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

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Background Spirituality is a subjective and multidimensional concept whose ambiguity can act as a hindrance to its application in educational and clinical environments. The purpose of the present study is to explore the Iranian cancer patients' perception of spirituality

Method: This study was conducted by a content analysis approach. Sampling was carried out using a simple available method by choosing 17 participants and their family from one of Tehran’s hospitals and Behnam Daheshpor Help Institute. The data were gathered using the semi-structured interviews, that were transcribed in a verbatim manner. For data reduction, data labeling, obtaining analytic themes, and finally subjects’ recognizing the content analysis method was applied.

Results: Three themes emerged from the data analysis: Spirituality a multidimensional concept including spirituality embodies religion and spirituality beyond religion, spiritual practice a multidimensional concept including relationship with God self, and the others, spiritual resources as a kind of hope including religious and nonreligious resources.

Conclusion: Patients and their families’ perspective from spirituality and spiritual practice can be defined in two religious and nonreligious aspects and caregivers must provide facilities to use the necessary spiritual resources for the patients to do their spiritual activities. At the end some recommendations were offered by the authors.

Keywords: spirituality; cancer patients; perception; content analysis

Introduction
Cancer is among main causes of mortality in the world. According to the World Health Organization (WHO), more than 80% of deaths induced by cancer are occurred in countries with low or medium incomes [1]. Donavan & Girton state that the importance of cancer can be appropriately reflected from the number of cancer patients and mortality rate caused by that. However, in these number and statistics there can be seen no mention of the mental state of the patients and the way in which cancer affects them. Based on the reports of New York cancer center, the health cares for cancer patients and their family should be offered in a full support and

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safe environment, so the patients would be manifest their physical, emotional, and spiritual needs [2]. Cancer patients are faced with spiritual distress, once they find about their sickness, change of their disease state, or once they deal with their end-of-life problems [3]. This is due to this fact that they frequently suffer from losing their life goals, values, and meaning because of severe physical and performance injuries [4]. Schulz (2008) states that spiritual need of cancer patients is finding meaning and hope through access to spiritual resources, and extracting the meaning from grieves [5]. Normally, this is during the life distresses when the meaning of spirituality is remarkable for patients and their families [6] since spirituality is an aspect or dimension by which cancer patients can cope with their fears and loneliness during their patience period [7]. Spirituality can even affect many changes created by cancer in mental perspective, excitements, and social performance of the individual [8]. However, there is no agreement for a unique definition of spirituality able to lead cancer clinical activities and researches [6 & 8], because of this fact that spirituality is a multidimensional concept [9] and a single definition embodying all its aspects has not proposed yet. Some called it as main essence of everyone (9 & 10), inner call for making the meaning (11), sense of relating to the God or a superior power [10], or provider of meaning and goal for life [9, 10, 12, & 13]. In addition, the current discussions about spirituality and religion have led to emerge of this belief that spirituality is an ambiguous concept. Religion is an organized system of beliefs, deeds, ceremonies, and symbols designed as facilitators to approach to the God, superior power, and ultimate power or fact [14], while spirituality is a more wide and comprehensive concepts which includes even religion (10, 12, & 15]. Religion is a way to reveal (manifest) the spirituality [16]. Although many people exhibit their spirituality through the religion, some others show it through their happiness, empathy, peace, love, awareness, and meaning in life [10]. It is required to have a deep perception of spiritual affairs in the clinical environments and avoid mixing and mistaking religious and spiritual areas since even nonreligious individuals want the caregivers pay attention to their spiritual needs either [7]. Indeed, offering the clinical care embodying all spiritual needs of the individual is among the crucial roles of the nurses [17]. Anderson et al. claim that spirituality is recognized as an essential factor for examination of the patients in nursing career. Research conducted during the last decades also support that spiritual beliefs of the individual can have a positive role on their health improvement and progress; nevertheless in crowded settings nurses may ignore spiritual needs [18]. Grant (2004) mentions that health specialists have recognized the importance of spiritual dimension and its effect and they all accepted that patients spiritual needs must be provided, but they think that there is not enough chance (time) to offer spiritual cares [19]. Besides, Mooney (2007) mentions the inaccuracy in the clear definition of the spirituality, nurses’ incorrect perception of the concept, and unknown importance of paying to
spirituality for the patients as main factors causes this aspect to be ignored in the clinical environment [12].

Based on this research, it can be concluded that there is an ambiguity in perception of the meaning of spirituality. Regarding to this fact that in one hand the experiences of the patients and their caregivers can play a valuable role in perception of this concept and, in the other hand, experienced views and experiences of the cancer patients in spirituality have not been studied in Iran, it is required to achieve a better understanding in this issue. Knowing that perception of the spirituality is affected by individual beliefs and cultures and interpretation and understanding of the Iranian patients may not be same as the other cultures, this study was conducted with the aim of investigating the cancer patients’ perception of spirituality.

Religious Iranian background
Iranian people are Muslim, only 2 percent of them belong to other religious, but almost all of them believe in God. (20)

Method
This qualitative study with the purpose of exploring the Iranian cancer patients' perception of spirituality was done by using conventional content analysis approach that is used to evaluate patients’ experiences about their spiritual needs during the nursing care services.

Setting, Participants and data collection
The population of this study was patient cancers 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 Daheshpouir Charity Institute, That were chosen based on simple and accessible 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, patience phase, and etc.).

The data were gathered through semi-structured interviews. First, some general questions were proposed to start the interviews, the interviews trend was conducted based on the participants’ answers. Then, a couple of questions about patients’ experiences of the offered nursing cares during their hospitalization were asked from them. The time and location of the interviews was arranged by agreement with the participants. Each interview’s length varied between 45 to 120 minutes. All interviews were conducted, recorded, verbatim typed, reviewed, coded, and

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5 Based on the agreement made with authorities of this hospital it was decided to keep its name secret until achieving the final results and their permission.
immediately analyzed by the researcher. Data analysis was continuously performed along with
data gathering. Data gathering process was continued until data saturation was reached.

**Data analysis**

To analyze the data by content analysis, traditional and conventional steps were used. First each
interview was read - to obtain an overall perception - and the important statements were
underlined. To extract the essence of proposed ideas, the paragraphs and sentences were coded.
In order to perform initial coding, participants’ own words and connotative codes (researchers’
interpretation of the statements) were used. Then, these codes were categorized based on the
subject and at the end three categories were emerged.

**Rigour**

In this research validity and reliability of the study were examined using the Guba and Lincoln
suggested criteria [21]. To achieve the credibility, the author had enough cooperation and
interaction with the participants. Reviews were carried out by the external supervisors and the
professors’ additional comments are also used. The researchers checked the dependability of the
data through performing activities such as reviewing by the supervisor and associate professors
and experts. Conformability was conducted through setting aside the predefinitions and perjuries.
Besides, findings’ validity was also confirmed by the participants.

**Ethical consideration**

This study was conducted after being confirmed in ethic committee of University of Social
Welfare and Rehabilitation Sciences and obtaining the written permission from the university. In
this research, the participants were asked to sign the informed participation form and they were
ensured that their private information would be kept secret during the results’ publication. They
also were emphatically informed that they can stop their cooperation with the researcher at any
step of the study.

**Results**

The participants of this study were 17 members including 11 cancer patients and 6 members of
their families which come to one of Tehran’s hospitals and Behnam Daheshpour Help Center.
The patients’ age varies between 27 and 65 while the age of their family member 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, intestine cancer, liver cancer,
spinal cord tumor, brain tumor, lung cancer, and testicle cancer. The study’s main objective was
discovering the patients’ perception of the spirituality. The obtained findings helping us to
recognize the content included: 1) "Spirituality a multidimensional concept" including 'spirituality embodies religion' and 'spirituality beyond religion', 2) "spiritual practice a
multidimensional concept" including 'relationship with God, self, and the others', 3) "spiritual resources as a kind of hope" including 'religious and nonreligious resources'. (table 1).

**Spirituality a multidimensional concept**

One of the extracted themes was spirituality. Once the participants were asked to define it with their own words it was found that spirituality included two sub-themes included spirituality embodies religion and spirituality beyond from religion:

**Spirituality embodies religion**

Some participants who just emphasize on religious aspect of the spirituality, offered the following definitions for spirituality: “Spirituality means joining to that immortal being”, “spirituality means having faith in God and Imams”, “spirituality is binding to creator of the lights, love, beauty”, “spirituality means that everything depends on the God’s will” and “spirituality means relating to the God in any way”. As participants mentioned:

“Spiritual man believes in God’s existence and always talks to him in hardships and distresses”. (participant 1)

“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)

“Joining to the God is very important and is above all forms of spirituality. It means that you think god see you in every moment of your life ”. (participant 12)

**Spirituality beyond from religion**

To describe spirituality, some participants did not view it just in the religion and believed in its nonreligious form; as participants 5, 6, 7, 11, 13, 17, and 18 mentioned these factors for spirituality: “Spirituality is having the least expectations from the materialistic life”, “spirituality is belief in a power superior than all other ones”, “spirituality is both religion and having a clean heart, “pray and having good relationships with others is spirituality”, “spirituality is being good and doing good deeds”, “spirituality is even in sincere work not just in religion”, “spirituality is not just praying and doing religious duties; doing charity and being fair in the relationships is also required”. The believed that:

“Before, I supposed that spirituality is only in religion, but now I think Spirituality is in working with love, For example, All charitable person who coming here and offering biscuits and juice to the patients’ families are spiritual individuals.”. (participant 6)

“ 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)
“Spirituality means we believe that there exists a power superior to all other powers and we are supposed to join that. This is a power which can do affairs beyond our imaginations; beyond the common agreements and boundaries of our minds”. (participant 13)

**Spiritual practice a multidimensional concept**
Another extracted theme was spiritual practice. Once the participants were asked to describe their spiritual practices, it was found that this theme consists of sub-themes including relationship with God, self, and the others.

*Relationship with God*
Based on participants’ experiences, relationship with God is recognized through religious and nonreligious practice (inner relationship with God and talking to him). For instance:
“I relate to the God through prayer and blessing; however, during my patience I used to constantly bless”. (participant 6)
“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)
“I just talk to God. I neither pray nor fast. But I always thank him after I go to bed”. (participant 7)

*Relationship with self and the others*
To describe spiritual practices, the participants mentioned cases which can be examined in individual and interpersonal fields. These cases are being trustee, not having hatred toward others, appropriate appearance, nice manner, honesty in the speech and practice, lack of hypocrisy, not being in the boundaries of material subjects in relationships with the self, respect to others’ rights, not deceiving the others, being polite and respectful in the relationships, offering help and support to others, and obeying the do’s do not’s (Halal and Haram). For example they mentioned that:
“I don’t think spiritual individuals have a particular appearance or face. Actually, some people are called as “salt of the earth”. I think you can reach to this level if your sole is clean. If you don’t have the feeling of hatred, you can easily forgive other; no matter what has happened ”. (participant 6)
“In my idea, a spiritual man may not have a spiritual appearance but his beliefs are religious”. (participant 3)
“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 grieves”. (participant 5)
**Spiritual resources as a kind of hope**

Based on statements of the participants, spiritual resources can be divided into two religious and nonreligious sub-themes.

**Religious resource**

Based on participants’ experiences, factors such as worship practices (prayer, fast, reciting the Quran, individual blessing, and others’ blessings for the individual), religious appeal (through having faith in God and relying on Imams, giving charity, and visiting the holy places), and religious beliefs are recognized as religious sources.

**Worship practices**

By doing the interviews with the patients, it was revealed that the customary worships are regarded as a kind of spiritual resource for them. For instance they stated that:

“In my opinion, everyone must see what has been told by the source and root of spirituality. One might be Muslim, Hindu, or Buda; 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 Quran as a law and rules book. We must think about God and see what he has ordered us in Quran. For example praying must be very important”. (participant 12)

“Blessing, praying, visiting the shrines and holy places, mentioning the Gods names, and reciting the Quran are all spiritual activities”. (participant 3)

**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. They mentioned that:

“When my child’s disease was in its most critical phase the first thing comes to my mind was sacrifice a sheep. I think sacrifice and shedding the blood is very good in these situations”. (participant 12)

“In my idea these types of sick persons has a great deal of toleration. At least I myself was very patient, because, I had no choice except having faith in God and being patient”. (participant 13)

**Worship practices**

By doing the interviews with the patients, it was revealed that the customary worships are regarded as a kind of spiritual source for them. For instance they stated that:
“In my opinion, everyone must see what he must do according to the orders of his spirituality resource and do everything which pleases that resource. We have Quran as a law and rules book. We must think about God and see what he has ordered us in Quran”. (participant 12)

“Blessing, praying, visiting the shrines and holy places, mentioning the Gods names, and reciting the Quran are all spiritual activities”. (participant 3)

Religious beliefs
Through the interviews, it was found that participants use some religious beliefs as spiritual sources; as participants 4, 5, 13, and 14 mentioned: “belief in the possibility of gaining the health from God”, “believe in miracles”, “believe in that God defines the length of the life”, “patients’ believe in use of holy component and materials. They mentioned that:

“Everyone has some kind of beliefs in his own God. I had this belief from the past he( God) gives us everything we wanted. Now I am asking for my health and I am sure he will give it”. (participant 5)

“In some occasion, the only thing make miracle to me was my belief in God which brings me peace. Once I am calm I can tolerate my physical problems more easier”. (participant 13)

After I was hospitalized and 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)

“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)

Nonreligious recourses
Based on statements of the participants, nonreligious resources are divided into two subcategories: Individual resources included individual characteristics and beliefs and connection to others (family, spouse and friends, health staffs, and other patients).

Individual resources
Interviews with the participants revealed that, during the dealing with the disease, individual’s inner forces and beliefs can be of a great assistance. The participants stated that:

“I basically believe that everything happens to us is our fate. For instance, my death date is a predefined matter, so there is no use in struggling in futile”. (participant 9)

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

Connection to others

Through the interviews, it was discovered that one of help resources for the patients is their relationship with their family members, spouse and friends, and even health staffs of the hospital. They mentioned that:

“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 me very well”. (participant 12)

“My kids have grown. My sons are adult. You know, my husband is a farmer and does not know anywhere, so my sons bring me 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 doctor. Maybe this was the factor made me visit the doctor this much late. Finally, I visit the doctor after my wife made an appointment”. (participant 6)

“Now, I visit my sergeant doctor once in every 6 month. I adore him too 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 in my surgery date as well as my real birthday. It is very important to see how the doctor treats with his patients”. (participant 7)

Discussion

The results revealed some participants just emphasize on religious aspects of the spirituality and some other focus on its nonreligious aspects. Based on study of Penman et al. (2009) in the participants’ view spirituality is regarded as believe in God, relationships with others, and religion [6]. Moreover, in a study conducted by Schulz (2008), participants defined spirituality as “a deep relationship with a superior power (Father or Holy Spirit), faith, synonym to religious beliefs, and something embodying immortality and eternity [5]. It seems that in these studies both religious and nonreligious dimensions of the spirituality have been considered. Houng (2004) observed that “religion is a set of beliefs and formal organized religious ceremonies. Although many people show their spirituality through the religion but some other manifest it through their empathy, happiness, piece, love, consciousness, and meaning in their lives [10]. However, Cheraghi 2005 states that “according to the Quran and Hadiths there are no differences between spirituality and religion”. He also quotes from Rasul that “in Muslim patients,
individuals’ spiritual aspects are summarized in Touhid\(^6\) - theism [22]. This is different from those results obtained by this study. In this regard, Sourbon (2009) mentions: “There are no agreement on a unique definition about the spirituality” [7]. MahmoodiSha’n (2010) also states that “spirituality is a subjective concept, extremely subjective. It is multidimensional and there is no agreement on its definition [20].

Based on 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 recognized as spiritual practices. In the study of Penman et al (2009), factors such as maintaining the relationships (in the forms of intimacy, showing the concern, presence, offering the services, and showing the attention and support), love (as a selflessness feeling and belonging to others), and participation in religious activities (like prayer which is regarded as talking to God) are considered as participants’ spiritual challenges [6]. This study is similar to the current research in term of relationship with God through talking to him, doing religious practices, and relationships with others. Alcorn 2010 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], which were similar to the current research in terms of prayer, religious practices, and study of religious texts. However, in a research conducted by Lopez 2009, most of participants used activities such as family issues, sport, listening to music, and relationship with other as religious activities and few number of them did yoga and meditation [24]. This study is also similar to the current research in terms of relationships with the family and others. Via comparing these results it would be easier to highlight the role of relationship with the family and friends for the patients.

It was found by this study that the religious resources used by the patients include worship practices (prayer, fast, 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 serves as an effective tool to improvement and enhancement of the spiritual health in chemotherapy patients [25]. Taleghani (2005) also suggested that an important factor in female breast cancer patients in prognosis phase is their reliance on charity, visiting the holy places, and reliance on Imams [26]. Besides, Aquino et al. (2007) reported that binding to the religion and seeking for individuals’ or groups empathy as a rescue path by the cancer patients [27]. These are all in consistence with the results of this current study.

Religious beliefs about the possibility of improvement by the God’s will and miracles are also among the religious resources - making the flame of hope survive in their heart - mentioned by

\(^6\) - Believe to unique God
the participants of this study. Aquino et al. (2007) claimed that all patients have the hope for finding a new chance for living by the belief that Gods can control even the worst situations [27]. In this regard, Sourbon (2009) inserts that many cancer patients, followed by the ambiguity in their current situation and uncertainty of their future, rely on the religious beliefs - as a power and hope source - and can cope with their fear and loneliness during their patience period [7]. This claim is also in consistence with the results of this current study.

In this research, nonreligious resources suggested by the statements of the participants include individual characteristics and beliefs and connection to the family members, spouse, friends, health staffs, and other patients. Also, Chui (2001) found that participants believe that family relationships (with family members and spouse), national-cultural values, religion, alternative treatments (such as sport, meditation, using the medical plants and some nutritive, as well as using the natural environment), creative activities (art works and writing), and support groups (such as Breast Cancer Support association) are among the factors for gaining the spiritual power [28]. This is in with this current research in terms of relationship with the family members and spouse, religion, and religious beliefs as religious resources.

Conclusion
The experiences of the patients and their family members participated in this study revealed that based on their perceptions, the concept of spirituality can be defined in two religious and nonreligious aspects. Thus, it seems compulsory on health caregivers to provide the opportunity to perform spiritual practices in both aspects. Furthermore, since using the spiritual resources seems necessary to perform these practices, health caregivers can assist the patients to 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 recognize and enhance the inner forces through performing the consulting, emphasize on the family relationships which is one of spiritual sources proposed by the participants, and strengthening of these relationships.

The researchers of this study also highlight that this research has been conducted on Muslim Iranian patients and cannot be generalized for the patients of other religions or countries. It must also be noted that experience of cancer patients has been generally explored and there was no emphatic 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.

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

Table 1- Themes and sub-themes derived from interviews analysis

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-theme</th>
<th>Examples of participants recitations</th>
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<tbody>
<tr>
<td>Spirituality with a multidimensional nature</td>
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<td></td>
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<td>Spiritual activities</td>
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<td>Religious beliefs</td>
<td>&quot;In my opinion, everyone must see what he must do according to the orders of his spirituality resource and do everything which pleases that source. We have Quran as a law and rules book. We must think about God and see what he has ordered us in Quran&quot;. (participant 12).</td>
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<td>Individual factors</td>
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| Relationships        | Once I came to the doctor office to show my tests result and wanted him to remove my stiches, I told him was my cancer benign or malign. He asked me “who accompanies you, tell them come in”. My husband and my mother were there. Once I saw their talks took longer than expected, I found that my guesses were true. But it was as if some inner forces called me “be patient, don’t surrender” (participant 2). |
|                      | “My kids have grown. My sons are adult. You know, my husband is a farmer and does not know anywhere, so my sons bring me Tehran. I am totally pleased with my sons. They support me both financially and emotionally. They give me hope (participant 15). |

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