Original Research

Explaining The Experiences Of Breast Cancer Patients From Spiritual Care: A Qualitative Study

Majid Tavakol [1]*

1. Assistant Professor, Medical ethic research center, Jahrom University of Medical Sciences, Jahrom, Iran. **Orcid:** 0000-0002-0679-6826

***Corresponding Author:** Majid Tavakol. Assistant Professor, Medical ethic research center, Jahrom University of Medical Sciences, Jahrom, Iran. **Email:** mtavakol.313@gmail.com

Abstract

Background: Diagnosing breast cancer poses a challenge for all affected women, triggering varying levels of emotional distress. Despite medical advancements, breast cancer remains a significant source of stress that can persist long after diagnosis.

Methods: This qualitative study employed a content analysis approach, with 13 breast cancer patients from Khatam Al Anbia Cancer Center in Jahrom city as participants. Sampling was purposeful and continued until data saturation was achieved. Semi-structured interviews were used for data collection, which were analyzed using MAXQDA 2020 software (VERBI).

Results: The average age of participants was 44.30 years, with 12 married and 1 single. Their average illness duration was 2.68 years. Initial analysis yielded 252 semantic units, which were condensed into 85 primary codes, 18 sub-categories, 9 sub-categories, and 3 categories (spirituality definition, barriers to acquiring spirituality, and solutions for providing spirituality).

Conclusion: The study's findings indicate that spiritual experiences can help breast cancer patients cope with the disease and its mental, psychological, and physical complications, ultimately improving their condition.

Keywords: Breast cancer, Spiritual care, Qualitative study.

Submitted: 3 Apr 2024 Revised: 27 June 2024 Accepted: 4 Oct 2024

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Introduction

Breast cancer is the most prevalent form of female cancer worldwide, particularly in developing countries, where its incidence is on the rise (1). Despite advances in medicine, cancer patients often experience high levels of mental health issues, including depression, anxiety, and emotional disorders, as well as fear of disease recurrence and mortality (2). Breast cancer patients are no exception, with a diagnosis often perceived as a life-altering event. One significant change reported is a spiritual shift (3). Spirituality encompasses non-material feelings and beliefs, defined as a fundamental human component that drives individuals to seek meaning, purpose, and transcendence, as well as connections with themselves, others, and the world around them (4). Research has shown that patients with advanced cancer tend to have lower spiritual well-being compared to those with other illnesses (5). However, evidence suggests that spirituality plays a vital role in promoting healing and well-being, providing inner strength, peace, comfort, and wholeness, and serving as a coping mechanism for cancer patients (6, 7). Individuals' perceptions of spirituality are personal and influenced by factors such as age, gender, culture, and experience. When women face breast cancer, they often explore existential questions, seeking meaning and transcendence, which can foster a greater will to live, peace, and hope in the face of mortality (8, 9). While quantitative research has highlighted the importance and benefits of spirituality in breast cancer, there is a need for more in-depth, qualitative exploration of this complex aspect of the cancer experience. Qualitative research can provide a richer understanding of how spirituality is experienced and expressed by patients throughout their illness journey.

Methods

This study employed a qualitative design, utilizing content analysis and in-depth, individual semi-structured interviews, which continued until data saturation was reached. Content analysis, an objective method, was used to systematically describe and quantify the qualitative data. This approach enabled the classification of primary codes, definition and naming of categories, review of categories, and identification of themes (10). The focus of this study was to explore the strategies for providing spirituality in breast cancer patients and to gain insight into their experiences.

Participants and sampling

A total of 13 breast cancer patients were selected using the purposive sampling method. The inclusion criteria for participation in the study were: the ability to articulate their feelings and experiences, a minimum of 6 months having passed since the onset of their illness, and a willingness to participate in the study. In contrast, the exclusion criteria consisted of a lack of willingness to participate in the study or undergo an interview, as well as being in the acute stage of the disease or experiencing unfavorable mental conditions.

Data Collection and Analysis

With the participants' consent, the interviews were recorded and analyzed immediately after each session. Each interview lasted 40-60 minutes, commencing with an open-ended question: "What do you think spirituality means?" Subsequent questions probed deeper, including "What are the obstacles to providing spiritual care in breast cancer patients?" and "What strategies and methods do you suggest for providing spiritual care?" Additional questions were asked to clarify and gather more information about the purpose of the study.

The data analysis process followed the five-step approach proposed by Granheim and Lundman (11). The process involved: (1) transcribing the recorded interviews, (2) repeatedly listening to the recordings and analyzing the texts to identify meaningful units of data. The researchers extracted meaningful units from the participants' statements as initial codes, (3) categorized the codes based on conceptual similarities to minimize overlap, (4) and applied this process to all units of analysis until themes emerged. The

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interviews continued until data saturation was reached, at which point no new codes were generated in the last two interviews. To ensure data saturation, the research team and two research experts reviewed the codes. The data were analyzed using MAXQDA 2020 software (VERBI).

Data Strength

When evaluating qualitative data, it's essential to consider the validity of the research, which is characterized by features such as trustworthiness, transferability, reliability, and verifiability (12). To ensure the validity of this research, two professional researchers reviewed and interpreted the data, and all codes and categories that were extracted were confirmed and approved by the authors. To increase the acceptability and accuracy of the findings, a combination of several semi-structured interviews, data review with the interviewees, and simultaneous analysis by the researchers were used.

The transferability of the findings was also operationalized by providing direct quotes, enriching data, and consulting with professors in the field of qualitative research. To develop the reliability of the data, quick transcription of the data, sharing of peer comments, and review of early versions by participants were conducted. Validation of the data was ensured through consultation with some experts regarding the correctness of the interpretations and the coding process (a faculty member of the nursing department and a faculty member of the education department). In addition, the steps and methods of data extraction are accurately recorded.

Results

In this study, 13 patients with breast cancer were interviewed. The average age of the patients was 44.30 years. Also, 12 of the studied patients were married, and 1 was single. The average duration of their illness was 2.68 years. The details of the demographic characteristics of the patients participating in the research are given in table number one. The initial analysis led to the production of 252 semantic units, and finally, 85 primary codes, 18 sub-categories, 9 sub-categories, and 3 categories were extracted (Table 1).

First Level: Definition of Spirituality

In this category, the participants defined spirituality from their point of view, which includes three subcategories: inner peace, genuine spirituality, spirituality; It is a journey in the range of beliefs and actions and a romantic bond with God.

Under the category of inner peace, authentic spirituality, the participants emphasized the innate human desire for peace and the role of spirituality in achieving it. Participant number 2 has stated in this regard:

"Peace is spirituality... anything that brings a person to peace is spirituality... there are different paths to achieve inner peace and spirituality..." and they emphasized that "spirituality is not only prayer and fasting..." And while performing religious acts as religious rites and rituals can play a role in the path of exalting the soul and reaching spirituality, but true spirituality is beyond these appearances.

Under the layer of spirituality; A journey in the range of beliefs and actions, the participants stated that everything that brings meaning and purpose in life to a person and leads him to perfection can be classified as spirituality. In this regard, participant number 5 stated:

"In my opinion, whatever a person believes in, he gets spirituality..."

Or participant number 8 stated: "The things we are doing for others... the things that happen to us... the things that happen to us... the good things we do in life are spiritual in my opinion."

Under the category of romantic connection with God, participants mentioned the central role of faith and belief in God in spirituality. Participant number 1 has stated in this regard:

"In my opinion, this illness is only a secret, in fact, God is the main healer, the doctor and the nurse are the tools..."

And participant number 10 stated:

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"In my opinion, spirituality is the relationship of the heart that is established with God, and unfortunately, we humans are like that when we face a problem, we go towards him (God)..."

The Second Level: Obstacles to the Acquisition of Spirituality

In this category, the participants have expressed the obstacles of acquiring spirituality from their point of view, which includes two subcategories: "spirituality in the shadow of neglect" and "in the trap of darkness".

The sub-category of spirituality in the shadow of includes two sub-categories: "Weakness of the medical staff in providing spiritual care" and "Spiritual weakness of the patient and those around him". The sub-category "weakness of medical staff in providing spiritual care" indicates that in many cases, the spiritual needs of breast cancer patients are not given enough attention during the treatment process. The main focus of the medical team is often on the physical treatment of the patient and less attention is paid to his mental and spiritual aspects. In this regard, participant number 3 has stated:

"I have been for 7 months and 8 months, so far, doctors... nurses... take the name of God, say there is a God..." and participant number 10 stated: "They only work for treatment and giving medicine.... No attention is paid to spirituality..."

The sub-category "Spiritual weakness of the patient and those around him" refers to the challenges caused by the weakness of faith and spiritual beliefs of the patient and those around him in the path of acquiring spirituality. Participant number 9 stated:

"Even sometimes my husband says why are you saying thank you, God, because I was hurt a lot financially and physically...but I always say thank you, God, and sometimes my husband says for what?... This disease and the pains that have been added to you..."

And participant number 3 has stated:

"People have weak faith and say to give up and it's all over. If God loved us, he wouldn't have given us this disease, why didn't the others get it?... They don't care about prayers and good deeds anymore."

In the subcategory "Trapped in darkness" the obstacles caused by the patient's hopelessness and despair from recovery and treatment on the path to spirituality are mentioned, and it includes two subcategories: "Disappointment with treatment" and "Rejection of illness and treatment". Participant number 7 has stated in this regard:

"When you are hopeless, you have no hope in life, you will move away from God... you will move away from spirituality..."

Participant number 5 stated: "Certainly, when you say disappointing words like you, you don't get better, for example, your treatment is not responsive, medicine is not for responsive people, it is certain that a person will be disappointed..."

And participant number 13 stated: "Many people are not even ready to start, they are not even ready to do the operation... they are not ready to go to the doctor, they are not ready to start... they still don't accept that they are sick..."

The third Level: solutions for providing spirituality

In this category, the participants have expressed the solutions to provide spirituality from their point of view, which includes four subcategories: "Keeping up with the patients on the path of spirituality", "From suffering to excellence", "Faith, the compass of spirituality" and "Support and care in the hospital" "spirituality".

The subcategory "Along with patients on the path of spirituality" includes two subcategories: "Spiritual Beliefs of the Treatment Staff" and "Saa Sadr of the Treatment Staff".

The sub-category "Spiritual Beliefs of Medical Staff" refers to the important role of spiritual beliefs and behaviors of medical staff in improving the spiritual health of patients, especially patients with breast cancer. In this regard, participant number 13 stated: "If the nurse has a belief, she can help the patient, if she doesn't believe, she can't..."

And participant number 1 stated: "A zikr that the nurses mutter under their breath makes me forget

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to say the zikr if I forget.... I always told God not to let my lips and mouth be closed..."

Under the sub-category of "Saa Sadr of the treatment staff" is related to the patience and compassionate behavior of the treatment staff in promoting the spiritual health of patients, especially patients with breast cancer. Participant number 10 stated: "The doctor who operated on me was suffering from the same disease years ago and removed one of his breasts, and I feel that this doctor was really exemplary."

And participant number 2 has stated: "Good manners and behavior, for example, value the patient in a way, when you value the patient, show respect and speak with kindness, it has a great effect on the patient's mood... You need to be patient and kind people. Put it in this section...."

The subcategory "From Suffering to Transcendence" includes three subcategories: "Mindfulness", "Spiritual counseling for cancer patients" and "Dialogue with similar patients".

The subcategory of "mindfulness" refers to the practice of focusing on the present moment and paying attention to your inner thoughts, feelings, and experiences without judgment. This method can be useful as a strategy to improve spiritual health, especially in breast cancer patients. In this regard, participant number 4 stated: "I used to write down everything in detail and I was asking for help from that spirituality that I was asking God to help me so that this process would be easier for me. I feel that God's writing is more His attention is drawn to us.

And participant number 10 stated: "I try to keep people who have negative energy away from me, very respectfully..."

The sub-category "Spiritual Counseling for Cancer Patients" pertains to the guidance and support provided to breast cancer patients by individuals specializing in spiritual matters. This type of counseling can aid patients in discovering peace, meaning, and purpose in life, particularly when confronting the challenges of the disease. Participant No. 9 expressed: "I wish they would hold a meeting to speak for the sick... to give hopeful words to those who are hopeless... to tell about the grace and mercy of God... how are you?" Let's calm ourselves down?

The sub-category "Dialogue with similar patients" refers to the exchange of ideas and sharing of experiences between breast cancer patients. This type of conversation can be useful as a solution to improve the spiritual health of these patients. Participant No. 11 stated: "One of my acquaintances was suffering from cancer and I talked to him... He comforted me... He said that God will fix everything. I said that it will be alright. He said that God will fix it. As soon as he told me, it was as if my heart got stronger. I said that he must have had an experience that says... I said that God, who healed this, will heal me..."

The sub-category "Faith, compass of spirituality" includes five sub-categories: "Prayer to God", "Faith and religious belief", "Presence in holy places", "Helping fellow humans and good deeds" and "Consent to It is God's destiny.

Under the subcategory "Prayer and Prayer with God", it is stated that communicating with God through prayer and prayer can help the patient connect with a higher power and find spirituality in life. Participant number 7 said: "I communicate with my God, I am alone, I talk, and maybe you won't believe it, I get a result... I calm down..."

Participant number 10 also stated: "The good feeling you get from, for example, two rakats of prayer... praying for yourself... others... reading the Quran... are all relaxing and spiritual... "

In the subcategory "Religious faith and belief", the participants emphasized the role of religious beliefs in providing spirituality to breast cancer patients. In this regard, participant number 13 stated: "I trusted God in all stages of the disease... I believe God in all stages of the disease... I always prayed, especially in the morning after prayer... at sunset..."

And participant number 8 stated: "I say thank you God every moment... you have to trust in God and have faith in Him and accept Him as He is, which means you know that there is someone who can save you..."

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Under the subcategory "Presence in holy places the spiritual power and energy of holy and religious places are mentioned. Participant number 10 stated: "When I usually feel very sick, I leave the house, I usually go to an Imamzadei, a mosque... and I stand and cry, I empty myself, I grieve..."

Under the subcategory "helping fellow humans and good deeds", the role of doing good deeds is mentioned. Participant number 6 stated: "I think that I can help others, this spirituality is very important to me... when I help someone... a good thing has happened to me, my path has opened up more, that's why I try to help and guide as much as I can... I will definitely give charity... I will make a vow..."

Under the subcategory "Consent to God's Destiny" refers to accepting divine destiny and submitting to God's providence. Participant number 5 stated: "Because you accepted, because you accepted that God put me on this path and I accept, and whenever you accept, God will give you that peace..."

The subcategory "support and care in the context of spirituality" encompasses four subcategories: "spiritual education and awareness", "providing spiritual care", "providing sufficient and professional staff in the chemotherapy department" and "financial support for breast cancer patients".

The sub-category of "spiritual education and awareness" pertains to the provision of information and education regarding spiritual concepts and teachings to breast cancer patients. Participant number 7 stated: "There is a need... the patients need to be given a series of classes and to be given hope... to be informed... about spirituality... for the clergy to talk... Doctors...nurses should express their experiences and set an example for the patients..."

The sub-category of "providing spiritual care" refers to providing care with the intention of helping patients spiritually. Participant number 10 stated: "give spiritual packages to the patients...such as salawat number or a small prayer book....they can even play the sound of the Quran, Mawludi or Aza in the section..."

Under the sub-category "Provision of sufficient and professional staff in the chemotherapy department", the importance of professional and qualified staff in providing spirituality to breast cancer patients is emphasized. Participant number 8 stated: "Patient and kind people should be placed in this department... the number of nurses is really small and they cannot answer the patients..."

The sub-section "Financial Support for Breast Cancer Patients" highlights the significance of patient funding and its role in bringing comfort and spirituality to breast cancer patients. Participant number 9 stated: "Economic support is financial support. It is very effective... It is very important that one's mind is financially comfortable... It gives you hope and motivation... There is a path that God has put in front of you.

Discussion

This study explores the spiritual experiences of breast cancer patients. Spirituality is a vital resource for breast cancer patients. Generally, spirituality has been a dimension that, as a universal experience, provides comfort and inner peace for breast cancer patients (8). In the current study, under the category of romantic connection with God, participants highlighted the central role of faith and belief in God in spirituality. In a parallel study, faith and trust in God emerged as providers of physical, functional, spiritual, and emotional well-being (13). Eskandari et al. (2018) also found that participants felt closer to God after being diagnosed with the disease (14). Additionally, in another study, participants stated that communication with God is one of the main needs of cancer patients (15). In another study that aligns with the present study, Stro et al. stated that communication with God is considered an important and influential factor in the treatment of cancer patients (16). Yanez et al.'s study showed that strengthening faith leads to spiritual growth after cancer (17). Zamanzadeh et al. found that strengthening patients' knowledge about themselves and God can help them adapt to their

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illness and problems and redefine death as a connection with a higher power (18). Researchers have emphasized the importance of the relationship with God as aspects of spirituality that may provide hope, optimism, and inner strength when adapting to stressful situations (19). In explaining the mentioned results, it can be stated that closeness and romantic connection with God can lead to spiritual growth in cancer patients and can also be used as a predictor variable for acceptance and treatment in them (20). The sub-category "Dialogue with similar patients" refers to the exchange of ideas and sharing of experiences between breast cancer patients. This type of dialogue can be useful as a solution to improve the spiritual health of these patients and gives hope to other patients to recover from the treatment process (14). In the study of Swinton et al., it was shown that spirituality can encourage people to have hope and a new vision of the future (8). The sub-category of spirituality in the shadow of neglect includes two sub-categories: "Weakness of the medical staff in providing spiritual care" and "Spiritual weakness of the patient and those around him". The sub-category "weakness of medical staff in providing spiritual care" indicates that in many cases, the spiritual needs of breast cancer patients are not given enough attention during the treatment process. The main focus of the medical team is often on the physical treatment of the patient and less attention is paid to the spiritual aspects. Some results have shown that in the field of dealing with cancer, communication between patients and health professionals is challenging (21). Paying attention to the real inner goal in the patient's words through sensitivity, relationships, and expression of personal attitude as part of his professional role make the role of professionals in health care and treatment of patients crucial. Under the subcategory of "Praying and praying to God", it indicates that speaking to God through prayer can help the patient to communicate with the higher power and find spirituality in life. In a study in line with the present study, it was found that women with breast cancer used various activities such as visiting places of worship, increasing the frequency of worship, engaging in prayer and meditation, and reading scriptures to increase their spirituality.

For the most part, women did not require the mediation of a religious leader or priest and described their relationship with God as personal and accessible. These were the strategies adopted by Singaporean women with breast cancer (22). In another study, participants stated that prayer, supplication, trust in God, forgiveness, charity, and trust can help them adapt to problems (23). Additionally, in a study that aligns with the present study, it was observed that seeking help from God, attending holy places, and prayer are common religious-spiritual coping methods among Iranian women with breast cancer (24). Similarly, in the study of Toulabi et al. (2020), it was observed that prayer is one of the factors that improve mental health in cancer patients, causing remembrance of God and inner peace (25). Furthermore, in another study, it was stated that performing religious rituals such as prayer improves the quality of life of patients (26). In addition, in another study, it was observed that prayer is useful for improving the quality of life and increasing life expectancy in patients with breast cancer, and is also related to the positive feeling of patients towards breast cancer, facilitating their adaptation to the disease (27). The above studies highlight the positive effect of prayer and worship on people's mental health. This may be because humans inherently believe in doing deeds that bring them closer to God. Moreover, taking refuge in the eternal power of God and prayer as the best means to get closer to God has always been the focus of humanity to reduce or eliminate problems.

Conclusion

This study provides evidence that the concept of spirituality is essential for women with breast cancer. Transcendence experiences, attempts to interpret the meaning and purpose, as well as a change of perspective towards spirituality were observed in the patients. The participants in this

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study showed that providing spiritual care to them can be effective for coping and adapting to the changing life and illness. Women's spiritual experiences demonstrated that spiritual care and spiritual knowledge can be used as basic knowledge to guide doctors on spiritual assessment and spiritual intervention in providing care by them.

Acknowledgment:

This study is approved by the Ethics Committee of Jahrom University of Medical Sciences (IR.JUMS.REC.1401.127). The authors would like to express their appreciation to all those who helped us conduct this research.

Funding:

Jahrom University of Medical Sciences

Authors Contributions:

MT conceptualized the study objectives and design.

Ethical Consideration:

IR.JUMS.REC.1401.127

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Tables:

Table 1: Demographic Characteristics of Participants

Demographic Characteristics	Frequency	Percentage
Age (years)		
Under 40 years	1	7.69
40-45 years	8	61.53
46-50 years	2	15.38
51-55 years	2	15.38
Education		
Elementary	4	30.76
High School Diploma	6	46.15
Bachelor's Degree	3	23.07
Marital Status		
Married	12	92.31
Single	1	7.69
Occupation		
Housewife	11	84.62
Employed	2	15.38
Number of Children		
No Children	3	23.07
One Child	3	23.07
Two or More Children	7	53.84
Duration of Illness		
Less than 1 year	2	15.38
1-4 years	9	69.23
More than 5 years	2	15.38

Table 2. Extracted codes in qualitative analysis

Level	Sub-Level	Sub-Sub-Level	Primary Code
Definition of Spirituality	Inner peace, genuine spirituality		Spirituality is inner peace
			Everything that brings human peace is spirituality
			Spirituality is not just prayer and fasting
Spirituality: A Journey of Beliefs and Practices	Belief in anything can lead to spirituality		Belief in flowers and plants can also lead to spirituality
			Good deeds in daily life are spirituality
Loving Relationship with God	God is greater than problems		Only God can heal
			Relying solely on God's presence
			Spirituality is a heart-to-heart connection with God
Barriers to Acquiring Spirituality			
	Weakness in Spiritual Care		Lack of attention to spiritual care in the treatment process
			Insufficient number of medical staff

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		Lack of willingness of medical staff to inform about spiritual issues	
		Lack of awareness of medical staff's spiritual services	
		Focus solely on physical treatment	
		Doctor's lack of attention to patient's need for a normal life	
	Patient and Family's Spiritual Weakness	Neglect of God and following Satan	
		Objecting to God during illness	
		Diminishing spirituality among people	
		Connection with God only in times of hardship	
		Lack of trust in God due to illness	
		Distance from worship due to illness	
		Weak faith	
		Dissatisfaction with fate	
		Negative impact of patient's family due to spiritual weakness	
Trapped in Darkness	Hopelessness in Treatment	Decreased motivation for treatment due to hopelessness and distance from spirituality	
		Hopeless statements from medical staff	
		Weakening of patient's spirit by those around them	
	Non-Acceptance of Illness and Treatment	Patient's non-acceptance of illness	
		Not continuing or completing treatment	
Solutions to Acquire Spirituality			
	Walking with Patients on the Path of Spirituality	Medical Staff's Spiritual Beliefs	Spiritual appearance of medical staff and adherence to religious issues
		Impact of medical staff's dhikr on strengthening spirituality	
		God-consciousness in medical staff and its impact on patients	
	Medical Staff's Open-Mindedness	Mutual understanding between doctor and nurse brings patient peace	
		Kindness of doctor and nurse brings patient peace	
		Good communication and response to treatment questions by doctors and nurses	
		High energy of medical staff	
		Not transferring personal problems to the work environment	
		Wiping away patient's tears and advising patience	
From Suffering to Transcendence	Mindfulness	Solitude and contemplation	
		Writing down needs and God's help during illness	
		Gratitude and writing down God's blessings	
		Keeping away negative energy people	
		Not thinking about illness for peace	
	Spiritual Counseling for Cancer Patients	Advising patients to accept God's fate	
		Holding sessions to answer patients' spiritual questions	

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	Conversation with Similar Patients	Impact of consulting with similar patients on accepting illness
		Impact of other patients' hope for recovery on patients
Faith, the Compass of Spirituality	Prayer and Supplication to God	Talking to God to acquire spirituality
		Acquiring spirituality through prayer and Quran recitation
		Praying for medical staff and friends
		Impact of prayer on not feeling sick and accepting illness
	Faith and Religious Beliefs	Believing in God's response to needs
		Believing in the presence of Imam Mahdi and its calming effect
		Trusting in God during illness
		Believing in the healing power of Ahl al-Bayt and seeking intercession
		Thanking God and maintaining peace
		Impact of believing in God's providence on hope for recovery
		Believing in the fate of illness from God's side brings peace
	Presence in Sacred Places	Acquiring spirituality through presence in Imamzadeh
		Presence in mosque for spirituality
	Helping Others and Charity	Acquiring spirituality through
		Helping other patients
		Solving others' problems to achieve peace
		Helping others and resolving one's own issues
		Believing in the impact of charity on recovery
		Believing in the impact of almsgiving on recovery
	Acceptance of God's Fate	Accepting cancer
		Accepting illness from the heart, not forcibly
Support and Care		
	In the Context of Spirituality	Spiritual Education and Awareness Easy response to patients even through social media
		Preparing pamphlets for spiritual care awareness
		Holding classes for spiritual awareness
		Holding empowerment sessions for spirituality
	Providing Spiritual Care	Giving spiritual packages to patients
		Providing spiritual and religious necessities for patients
		Need for providing prayer books, Quran, and prophet stories in hospitals
		Preparing prayer beads for patients
		Broadcasting the call to prayer in hospitals
		Reciting Quranic stories for patients
		Reminding patients of God's name during pain

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	Providing Sufficient and Professional Staff in Chemotherapy	Need for more staff in the cancer ward of Jiroft hospital
		Assigning patient and kind staff to the cancer ward
		Spending more time with patients
	Financial Support for Cancer Patients	Existence of supportive associations for cancer patients
		Financial support for cancer patients and providing peace
		Positive impact of resolving financial worries on strengthening spirituality

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