

Spiritual Needs of Cancer Patients: A Qualitative Study

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ABSTRACT

Introduction: Diagnosis of cancer can cause huge spiritual crisis in a person and affect different aspects of life. At this stage, patients have certain spiritual needs.

Aim: This study was conducted to explain spiritual needs of cancer patients in Iran.

Materials and Methods: In this qualitative study, 18 cancer patients, referred to the Cancer Institute of Imam Khomeini Hospital in Tehran were selected using purposive sampling method, and their spiritual needs emerged out of conventional content analysis of interviews conducted with them.

Results: From 1850 initial codes, 4 themes (connection, peace, meaning and purpose, and transcendence) were identified that contained categories of social support, normal behavior, inner peace, seeking forgiveness, hope, acceptance of reality, seeking meaning, ending well, change of life meaning, strengthening spiritual belief, communication with God, and prayer.

Conclusions: Spiritual needs of cancer patients should be recognized, realized, and considered in care of patients by the medical team. An all-out support of health system policy makers to meet patients' spiritual needs is particularly important.

Key words: Cancer, Cancer patients, Palliative care, Spirituality, Spiritual needs

INTRODUCTION

Spirituality is the essence of human existence^[1] and causes a human being to experience transcendence and consistency with existence beyond his own, or find bonding with others. Either way, he establishes vertical connection (with a better existence), and horizontally (with other humans), beyond "self." This experience provides direction in life and meaning for death.^[2,3] People's spirituality is more displayed when in

need and in crisis. These crises could be disease, illness, loss, and deprivation.^[4]

Today, cancer is considered one of the most important health problems worldwide, including Iran.^[5] According to the World Health Organization estimates in 2012, 14.1 million new cases of cancer have been reported.^[6] There are 1.7 million deaths due to cancer annually in Europe,^[7] and it is anticipated that prevalence of cancer will double by 2020.^[8] Diagnosis of cancer can lead to feelings of fear, anxiety, depression, and despair and can cause doubt in performing future plans.^[9,10] Cancer can significantly increase patient's spiritual needs, since self-esteem and spiritual faith are endangered, personal relationships are impaired due to lack of confidence, previous adoptive mechanisms seem inadequate hospitalization may induce feeling of loneliness, and ultimately spiritual crisis emerges in them.^[11,12] This crisis leads to imbalance of

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thought, body, and soul.^[13] In dealing with critical diseases, like cancer, patients develop special needs, the most important being spiritual needs. These patients rely on the spiritual aspect, and spiritual adjustment is the strongest method they use to deal with their disease.^[14] Tendency toward religion, faith, and spiritual sources can be used as a psychosocial adaptive approach post diagnosis.^[15]

According to Florence Nightingale's philosophy of care, spirituality is inherent in humans and is the deepest and strongest source of healing. Thus, one of the nurses' responsibilities is attention to spiritual dimensions of care and providing a healing ambience for patients.^[16] As part of a holistic care, care providers are required to acquire necessary skills to detect spiritual needs of patients^[17] and provide care beyond mere physical needs; since when facing the diagnosis, changes in status of the disease, or end-of-life problems, cancer patients may be more at risk of spiritual stress.^[18] Hence, attention to spiritual needs is a necessary part of holistic care in nursing.^[19] Yet, most of the patients do not receive the required spiritual care by the care givers,^[20] and response to spiritual needs of cancer patients has been minimal or neglected.^[21] Failure to meet spiritual needs is associated with reduced quality of care, patient satisfaction, and quality of life.^[12]

Nurses' understanding of spiritual needs of patients can affect the relationship and spiritual care of patients. Vagueness in understanding the concept of spirituality and ambiguous nurses' responsibility to provide spiritual care is considered an ethical issue. Given that experiences of patients and care providers can play an important role in explaining nursing spiritual care, and since recognizing spiritual needs is considered a vital element in providing cultural care,^[22] it is necessary to obtain a better understanding of nature of spiritual needs. Considering religiosity of Iranian people, religious dimension may be more important in assessment of spiritual health, which requires further investigation. According to ethical codes of most universities, nurses are expected to provide care on the basis of physical, psychological, social, and spiritual needs and status of patients, and play an active role in meeting their spiritual needs.^[23] Despite the necessity of attending to patients' unmet needs^[24], so far there have been few studies to describe cancer patients' spiritual needs in Iran.

Objective

The object of present study is to determine the spiritual needs of Iranian patients with cancer.

MATERIALS AND METHODS

In this qualitative content analysis study, participants were selected using purposive sampling from referrals to the Cancer Institute of Imam Khomeini Hospital in Tehran (the main center for cancer patients in Iran). Participants were selected from patients with definitive diagnosis of cancer, aware of their diagnosis, able to communicate, without history of severe psychological disorders like schizophrenia, and with minimum of 6 months since their diagnosis. There are no criteria or rules for determining sample size in a qualitative study prior to commencement, and sampling continues until data saturation in all categories (when new data are no longer produced).^[25] In this study, data saturation occurred after 18 interviews.

Data were collected using semi-structured interviews. Interviews were recorded with permission of patients. Each interview began with an open, general questions such as, "How has the disease affected your feelings, behaviors, or needs?" and continued with "What things do you think you need more since your illness?" "Has your illness had any impact on your communication with God?" "Could you describe a related anecdote?" "What makes you happy during illness?" Attempts were made to have minimal interference in the process of interview. Deviation from study path was prevented with appropriate questions, and progressive questions guided interviews toward objectives of study. Next, follow-up questions were asked according to information disclosed by the participant to clarify the subject matter. Also, in-depth questions such as "Can you explain more? What do you mean? Could you give an example, so I can understand you better?" were asked, appropriate to responses. Interviews were completely transcribed and analyzed after completion. To this end, recorded information was written verbatim immediately, after being listened to repeatedly, and analyzed simultaneously with process of data collection. This was equally performed for all 18 interviews. Then, to ensure accuracy and rigor of data transferred onto paper, all data were reviewed while listening to interviews. Interviews lasted between 30 to 90 minutes each.

In this study, conventional content analysis approach was used for data analysis, in which categories are directly extracted from textual data.^[26] Conceptual units were identified in the form of sentences or paragraphs from interview statements and texts, and initial or open codes were extracted from them. For the ease of detecting what statement belonged to which interview, interview number was written by the statement. After extracting conceptual units, these statements were reviewed again to obtain themes.

For rigor and acceptability of data, the following methods were used (a) prolonged engagement, in which researchers used simultaneous analysis and collection of data, thereby providing possibility of feedback. Also, sufficient time was allowed for interviews, (b) selecting main informants: Patients with ability and inclination to cooperate, and ability to maintain effective communication were interviewed, (c) use of time triangulation, which meant use of “interview in two sessions” to make feedback possible, (d) peer check, in the form of use of complementary views of colleagues and experts, so that all interviews and extracted themes were reviewed by two researchers. Member check was also used as another means of increasing rigor of data and to increase transferability, researchers tried to describe the study accurately and step-by-step to provide possibility of follow-up process for other researchers.

To comply with ethical considerations and to protect participants’ rights, the researcher obtained permission from hospital and ward authorities, introduced himself to participants, explained objectives of the study, obtained their informed consent, assured them of confidentiality of data, and emphasized that they could withdraw from study as and when they wished. They were also assured that their names not be disclosed.

RESULTS

Participants were 18 patients, including 9 men and 9 women within the age range 22–72 years and with cancers of the gastrointestinal tract, liver, lung, leukemia, lymphoma, Hodgkins, breast, uterus, and ovary.

Analysis of manuscripts about participants’ understanding of spiritual needs led to formation of 1850 initial codes, 85 subcategories, and 12 categories, with 4 themes of “connection”, “Seeking peace”, “meaning/purpose”, and “transcendence.” Tables 1-4 present themes, categories, and some of the participants’ narratives.

- Connection: In this study, most participants emphasized the need for connection, which contained two subcategories of social support, and normal behavior
- Seeking peace: Seeking peace was one of the themes in this study. In these circumstances, all participants wished to have peace. This theme had 3 subcategories of inner peace, forgiveness, and hope
- Meaning and purpose: In the present study, meaning and purpose was one of the themes. This theme contains 4 subcategories of accepting the reality, cause of disease, reliance on self, and meaning of life
- Transcendence: Participants frequently emphasized the need for transcendence. In this study, this theme had 3 categories of strengthening spiritual belief, communication with God, and prayer.

DISCUSSION

An important human need is contact with others.^[27] Relationship is considered the social dimension of spiritual needs, which is expressed in the form of love, belonging, and contact with others.^[21] In the study by Bussing and Koenig, a problem experienced by cancer patients was considered communication with family and friends.^[21]

Table 1: Theme of “connection”, categories, and some of the participants’ narratives

Themes	Category	Participants’ narratives
Connection	Social support	A subject repeated in participants’ statements was the need for support of the family, relatives, and friends, especially emotional and psychological support. Many participants considered family support as the biggest and most important need in dealing with cancer. Patient 1, a 26-year-old woman said: “My family supports me both physically and mentally, and keeps me spirited. Even though they want to remove my ovary and uterus, everyone reacts as though it’s not a problem. [They say] at most you can’t have a baby, your own health is more important. They support me in every way” Patient 12, a 58-year-old man said: “I expect my friends to visit me, and have a heart-to-heart. My relative came to visit and made me very happy. That’s the spirit. They could have not cared and not come. Whenever they saw me, they wished me God’s blessing. Well that keeps my spirit high”
	Normal behavior	All participants expected others to treat them normally. Participant 17 about no need for pity from others, stated: “I have this disease, and I’m living my life, studying, and may be ahead of apparently healthy people, scientifically and mentally. That’s why I don’t like them pity me, I detest pity. I like them to pray for me, and come and visit, but not because they pity me” Regarding medical team’s behavior, patient 15 said: “Nurses and doctors visit, and respect me, which makes us happy” Patient 4 said: “In the morning, nurses say hello before we do. They come for care of someone else, and ask me if I need anything, or introduce them and ask me to call them if I needed anything” Regarding understanding, patient 12 stated: “I expect my relatives not to take it to heart even if I had a few words, since I’m not myself. I’ll apologize when I get better. I am weak now and anemic, you should excuse me and understand”

Table 2: Theme of “Seeking peace”, categories, and some of the participants’ narratives

Themes	Category	Participants’ narratives
Seeking peace	Seeking inner peace	Inner peace is one of patients’ spiritual needs. A 27-year-old woman, in relation to being alone to achieve peace, believed: “Sometimes I like to be on my own, but not for just thinking, it is good for prayers and reading the Quran. When I’m alone, I pray better and do my work better. Not that I sit down and ponder, but I like to be alone for communication with God” Patient 14 cited active strategies for reaching peace and stated: “When I’m under immense pressure, I put on my tracksuit and go out. To satisfy myself and snap out, I read a book. That’s my fate”
	Begging forgiveness	One of cancer patients’ needs in this study was considered the need for forgiveness by God and others In this respect, patient 6 stated: “I always say, you gave me the disease, and I don’t know when I may go, but I wanna go forgiven” Patient 11 also believed in the need for forgiveness by others and gave this anecdote: “One day prophet was passing by a couple of sinful guys. They decided to make fun of him and laugh, so they approached him and asked if he could tell whether the corpse being carried to cemetery was going to heaven or hell. The prophet replied: If most people at the cemetery wish him God’s blessing, then he will go to heaven”
	Hopefulness	Participants emphasized the role of hope in achieving peace. In this respect patient 3, a 68-year-old man said: “When you know in your heart and have hope in God, surely God will help, your spirit will be high and you can defend yourself”, Patient 11 said: “With all the possibilities today, when one falls ill, one doesn’t think about dying. One thinks about the doctors and specialists. That’s God’s will. He gives the disease and the cure”

Table 3: Theme of “meaning/purpose”, categories, and some of the participants’ narratives

Themes	Category	Participants’ narratives
Finding Meaning and purpose	Accepting reality	Many participants cited acceptance of reality as one of their needs. Patient 1 in this respect stated: “I think of the disease as part of my body and I have gotten so used to it. It fights me and me, too” About the role of destiny in creating the disease, patient 17 said: “Why should have God wished me this disaster, well what God gives can’t be disaster, but why me. I feel he always chooses the best, and that calms me”
	Seeking meaning	Many patients searched the cause of their disease. Some considered it a divine test, including patient 17 that said: “When I think about my disease, the question arises, why me? And the answer comes to me. I feel I got ill because I was better in some things than others, or else God wants to test me, to see how thankful we are in every circumstance, he wants to see if we are up to it or not” Some blamed themselves for the disease
	Having a prosperous end	During interviews, participants also cited the need for independence, which led to the category of “ending well.” Patient 15 stated: “I wish it all ends well when I pray. I’m not afraid of people. All I want is not to burden myself on my kids, not to suffer, not to need their help, so they don’t tire. I don’t wanna be a bother for anyone”
	Changing meaning of life	Some participants believed that life had become more precious than before, and liked to live, and valued life more than before. Some others insisted that life had become difficult for them, and they did not enjoy it any longer. This category contained 3 subcategories of valuing life, concerns, and expectations and wishes. About valuing life, participant 10 stated: “Sometimes I talk with my disease. You have come, but rest assured I’ll beat you; I won’t let you win. I fight you twice as hard as you fight me. I really feel there is a tenant living in my body that should soon leave” In this study, participants were concerned about their prospects, and believed their normal life had changed with the disease. About this patient 1 said: “Life gets harder. If my ovary and uterus are removed, I can’t have babies. It’ll have a big impact in my life, even though my husband doesn’t disagree and says my life is the most important thing, but life has ups and downs. A lot of things may happen, and surely there will be lots of changes. Perhaps one has to expect anything. When I got married, I was someone else; I never thought I would have cancer like this”

Cancer patients spend huge amounts of energy in dealing with diagnosis, treatment, and feeling of instability due to possibility of relapse, death, complications, and financial problems, and often reach a point where they feel they are in an uncertain and highly desperate position.^[10] Cancer causes loss of hope and dreams and affects not just the body but the soul^[28] and leads to such disorders as loneliness, depression, and failure to adapt.^[29] Family members have a considerable role in fulfilling spiritual needs and providing hope and peace for patients with cancer.^[30] Family members are concerned about their patient’s calm and providing facilities for him and reporting any sudden change.^[31] In this study, participants

rated prayers of others very highly. Participants in Alcorn study also desired prayers of others for themselves and considered the results positive.^[32] In the present study, participants expected others to treat them normally and not constantly talk about the disease. Studies have shown that one of the dimensions of coping with the disease is people’s attitude and feeling of pity toward the patients, which leads to patients’ hiding their disease from others. Some patients do not want excessive attention and kindness and expect normal behavior from others.^[33]

In a study by Rahnema *et al.*, participants cited appropriate relationship of medical team including nurses.^[5] Although

Table 4: Theme of “transcendence”, categories, and some of the participants’ narratives

Themes	Category	Participants’ narratives
Transcendence	Strengthening spiritual belief	Participants believed in God’s help, and said that they had more faith in God after the disease. Patient 12 believed: “When you sincerely want something from God, he gives it. When you go to a shrine with clear conscience, you get results, otherwise you won’t” These participants considered recourse to religious leaders as another need and stressed this would make them stronger and keep their spirit high, and thus waited for a miracle (healing)
	Communication with God	In the opinion of participants, communication with God can be an important helping factor in dealing with, and tolerating the disease that can cause feeling of closeness to God Patient 6 thus expresses closeness to God: “One has more faith in this period. I did have faith before, but I feel closer to God now”
	Prayers	Many patients considered praying among their essential needs. Participant 1 cited the role of prayer and said: “Besides treatments, the only cure is prayer. The doctor may diagnose, but with prayer his diagnosis may change easily. Perhaps my prayer is above his diagnosis, and surely that’s so” Patient 6 said: “Prayer calmed me, and I felt closer to God; I forget my illness. It gave me more will. I felt calmer, the more I prayed, and forgot my illness” In relation to the need for religious rites, patient 12 said: “I’d like to go to the mosque very much, like before, but when I go, people look at me with pity. People that used to be very indifferent, now treat you so well. They come and embrace you, and I don’t like this”

nurses’ duty is to treat patients with respect, since this study was conducted in Iran, their religious backgrounds may have helped nurses in providing patient care with respect. Studies have shown that in Iran, nurses have a spiritual attitude toward their profession, believe in spiritual rewards for their job, and because of their religious attitude, do their job to please God.^[12,22]

Patients tended to spend some time alone to pray to God. They believed that they could obtain peace in this way. Also, Galek *et al.* reported the need for peace as one of the emotional needs of patients with cancer.^[34] Rahnama *et al.* believed that one of the patients’ needs is providing an atmosphere of joy and peace. They concluded that patients need some time to be alone for developing a relationship with God and to think about their spiritual belief.^[5] Grant *et al.* examined nurses’ view about spirituality and the type and time of spiritual treatment, where almost all nurses believed that spirituality grants inner peace to patients.^[35]

Samson and Zarter raised the point that in cancer patients, being ready to help others increases the meaning and hope in their life and yet brings hope to others.^[36] In a study by Stephenson *et al.* (2003) titled “The experience of spirituality in hospitalized patients”, they concluded that more than 93% of patients with cancer believed that spirituality helped them to strengthen their hope.^[37] Researchers emphasize the importance of the relationship with God as an aspect of spirituality that may provide some hope, optimism, and inner strength in adapting to stress.^[38]

Spiritual health will lead to a purposeful and meaningful life. The life of these people will change from a material

life to a spiritual life. The whyness of person’s life is a part of his existential goal that gains from his life, and this part itself constitutes the spiritual dimension of life.^[39] In the study by Rahnama also, participants experienced changes in value in the form of more appreciation for blessings granted by God, decreased attention to the worldly affairs, and increased attention to another world after death, gaining a positive outlook towards life and future.^[5] In the study by Samson and Zarter, experiences of cancer patients also indicated that their transformation led to changes in their values and priorities and they found a new perspective on life. All of these lead the individual to a position where his life is meaningful and useful for others.^[36] In the current research, a number of patients coped with their disease, accepted it, and were content with their fate because most cancer patients in Iran had this religious belief that they became sick as a result of God’s will and the disease was a divine fate. Some believed that the disease was a divine test to measure their faith. However, if God’s dominance is considered negatively, for example, it is thought that God inflicted the disease as punishment for sins, the patients may experience more stress.^[38] Taleghani *et al.* found that most patients they reviewed believed that their disease was a divine test, and they should attempt to pass this test,^[30] which is in line with the results of the current study.

The belief in God and the appeal for his support in most patients was stronger than before. Rahnama *et al.* state that spiritual and religious resources can lead to an overall sense of hope and optimism toward life.^[5] McClain *et al.* also mentioned that spiritual well-being can be an obstacle to the creation of end-of-life disappointment in patients whose death is imminent.^[40] Rahnama *et al.* concluded

that participants had a sense of strength, hope, peace, and confidence through a relationship with God and religious beliefs.^[5] Several studies showed positive beliefs of Iranian Muslim patients.^[11,41]

Another spiritual need outlined in the theme of transcendence was relationship with God. Participants stated that from the onset of disease, their relationship was closer to God and Imams. In the current study, religion had a strong role. Researchers emphasize the importance of the relationship with God as an aspect of spirituality that may provide some hope, optimism, and inner strength in adapting to stress.^[5] In this study, praying, including saying prayers and performing religious rituals, formed the basic needs of patients with cancer. Spirituality with religious rituals, such as praying, plays an important role in accepting diseases.^[42] Praying has an important role in coping with cancer and helps the patients to improve their spiritual health when they are sick.^[11,41] In the current study, the performance of religious rituals by participants was very strong. They requested the Imams to pray for their peace or cure their disease. As Iranians based on cultural conditions are religious, they turn to religion more often to cope with critical situations. However, in the current study, some patients did not visit religious places because of their physical changes and people's peculiar way of looking at them. Participants in the study of Taleghani *et al.* also believed that the awareness of other people about their disease was a problem and affected their welfare.^[30]

This study showed that Iranian Muslim patients seek help from spirituality to accept or cope with their disease. Since understanding the perceptions and spiritual needs of patients with cancer by the medical staff has a great value, the findings of this study can help to prioritize cancer patients' care and the manner of care and interaction with them. Considering the necessity of understanding the spiritual needs of patients by medical staff, need for appropriate plan for interventions, and growing number of patients with cancer, the results of this study can be useful, particularly for nurses, to communicate properly with patients. Also, the results of this study can be used by researchers, managers, and planners to better understand the needs of cancer patients and perform proper evidence-based planning. This study could be replicated in other locations and under different cultural conditions. Meanwhile, this study can be conducted with more and distinct types of cancer patients and based on gender, age, type of cancer, stage of cancer, etc., and spiritual needs according to the above topics can be investigated and reported.

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