of spiritual activities? The trend of the interviews was based on the participants’ answers. Then, a couple of questions about the patients’ experiences of the offered nursing cares during their hospitalisation were asked of them. The time and location of the interviews were arranged by agreement with the participants. The length of each interview varied from 45 to 120 minutes.

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The data were gathered through semi-structured interviews. First, some general questions were proposed to start the interviews such as: "Please define spirituality according to your view." and "What is your description of spiritual activities?" The trend of the interviews was based on the participants’ answers. Then a couple of questions about the patients’ experiences of the offered nursing cares during their hospitalisation were asked. The time and location of the interviews were arranged by
agreement with the participants. The length of each interview varied from 45 to 120 minutes.

Participants:

The population of this study consisted of cancer patients in the hospitals and their families. The participants of this research included 11 cancer patients and 6 members of these patients’ families in one of Tehran’s hospitals and Behnam Daheshpour Charity Institute, who were selected through purposive sampling. To consider sampling with maximum diversity, in the current study participants were chosen from a wide range of patients with different characteristics (age, gender, socioeconomic status, patient phase, etc.).

Data analysis:

All interviews were conducted, recorded, verbatim typed, reviewed, coded and immediately analysed by the researcher. A content analysis approach was used for data analysis. According to the content analysis process, at first each interview was read several times carefully to gain a universal and primary perception and then important statements are underlined (to identify the initial code or meaning units that exist in the interview text about participants’ perception of spirituality). In the next phase, these meaning units abstracted through consideration and labelled via codes. Participants’ statements and implicit codes were used for coding. The codes were then compared for similarities and differences and the code was categorised. Indeed, data analysis was done in a constant and concurrent way along with data collection. The data collection process was continued until data saturation – when adding further data showed no new information and the extra collected data were redundant. Finally, the main themes were extracted.

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The collection process was continued until data saturation – when adding further data showed no new information and the extra collected data were redundant. Finally, the main themes were extracted.

Rigour:

To establish credibility, the author had sufficient cooperation and interaction with the participants. Reviews were carried out by the external supervisors and the professors’ additional comments were also used. The researchers checked the dependability of the data through performing activities such as having the supervisor and associate professors and experts review the material. Confirmability was conducted by setting aside all predefinitions and perjuries. Besides, the findings’ validity was also confirmed by the participants.

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Ethical consideration:

This study was conducted after being confirmed by the ethics committee of Tehran University of Social Welfare and Rehabilitation Sciences and obtaining written permission from this university. In this research, the participants were asked to sign the informed participation form and they were assured that their private information would be kept secret when the results were published. They also were emphatically informed that they could stop their cooperation with the researcher at any step of the study.

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This study was conducted after getting the approval of the Ethics Committee of Tehran University of Social Welfare and Rehabilitation Sciences and obtaining written permission from this university. In this research, the participants were asked to sign the informed participation form. They were also assured that their private information would be kept secret when the results were published. Furthermore, they were emphatically informed that they could stop their cooperation with the researcher at any step of the study this wished.

Results:

The participants of this study were 17 members including 11 cancer patients and 6 members of their families who had come to one of Tehran’s hospitals and Behnam Daheshpour Help Center. The patients’ age varied between 27 and 65 while the age of their family members was between 24 and 60. The patients consisted of 6 females and 5 males, but all family members of the patients were female. Patients’ cancer types were breast cancer, intestinal cancer, liver cancer, spinal cord tumor, brain tumor,
lung cancer and testicular cancer. The study’s main objective was to discover the patients’ perception of spirituality. The findings of this research assisted the researchers to detect three main themes: 1 – God as the spiritual truth, 2 – Moralities as a spiritual sign and 3 – Spiritual resources as the sources of hope.

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Theme 1: God as the spiritual truth

To understand the participants’ perception of the meaning of spirituality, they were asked to define spirituality in their own words and describe spiritual activities. Subsequently, it was found that all of them believe in the religious aspect of spirituality and to define spirituality they used terms such as “relationship with God”, “trust in God”.

Relationship with God

When defining spirituality, a large number of participants mentioned relationship with God, and religious activities such as Namaz prayer, visiting the shrines and holy places, mentioning God, and blessing and reciting the Quran for relationship to God as important parts of spiritual practice, in their opinion.

“Spirituality can be noticed from several perspectives but they all share in one point: Joining to the creator of lights, love, cure, beauty, and all good things”. (Participant 8)

3 - An organized form of relationship with God
“Spirituality can be noticed from several perspectives but they all share in one point: Joining to the creator of lights, love, cure, beauty and all good things”. (Participant 8)

“Namaz, prayer, and praising God are among spiritual activities”. (Participant 3)

It changed to:

*Saying prayers (Namaz), visiting holy shrines, praising God and reciting the Holy Quran are among spiritual activities*. (Participant 3)

“I relate to God through prayer and blessing; however, now as a patient, I mainly used to constantly bless”. (Participant 6)

It changed to:

“I relate to God through *Saying prayers (Namaz)* and blessing, however, **now as a patient, I mainly used to constantly bless**”. (Participant 6)

Some participants also addressed an “inner relationship with God” and “talking with God” as spiritual activities; as participant 5 and 7 said:

It changed to:

*Some participants also addressed “inner relationship with God” and “talking with God” as spiritual activities:*

“I have an inner relationship with God; whenever I am in contact with him, my wishes come true. So I always talk to him, no matter it is day or night”. (Participant 5)

It changed to:

“I have an inner relationship with God; whenever I am in contact with him, my wishes come true. So I always talk to him, no matter if it is day or night”. (Participant 5)

“I just talk to God. I neither pray nor fast. But I always thank him after I go to bed”. (Participant 7)

It changed to:

“I just talk to God. I neither say prayers nor do fast. But I always thank Him when I go to bed”. (Participant 7)

**Trust in God**

Some participants mentioned faith in God and doing the acts that were requested by God as being their definition of spirituality, as mentioned by participants 3 and 12:

It changed to:

*Some participants mentioned "trust in God” and "doing His orders” as their definition of spirituality:*

“Spirituality means having faith in God and Imams”. (Participant 3)
It changed to:

“Spirituality means having trust in God and restoring to Imams (The Prophet’s Household)” (Participant 3)

“Spirituality means doing the acts requested by God”. (Participant 12)

It changed to:

“Spirituality means doing the orders of God”. (Participant 12)

Theme 2: Moralities as a spiritual sign

Some participants pay attention to moral aspects as well as religious aspects in the definition of spirituality, and in their opinion, ethical considerations in personal and interpersonal fields as well as religious practice can be defined as spirituality.

Some participants added moral aspects besides religious aspects in the defining of spirituality. In their opinion, ethical considerations in personal and interpersonal fields as well as religious practice as indications of spirituality.

Personal ethical consideration

In the opinion of some participants, being trustworthy, not having hatred towards others, having an appropriate appearance, nice manners and honesty in speech and practice, lacking hypocrisy, not being in the boundaries of material subjects can be defined as spirituality. For instance, participants 5, 3 and 6 made the following observations

In the opinion of some participants, being trustworthy, having no hatred towards others, having an appropriate appearance, nice manners and honesty in speech and practice, lacking hypocrisy, and not being in the boundaries of material subjects are among the signs of spirituality:

“In my idea, a religious man avoids telling lies or deceiving others. He does not envy others’ belongings, does not violate others’ rights, and listens to God’s orders. Of course being religious is not just being careful about the appearance and growing the beard and so on. A spiritual man may not have a spiritual appearance but his beliefs are religious”. (Participant 3)

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beard and so on. A spiritual man may not have a spiritual appearance unless his
beliefs are religious too”. (Participant 3)

“Spirituality means that you can be a good person and do good deeds to other people;
in this case, you can also expect good things from others”. (Participant 5)

It changed to:

“Spirituality means that you can be a good person and do good deeds to other people, then you can also expect good things from others”. (Participant 5)

“I don’t think spiritual individuals have a particular appearance or face. Actually,
some people are called the “salt of the earth”. I think you can reach to this level if your soul is clean. If you don’t have the feeling of hatred, you can easily forgive others, no matter what has happened”. (Participant 6)

It changed to:

“I don’t think spiritual individuals have a particular appearance or face. Actually, some people are called the “salt of the earth”. I think you can reach to this level if your soul is clean. If you don’t have the feeling of hatred, then you can easily forgive others, no matter what has happened”. (Participant 6)

Social ethical consideration:

Other participants mentioned that in their opinion, respect for others’ rights, offering
love to others, not deceiving others, being polite and respectful in relationships, offering help and support to others, and obeying the do’s and do not’s (Halal and Haram) can be defined as spirituality. For instance, participants 5, 8 and 6 made the following points:

It changed to:

In other participants’ opinion, respect for others’ rights, offering love to others, not deceiving others, being polite and respectful in relationships, offering help and support to others, and obeying the do’s and do not’s of God (Halal and Haram) can be defined as spirituality.

“Spiritual activities include acts such as offering help and support to others. For example, once someone has a problem, you can talk to him and relieve his pain and grief”. (Participant 5)

It changed to:

“Spiritual activities include such acts as offering help and support to others. For example, once someone is in trouble, you can talk to him/her and relieve his/her pain and grief”. (Participant 5)

“Spirituality is in the sincere work. All contributors coming here and offering biscuits and juice to the patients’ families are spiritual individuals. These are valuable deeds
and are beyond the definitions I previously knew about spirituality. Before this, I supposed that spirituality is only in religion”. (Participant 6)

It changed to:

“Spirituality is found in the sincere work. All of these contributors who comes here and offer biscuits and juice to the patients’ accompaniers are spiritual individuals. These are valuable deeds and are beyond the definitions I previously knew about spirituality. Before this, I supposed that spirituality is only in religion”. (Participant 6)

“The basic component of spirituality is to love all human beings. The human needs to be first treated and then provided with spiritual needs, which initiate from loving human beings which are induced from loving God”. (Participant 8)

It changed to:

“The basic component of spirituality is to love all human beings; as human needs to be first treated and then provided with spiritual needs, which initiate from loving human beings in line with loving God”. (Participant 8)

Theme 3: Spiritual resources as the source of hope

Finally, the participants were asked to mention what spiritual resources they usually use. According to their answers, it was found that the spiritual resources most used by them were “worship activities”, “seeking for religious appeal” and “religious beliefs”. But some participants addressed individual and social resources as well as religious resources as spiritual resources.

It changed to:

Finally, the participants were asked to mention what spiritual resources they usually use. Their answers revealed that the spiritual resources most used by them were "worship activities", "seeking for religious appeal" and "religious beliefs". But some participants addressed individual and social resources beside religious resources as spiritual resources.

Religious resources

Worship activities

Through the interviews with the participants, it was found that the common forms of worship such as Namaz, fasting, Quran citation, individual prayers and prayer for other individuals are considered as spiritual resources for them. For instance, participants 12 and 2 mentioned the following:

It changed to:

The interviews with the participants showed that the common forms of worship such as saying prayers (Namaz), fasting, Quran citation, individual prayers and other individuals prayer for a person are considered as spiritual resources for them:

“Once people do their religious duties such as Namaz and fasting, their position will be gradually evolved and they will be spiritually promoted”. (Participant 2)

It changed to:
“Once people do their religious duties such as Namaz and fasting, their position will be gradually evolved and they will be promoted spiritually”. (Participant 2)

“In my opinion, everyone must see what has been told by the source and root of spirituality. One might be Muslim, Hindu or Buddha; I don’t say everyone should be like me. I think everyone must see what he must do according to the orders of his spirituality source and do everything which pleases that source. We have the Quran as a law and rules book. We must think about God and see what he has ordered us in the Quran. For example, praying must be very important”. (Participant 12)

**Seeking for religious appeal**

Through the interviews made with the participants, it was found that reliance on some spiritual forces is regarded as a spiritual resource for them. For instance, participant 12 and 13 mentioned the following points:

“It changed to:

Through interviewing the participants, it was found that reliance on some spiritual forces such as trust in God, restoring to Imams, visiting the shrines and holy places and making in vow are regarded as a spiritual resource for some of them:

“The first thing that comes to my mind is the day my child’s disease was in its most critical phase and they wanted to take a marrow sample for the first time. Everything was shaky. I called my brother and told him to take me to the village of Boumehin. He sacrificed a sheep. I think sacrifice and shedding the blood is very good in these situations”. (Participant 12)

“It changed to:

“The first thing that came to my mind the day my child’s disease was in its most critical phase and they wanted to do a bone marrow biopsy and I was wondering and worrying what would happen then and what would be the diagnosis. Everything was shaky. I suddenly called my brother and told him to take me to the village of Boumehin( Suborbs of Tehran ). There he sacrificed a sheep. I think making sacrifice ( Killing a sheep ) for charity seeking for the God’ satisfaction is very good in these situations”. (Participant 12)

“In my idea, these types of sick persons have a great deal of tolerance. At least I myself was very patient. Whenever someone called me and asked about my condition, I used to answer that I was good instead of saying I am about to die! I used to say,
‘today I am better than yesterday’. I had no choice except having faith in God and being patient”. (Participant 13)

Religious beliefs

Through the interviews, it was found that participants use some religious beliefs as spiritual sources; as participants 4, 5, 13 and 14 said: “believe in the possibility of gaining the health from God”, “believe in miracles”, “believe that God defines the length of the life” and “patients believe in the use of holy components and materials”. For instance, participants 5, 13, 14 and 15 made the following observations:

The interviews revealed that some of the participants of this study use a number of religious beliefs as their spiritual sources:

"Believe in the possibility of gaining health from God", "believe in miracles", "believe that this is God defines the length of one’s life" and "patients believe in the efficiency of holy components and materials".

For instance, participants 5, 13, 14 and 15 made the following points:

“Everyone has some kind of beliefs in his own God. I had this belief from the past since I used to tell those in trouble to have faith in God. I swear he gives us everything we wanted. Now I am asking for my health and I am sure he will give it”. (Participant 5)

“Everyone has some kind of beliefs in his own God. I had this belief from the past since I used to tell those in trouble to have faith in God. I swear He gives us everything you may want. Now I am asking for my health and I am sure He will give me that”. (Participant 5)

“You know, on some occasions you think no-one can help you anymore. It is better to rely on a greater power. For instance, I used to take some pills made in Switzerland, which are very good for nausea. Everyone used to tell me they work wonders, they do miracles. But the only thing that made a miracle to me was my belief in God, which brings me peace. Once I am calm I can tolerate my physical problems more easily”. (Participant 13)
which are very good for nausea. Everyone used to tell me they work wonders, they do miracles, but they did nothing for me, I think the only thing that made a miracle to me was my faith in God, which brings me peace. Once I am calm, I can tolerate my physical problems more easily”. (Participant 13)

“After I was hospitalised and had undergone a surgery, I got better. I saw there are a lot of people like me and I am not the only one; this made me feel better. Indeed, you have to get along with this. It is God’s will”. (Participant 15)

It changed to:

“After I was hospitalised and undergone a surgery, I got better. I saw there were a lot of people like me and I am not the only one; this made me feel better. Indeed, you have to get along with this. It is God’s will”. (Participant 15)

“If my fate is to continue my life in this world, I will be cured, if not I don’t regret at all; because I have done everything I could”. (Participant 14)

It changed to:

“If my fate is to continue my life in this world, then I will be cured. If not, I don’t regret at all because I have done everything I could. I trust in God only”. (Participant 14)

Personal resources
Interviews with the participants revealed that, while dealing with the disease, the individual’s inner forces and beliefs can be of a great assistance. For instance, participants 9 and 2 mentioned the following points:

It changed to:

Interviews with the participants revealed that, while dealing with the disease, the individual’s inner forces and beliefs can be of a great assistance:

“Once I came to the doctor’s office to show my tests result and wanted him to remove my stitches, I asked him was my cancer benign or malignant. He asked me, ‘Whoever accompanies you, tell them to come in’. My husband and my mother were there. Once I saw their talk took longer than expected, I found that my guesses were true. But it was as if some inner forces told me, ‘be patient, don’t surrender’”. (Participant 2)

It changed to:

“Once I came to the doctor’s office to show my tests results, and wanted him to remove my stitches, I asked him if my cancer was benign or malignant. He asked me: “Whoever accompanies you, tell them to come in”. My husband and my mother were there. Once I saw their talk took longer than expected, I found that my guesses were true. But it was as if some inner forces told me: "Be patient, don’t surrender””. (Participant 2)

Social resources
Through the interviews, it was discovered that one of the helpful resources for the patients is their relationship with their family members, spouse, and friends, and even the health care staff of the hospital. They mentioned the following points:

It changed to:
Through the interviews, it was discovered that one of the helpful resources for the patients is their relationship with their family members, spouse, friends, and even the health care staff:

“My son had told his wife that my family has a great influence on his morale. I didn’t lose my heart because my mom and others treated my very well”. (Participant 12)

It changed to:

“My son had told his wife: *May* family has a great influence on *my* morale. I didn’t lose my heart because my mom and others treated *me* very well”. (Participant 12)

“My kids have grown. My sons are adults. You know, my husband is a farmer and does not know anywhere, so my sons bring me to Tehran. I am totally pleased with my sons. They support me both financially and emotionally. They give me hope”. (Participant 15)

It changed to:

“My kids have grown. My sons are *now* adults. You know, my husband is a farmer and does not know anywhere, so my sons *usually* bring me to Tehran. I am totally pleased with my sons. They support me both financially and emotionally. They give me hope”. (Participant 15)

“I swear that I had some guesses about my diseases, so I was afraid to go to the doctor. Maybe this was the factor that made me visit the doctor this much late. Finally, believe it or not, I visited the doctor after my wife made an appointment”. (Participant 6)

It changed to:

“I swear that I had some guesses about my diseases, so I was afraid to go to the doctor. Maybe this was *my* factor that made me visit the doctor this much late. Finally, believe it or not, I visited the doctor after my wife made an appointment”. (Participant 6)

“Now, I visit my sergeant doctor once in every 6 months. I adore him very much. I remember once he came near my bed after the surgery and told me ‘I have called your surgery a new birth’. Well, from that time I have another birthday on my surgery date as well as my real birthday. It is very important to see how the doctor treats his patients”. (Participant 7)

It changed to:

“Now, I visit my surgeon once every 6 months. I adore him very much. I remember once he came near my bed after the surgery and told me: ‘I have named your operation as a new birth’. Well, since then, every year I hold a ceremony for my birthday in addition to my real birthday. It is very important to see how the doctor treats his patients”. (Participant 7)

**Discussion**
In this study, all participants put the emphasis on the religious aspects of spirituality and considered activities such as Namaz, prayer, visiting holy places, etc. as spiritual activities and only a few of them mentioned moral aspects as well as religious aspects and believed that having individual and social moralities is a sort of spiritual activity. A comparison between the findings of this study with some other studies revealed some similarities and differences, which are mentioned as follows:

It changed to:

In this study, all participants put the emphasis on the religious aspects of spirituality and considered activities such as saying prayers (Namaz), prayer, visiting holy places, etc. as spiritual activities, and only a few of them mentioned moral aspects together with religious aspects. They believed that having individual and social moralities is a sort of spiritual activity. A comparison between the findings of this study with those of some other studies revealed some similarities and differences as follows:

In the present study, relationship with God, having faith and trust in God and obeying God’s orders are defined as spirituality. In a study conducted by Schulz (2008), the participants defined spirituality as a deep relationship with a superior power (God or the Holy Spirit, faith), synonymous to religious beliefs, and something comprising immortality and eternity [4]. Although in terms of emphasising the religious aspect of spirituality, the findings of their study are consistent with those of our study, the participants in their research did not mention the moral aspects of spirituality.

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In the present study, relationship with God, having faith and trust in God and obeying God’s orders were defined as spirituality in the view point of the participants. In a study conducted by Schulz (2008), the participants defined spirituality as a deep relationship with a superior power (God or the Holy Spirit, faith), synonymous to religious beliefs, and something comprising immortality and eternity [4]. Although, in terms of emphasising the religious aspect of spirituality, the findings of their study are consistent with ours. The participants in their research did not mention the moral aspects of spirituality.

In another study, conducted by Penman et al. (2009), participants defined spirituality as belief in God, relationship with others and religion [5]; although this study, like the present study, mentions religion and relationship with others, the other items extracted in our study, such as “being good”, “love”, “having a clean heart”, “charity” and “being fair”, are not mentioned in their study.

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In another study, conducted by Penman et al. (2009), the participants defined spirituality as believe in God, relationship with others and religion [5]; although this study, like ours, mentions religion and relationship with others. However, none of other items extracted in our study, such as "being good", "love", "having a clean heart", "charity" and "being fair", have been mentioned in that study.
Many of the concepts introduced by Wong’s study were not mentioned in our study and the only similarity between these two studies was “religion” and “love”. On the other hand, comparing the present study with some other studies shows completely different results. For instance, Puchalski and Romer define spirituality as something that enables an individual to have the experience of metaphysical meaning in life. In addition, Karasu and Brady believe that spirituality consists of two components including faith and meaning, by which they believe that faith is having a belief in any metaphysical power and not in God [20].

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However, in our study, the participants mentioned relationship with God and put the emphasis on having trust in or relying on God and obeying His orders. As is clear, the comparison between their and our study implies significant differences in the conception of spirituality between our religious society – where religion is coupled with people's culture – and some other societies; as in our research of society, there is a strong emphasis on the religious aspect of spirituality.

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However, in our study, the participants mentioned relationship with God and put the emphasis on having trust in or relying on God and obeying His orders. It is clear that the comparison between theses two studies implies significant differences in the conception of spirituality between our religious society – where religion is coupled with people’s culture – and some other societies; as in our society, there is a strong emphasis on the religious aspect of spirituality.

In this regard, Hyman (2006) reported in his study, which is conducted through interviews with experts of different religions about the meaning of religion and spirituality, that 83% of the participants believe that religion and spirituality are two concepts that overlap each other and only 13% of them (who were mainly Muslims) considered religion and spirituality as the same [21].

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In this regard, the study of Hyman (2006) conducted through interviews with experts of different religions about the meaning of religion and spirituality, showed that 83% of the participants believed that religion and spirituality are two concepts that overlap each other, and only 13% of them (who were mainly Muslims) considered religion and spirituality as the same [21].
In this regard, Cheraghi (2009) mentions the following: A large number of researchers, especially in Western societies, accept that religion and spirituality are different but related. For some people, being religious is an external expression of inner spirituality and from another opinion, it includes philosophical ideas about the meaning and purpose of life. “There is no agreement on a unique definition about the spirituality” [13].

Mahmoodishan (2010) also states that “spirituality is a subjective concept, extremely subjective. It is multidimensional and there is no agreement on its definition” [22].

Based on the results of this study, relationships with God through religious practices, inner relationships with God and talking to him, and relationship with the self and others are recognised as spiritual practices. In the study of Penman et al. (2009), factors such as maintaining relationships (in the forms of intimacy, showing concern, presence, offering one’s services and showing attention and support), love (as a feeling of selflessness and belonging to others), and participation in religious activities (like prayer, which is regarded as talking to God) are considered as the participants’ spiritual challenges [5]. This is similar to the present study considering items such as “talking with God”, “doing religious activities”, “having a deep relationship with God” and “offering support and love to others”.

Alcorn found that in the opinion of the participants, spiritual and religious activities are blessing (individual and social, for others, and others for the individual), religious services, meditation and study of religious texts [23]. His research is similar to the
present study in terms of items such as “prayer”, “religious activities” and “study of religious books”; however, he mentioned meditation, which is not among the findings of our study. It changed to:

In the opinion of the participants in the study of Alcorn, spiritual and religious activities included: blessing, religious services, meditation and study of religious texts [23]. His research is similar to the present study with regard to the items such as "prayer", "religious activities" and "study of religious books"; however, meditation has not been mentioned by the participants of our study. Comparison of the present study with some other researches also indicates different results.

For instance, in a research conducted by Lopez, most of the participants listed activities such as family issues, sport, listening to music and relationship with others as religious activities and a few of them did yoga and meditation [24], which is only similar to our study in terms of its focus on “relationship with others” and in many aspects is different from the present study, i.e. doing sports, playing music, practicing yoga and meditation. It seems that the cultural and religious differences are effective to explain such dissimilarities.

For instance, in a research conducted by Lopez, most of the participants listed activities such as family issues, sport, listening to music and relationship with others as religious activities, and a few of them referred to yoga and meditation [24]. This study is similar to our study only in terms of its focus on “relationship with others”, while in many aspects, it is different from the present study (i.e., doing sports, playing music, practicing yoga and meditation). It seems that the cultural and religious differences are effective to explain such dissimilarities.

This study found that the religious resources used by the patients include worship practices (prayer, fasting, reciting the Quran, individual blessing and others’ blessing for the individual) and religious appealing (through having faith in God and relying on Imams, sacrifice and visiting the holy places). Dehghani states that Quran recitation can serve as an effective tool to improve and enhance the spiritual health in chemotherapy patients [25].

Our study found that the religious resources used by the patients include worship practices (saying prayers, fasting, reciting the Holy Quran, individual blessings and others’ blessing for the individual) and religious appealing (through having faith in God and relying on Imams (The prophet Mohammad’s Household), sacrifice and visiting the holy places). Dehghani found that Quran recitation can serve as an effective tool to improve and enhance the spiritual health in chemotherapy patients [25].

Taleghani (2005) also suggested that an important factor in female breast cancer patients in the prognosis phase is their reliance on charity, visiting the holy places and reliance on Imams [26]. Besides, Aquino et al. (2007) reported binding to the religion and seeking for empathy from individuals or groups acts as a rescue path for cancer patients [27]. These are all in agreement with the results of this current study.
Talegani (2005) also suggested that an important factor in female breast cancer patients in the prognosis phase is their reliance on charity, visiting the holy places and reliance on Imams [26]. Besides, Aquino et al. (2007) reported binding to the religion and seeking for empathy from individuals or groups act as a rescue path for cancer patients [27]. These are all in agreement with the results of the current study.

Religious beliefs about the possibility of improvement by God’s will and miracles are also among the religious resources – making the flame of hope survive in their heart – mentioned by the participants of this study. Aquino et al. (2007) claimed that all patients have the hope of finding a new chance for living by the belief that God can control even the worst situations [27]. In this regard, Surbone (2009) asserts that many cancer patients, goaded by the ambiguity in their current situation and uncertainty of their future, rely on religious beliefs – as a power and hope source – and can cope with their fear and loneliness during their time as a patient [6]. This claim is also consistent with the results of this current study. Puchalski, in contrast to the present study, states that spiritual and religious beliefs can aggravate the illness through the creation of emotional distress [28].

In this research, individual and social resources suggested as a hope resource by the statements of the participants include individual characteristics and beliefs and connection to the family members, spouse, friends, health staff and other patients. Also, Chiu found that participants believe that family relationships (with family members and spouse), national-cultural values, religion, alternative treatments (such as sport, meditation, using medical plants and some nutritive programs, as well as making use of the natural environment), creative activities (art works and writing) and support groups (such as the Breast Cancer Support Association) are among the factors for gaining spiritual power [29]. However, he mentioned some other factors such as alternative treatments, creative activities and support groups, which are not mentioned in the present study. It seems that cultural differences are effective in obtaining these results.
Similarity, Chiu found that the participants believed that family relationships, national-cultural values, religion, alternative treatments (such as sport, meditation, using medical plants and some nutritive programs, as well as making use of the natural environment), creative activities (art works and writing) and support groups (such as the Breast Cancer Support Association) are among the factors for gaining spiritual power [29]. However, they mentioned some other factors such as alternative treatments, creative activities and support groups, which are not found in the present study. These findings show that seemingly cultural differences are effective in obtaining different results.

Conclusion

In general, the experiences of the participants of this research indicated that all of them put an emphasis on the religious aspect of spirituality; however, since some of them believed in the moral aspects of spirituality, it seems compulsory on health caregivers to provide the opportunity to perform spiritual activities in both aspects. Furthermore, since using spiritual resources seems necessary to perform these practices, health caregivers can assist the patients in their spiritual practices through providing the needed conditions and opportunities for using these resources and solving their problems. Also, it is recommended to try to recognise and enhance the inner forces through performing the consulting, put an emphasis on the family relationships, which are among the spiritual sources proposed by the participants, and the strengthening of these relationships.

The researchers of this study also highlight that this research has been conducted on Muslim Iranian patients and cannot be generalised for the patients of other religions or countries. It must also be noted that the experience of cancer patients has been generally explored and there was no emphasis on a particular type of cancer. In addition, it is recommended by the researchers of this study, to perform a study on a particular type of cancer and patients from other religions.

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In general, the experiences of the participants of this research indicated that all of them put an emphasis on the religious aspect of spirituality; however, since some of them believed in the moral aspects of spirituality, it seems compulsory that health caregivers to provide the patients with the opportunity for performing spiritual activities in both aspects. Furthermore, since using spiritual resources seems necessary to perform these practices, health caregivers can assist the patients in their spiritual practices through providing the needed conditions and opportunities for using these resources and solving their problems. Also it is recommended to make consultations with the professionals to recognise and enhance the inner forces through increasing and strengthening family relationships, which were among the spiritual sources proposed by the participants.

The researchers of this study also highlight that this research has been conducted on Muslim Iranian patients and cannot be generalised for the patients of other religions or countries. It is worth noting that the experiences of cancer patients have been generally explored, and there was no emphasis on a particular type of cancer. In
addition, it is recommended to perform similar studies on a particular type of cancer and on the patients from other religions.

Acknowledgement:

It is incumbent upon us to thank the genuine cooperation of the patients, their families, hospital authorities, staffs and authorities of the cancer patients support institute of Behnam Daheshpour, and authorities of Welfare and Rehabilitation Science University who generously assisted us to perform this research.

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