



Original Article

Explaining the role of spiritual beliefs in promoting mental health in cancer patients: A qualitative study

Mansooreh Rooeintan¹; *Tahereh Toulabi²

¹M.Sc. in Medical Surgical Nursing, Faculty Member, School of Nursing and Midwifery, Jundishapur University of Medical Sciences, Ahvaz, Iran.

²Ph.D. in Nursing Education, Faculty Member, Social Determinants of Health Research Center, School of Nursing and Midwifery, Lorestan University of Medical Sciences, Khorramabad, Iran.

Abstract

Introduction: Cancer patients experience high levels of mental problems including depression and anxiety that can impair their mental health. However, spiritual beliefs can promote mental health and reduce mental disorders. Therefore, given the above point and the lack of similar studies, this research aimed to explain the role of spiritual beliefs to promote mental health in cancer patients.

Materials and Methods: By using a qualitative research approach and by performing content analysis, ten inpatient and outpatient cancer patients of the oncology ward of Shahid Rahimi Hospital in Khorramabad city were selected along with 5 of their companions, through purposive sampling, until data saturation was achieved. Semi-structured interviews were conducted with the selected samples. Data analysis was done using the conventional approach, and the themes were extracted.

Results: The data analysis led to the creation of a general class titled as spiritual beliefs, the reason for the promotion of mental health, and the two subclasses as religious practices, the reason for promoting mental health, and spiritual beliefs and adaptation to the disease.

Conclusion: The results of this study showed that spiritual beliefs greatly impact on the promotion of mental health in cancer patients and their adaptation to the disease.

Keywords: Cancer, Mental health, Spiritual beliefs.

Please cite this paper as:

Rooeintan M, Toulabi T. Explaining the role of spiritual beliefs in promoting mental health in cancer patients: A qualitative study. *Journal of Fundamentals of Mental Health* 2020 Mar-Apr;22(2):113-120.

Introduction

Cancer is an major public health issue with increasing rate in many parts of the world (1,2). The disease is currently the second leading cause of death in the United States and is expected to become the leading cause of death in the near future as it exceeds cardiovascular diseases (1). In Iran, cancer is also the third leading cause of death (3). According to the developed models, cancer incidence in Iran (except non-melanoma skin cancer) will rise

from 84,800 cases in 2012 to 129,700 in 2025. The incidence of cancer will increase by 35% (4). Despite the increased incidence of cancer, the survival rate of cancer patients has also increased significantly over time (5). This increase is also seen in Iran. The 5-year survival rate for cancer patients, only in Bushehr province is estimated to be 66% in men and 72% in women (6). On the one hand, advances in treatment, have increased the survival rate in

*Corresponding Author:

Social Determinants of Health Research Center, School of Nursing and Midwifery, Lorestan University of Medical Sciences, Khorramabad, Iran
toulabi@yahoo.com

Received: Sep. 03, 2018

Accepted: Jan. 20, 2020

cancer patients, and on the other hand, have resulted in multiple physical and mental complications in the survivors according to the evidences (7-12). As a result, cancer patients experience high degrees of mental disorders such as depression, anxiety, not adapting to the disease, low self-esteem, emotional disorders, and the fear of disease recurrence and death (13). Not having control over these outcomes can decrease the advantages caused by increased survival rate (8), reduce patients' participation and adherence to medical care, increase mortality rate, prolong the length of hospitalization, reduce the quality of life (14) and even lead to withdrawal from and the suspension of treatment in these patients (7). On the other hand, mental health as one of the most important factors in the growth and development of humans (15) is impaired by the complications of cancer treatments (16), which explain the need to promote mental health in cancer patients. Spirituality is an inseparable aspect of humans and has been recognized as an important element in patients' health and wellness (17). Spirituality forms an important part of human's lives and has an important impact on health and well-being (18). Evidences suggest that spiritual beliefs and having a purposeful and meaningful life play an effective role in treating physical illnesses, decreasing the recovery period, and surviving severe diseases (19). Furthermore, spiritual beliefs specifically affect health behaviors and habits and have a relationship with a sense of well-being. It seems that Salat and praying have similar effects as those of meditation. In other words, believing in God and superior power reduces anxiety and promotes physical and mental health (20). Also, if individuals can acquire spiritual beliefs, especially the belief in the afterlife and the resources of relaxation such as Salat, they can release from the anxiety of death (21). The evidences suggest that individuals with an active spiritual life are undoubtedly healthy individuals in psychological dimension. The conducted researches also indicate that religious beliefs and participation in religious activities lead to compromise and control over aggression (18). In general, it can be said that religious beliefs lead to religious practices and behaviors, promote human health, and reduce mental disorders (22). Furthermore, the study conducted by Kiani et al. in Bushehr has shown that focusing on spirituality, as mental support,

can help to promote mental health in cancer patients under challenging circumstances, affect the disease acceptance in patients and improve mental disorders (19). Akhbardeh concluded that spiritual beliefs facilitate the patients' encounter with the negative mental effects of chronic diseases, reduce depression and increase life satisfaction. In addition to influencing patients' adaptation to the disease, spiritual beliefs significantly impact lifestyle, give purpose to the affairs and adherence to the therapeutic regimen (23). Also, Puchalski et al. concluded that spirituality can be a positive and powerful force to help cancer patients and promote their health and quality of life (17). However, some studies also suggest that religion and spirituality had not positive impact on mental health (24) but based on most of evidences, spiritual beliefs may be a source of mental health promotion in patients.

The basis of nursing philosophy is to improve life. Nurses play a significant role in examining and enhancing patients' lives due to their prolonged and direct contact with patients (25). In addition, based on the evidence, nurses are important in providing care for cancer patients (8). Nursing interventions in cancer patients significantly reduce the complications caused by the disease (25). Moreover, although the caregivers' spiritual beliefs can lead to a positive attitude in them for helping patients and their families, this cannot be done without understanding the patient's spiritual beliefs (21) and its effects on the promotion of mental health. Therefore, acquiring sufficient knowledge of the role of spiritual beliefs on mental health in cancer patients can be important to help nurses in their tasks.

There are few qualitative studies in Iran about this field. Regarding this issue and different results about the effects of spiritual beliefs on the promotion of mental health, this study aimed to explain the role of spiritual beliefs on mental health in cancer patients. While achieving comprehensive and thorough results is not possible through quantitative studies, a qualitative study is a tool for the thorough interpretation of results (26).

Materials and Methods

This qualitative study carried out using conventional content analysis to explain the role of spiritual beliefs in promoting of mental health in cancer patients in Khorramabad city, Iran. This research conducted during November

2017 to August 2018. The population consisted of outpatient and inpatient cancer patients and their families visiting the oncology ward of Shahid Rahimi Hospital of Khorramabad city. The cases consisted of 10 patients and 5 of their companions who were selected through purposeful sampling. The inclusion criteria for patients consisted of the willingness to participate in the study, a net diagnosis of cancer, the awareness of having the disease, patients who aged 18 years or more, the ability to orally communicate in Farsi, the lack of cognitive problems, passing at least six months from the onset of cancer in order to have more experience of the topic, and stable physical and emotional status according to their statements during the interview. So, the researcher reviewed the patient's medical record. The inclusion criteria for family members consisted of being identified as the primary caregiver by the patient or the participant himself/herself, awareness of the diagnosis, aged 18 years or more, the ability to orally communicate in Farsi, the lack of cognitive problems, and stable emotional status, according to their statements during the interview. The exclusion criteria were also death or unwillingness to cooperate during the research.

Data were collected through individual semi-structured interviews. A general question was asked at the beginning of the interview: "*How have spiritual beliefs been impacting your/ your patient's mental health during the course of the disease?*", and "*Please give explanations in this regard.*" The process of interview was then guided according to the participants' responses.

Each participant was interviewed twice. All the interviews were conducted in the oncology ward of Rahimi Hospital of Khorramabad city. The duration of each interview, based on the participants' status and their tendency to talk, varied from 30 to 60 minutes. In the case of patients' consent, the interviews were audio-recorded. Otherwise, the interviews were recorded down as field notes. Immediately after each interview, its content was written down on paper word-by-word. Then they were reviewed, coded and analyzed. This process was repeated for all the 30 interviews (2 interviews with each participant). At first, each interview was reviewed carefully for an initial comprehension, and important parts were underlined and written as coded (initial coding). In fact, for initial coding, the participants' own

words were used. Then conceptually-similar codes were summarized to clarify the meaning and categorized in several subcategories and the main categories. Concurrent with data analysis, data collection was also carried out.

The four criteria of credibility, dependability, confirmability, and transferability were used to ensure the trustworthiness and authenticity of data (27). In addition, in order to enhance credibility, the researcher had sufficient involvement and close interaction with the participants. A member check was also carried out. To ensure the accuracy in the interpretation of the obtained data, a peer check was done. While maintaining the confidentiality of the names, several interviews were presented to the two qualitative researchers in the form of handwritten texts, to be coded and categorized. To increase the dependability of the findings, the process of analysis and results were explained as detailed as possible to provide a clear understanding of data analysis, and its advantages and weaknesses for readers. In addition, to maximize the transferability of the findings, maximum variation sampling was done, in terms of age, gender, occupation, level of education, and economic and social status (28). In order to observe the ethics of research, after obtaining the permission to conduct interviews from the Faculty of Nursing and Midwifery and Shahid Rahimi Hospital in Khorramabad, individualized interviews were conducted with all the participants after explaining them the purpose of the research, ensuring the confidentiality of their information and obtaining verbal consent. Additionally, in the case of the patients' consent, the interviews were audio-recorded and kept confidentially. As promised to the participants, their voices were deleted after the interviews were converted into the texts. In the case recording permission was not granted, field notes were taken and kept confidential. Furthermore, no costs were imposed on the participants for participation in the study.

Results

Participants in the study consisted of 2 inpatients and 8 outpatients visiting the oncology ward of Shahid Rahimi Hospital in Khorramabad city and 5 of their companions (as their mother, sister, spouse, or child).

The participants (6 men and 9 women) aged 19 to 63 years. They had different occupations (housewife, teacher, unemployed, student, self-

employed, clerk) with an educational level from illiterate to bachelor's degree. The types of cancer included gastrointestinal cancer, lymphoma, breast cancer, ovarian cancer, leukemia, spinal tumors, and brain tumors.

The duration of cancer ranged from 6 months to 2 years. The data analysis in regard with the role of spiritual beliefs in the promotion of mental health resulted in two subcategories and

one main category. The subcategories in this study consisted of the promotion of mental health through religious practices and spiritual beliefs and adaptation with the disease.

The main category spiritual beliefs, the reason for mental health was extracted from these subcategories. Categories, subcategories and their constituent codes are displayed in Table 1.

Table 1. Categories, subcategories and their constituent codes

Main Category	Subcategories	Codes
Spiritual beliefs as the reason for mental health	The promotion of health through religious practices	Salat is effective in mental peace Praying, effective in mental peace Making vows to God, effective in mental peace
	Spiritual beliefs and adaptation to the disease	Having faith in God and Imams, effective in adaptation to the disease Believing in God's ability to heal the patient, effective in adaptation to the disease

The subcategory: Promotion of Health through Religious Practices. This study showed that performing religious practices such as Salat, praying and making vows to God impact the promotion of mental health in cancer patients:

Performing Salat

"I performed Salat with tearful eyes, like I do now. When I was hospitalized for chemotherapy for the first time." said participant No.4, a 60-year-old woman, in regard to performing Salat, "I even performed night Salat. This helped and still helps me a lot. When I was told that I would not live more than six months, by performing Salat, I felt such relaxed that everyone told me, 'good for you for being so spirited!' when they saw me. They said, 'God had willed it! You seem to be in a very good mood'. Now those six months have become five years! Bowing before God is relaxing, and makes you forget all your sadness and grief."

"Let me admit it, I did not perform Salat at the beginning, and now that I think, I had bad mood those days," says participant No.2, a 23-year-old woman, on this matter. "After the inspirational dream and getting to know a believer woman, I started to perform Salat on time which makes me so relaxed. My life expectancy has also increased. I know many people who were like me and were not the type to perform Salat, but when they were diagnosed

with cancer, they reached a point where they perform night Salat every night. It is as if cancer draws one closer to God and shows one the path to peace". In this regard, participant No.15, a 48-year-old woman- a patients' mother - says, "Following my daughter's disease, the atmosphere of our home was terrible. We were all sad and tearful. We were shocked. We weren't expecting my daughter to develop that disease at such a young age. Her disease devastated all of us, including me, her father, her sisters, and herself. Performing Salat calmed us down during those days. You may not believe that after performing Salat, we felt relaxed and achieved a strange peace, and our endurance increased to continue the course of treatment.

Praying

"I always pray for myself and others; of course, first for others, and then for myself. In this case, most of one's prayers are accepted," participant No.4 says. "Earlier, when I was hospitalized for chemotherapy in Tehran, I was constantly talking to God and praying until morning. I said, 'O, dear lord, you said, [Call upon me, so that I comply]. A promise is a promise'. Actually, God is right and completely faithful to his words. Now, knowing that I have such God, who even accepts the prayers of a sinner like me, makes me very relaxed. As God has favored me, I have not had and will not have stress at all. I know a bright future awaits me."

Participant No.6, a 19-year-old woman, says "My mom constantly prays for me. Since last year, she has been suffering when I developed the disease, and has become so skinny and fragile that if you see the photos of her before this incident you won't recognize her. God says mothers' place is in heaven. God loves mothers. Maybe that is why he has accepted my mother's prayers. Maybe he has seen her suffering during this time and has shown mercy to her. I don't know. However, I feel so happy when I see that my condition has improved due to my mother's prayers. It is a good feeling. God is so kind. If you see my photos in the last year, you won't recognize me. Lymphoma had caused my whole face and head to swell. Even after my first chemotherapy session, when my facial swelling was reduced, nurses did not believe I am the same person. I had changed so much. Thank God my mom's prayers for me are accepted. I'm sure my healing is the result of my mom's prayers."

Making Vows to God

Participant No.2, a 23-year-old woman, says "I was not a believer, but after influencing dream, I made a vow to God to hold a religious ceremony in honor of Ruqiyeh-Imam Hussein's daughter- [crying]. God accepted the vow of a sinner such as me, who was not even a hard believer. Although I was despondent at first, I am in a really good mood now. Even death is not hard for me anymore. I see death as a means to get closer to my compassionate God. I hope I will have enough money someday to do my best to fulfilling my vow. See, God is so kind that he even accepts an unfulfilled vow and heals people. Being this close to God makes me relaxed. Now I feel so much better that I'm even going to study for the master's degree. This is something I didn't even think about at the beginning of my disease."

"I made a vow to God to visit Imam Reza's Shrine if God heals me and I can walk. I had a spinal tumor and could not walk. Now I go out without help. I even search for my medicines on my own. I walk with a slight limp, but it is much better than before.

I am no longer a burden for my family and they are not going to be busy taking care of me; all these bring me mental peace. I am happy my vow is accepted by God. I'm going to go to Mashhad on the weekend," participant No.1, a 25-year-old man, says with hatred in his throat and becomes silent.

The subcategory: Spiritual Beliefs and Adaptation to Disease

This study also found that spiritual beliefs, such as having faith in God or Imams and believing in God's ability to heal diseases can also be effective in adapting to the disease.

Having Faith in God and Imams

"I dealt with my illness and adhered to the treatment. I've grown up in a religious family who taught me, before beginning to do anything, we have to have faith in God and the Imams, and then do it. In this case, the end will be all good," participant No.4 says. "When I was told that I won't live much longer, at first an evil thought came to my mind. It told me, 'What is the treatment for? You will not live much longer'. But then I became myself and put my trust in God. I told myself, 'whatever we do, we are still the servants of God. The most important thing is him. Everything in is his hand. He determines our life spans. Therefore, I put my faith in God and Imams, entrusted myself to them and continued the treatment. I'm sure the ending will be good."

In this regard, participant No.1, the 25-year-old man, says, "I put my faith in God and started my treatment. At the beginning, I trusted in God, maintained my spirit, accepted my disease and continued the treatment with my life and heart."

Believing in God's Healing Ability

"God is omnipotent. He will take your life if he wills it, and resurrects you if he wills it. The rest are tools," participant No.3, a 56-year-old man says. "From this perspective, I didn't lose hope even when I was told that I have a malignant cancer and I followed the treatment. When you know there is a capable being whose power is above all, it is easier for you to cope with yourself and the disease. Then you visit the best doctors and choose the most recent treatments, instead of denying your illness."

Discussion

This study aimed to explain the role of spiritual beliefs in the promotion of mental health in cancer patients in Khorramabad city, which led to the identification of a general category under the title of spiritual beliefs, the reason for the promotion of mental health, and the two subcategories mental health promotion through religious, spiritual beliefs and the adaptation to disease. In other words, this study

showed that spiritual beliefs could positively impact the mental health of cancer patients and better adaptation to the disease. Of the spiritual beliefs that had positive effects on these patients' mental health through performing Salat, praying, and making vows to God. The factors contributing to their better adaptation to the disease included having faith in God and believing in his capability.

The present study showed that Salat is one of the factors promoting mental health in cancer patients. It is loved as a fundamental of Islam and God's remembrance, and a source of inner peace (22). In addition, in the study by Nikfarjam, performing religious rituals such as Salat has improved patients' quality of life (29).

Moreover, Levin also believes that praying is useful to improve the quality of life and extending the lifespan in breast cancer patients. Also, it is related to a positive feeling toward breast cancer among patients and facilitated their adaptation to their disease (30).

The study conducted by Yaghoubi also indicated an inverse relationship between Salat and suicide attempt; it can also be effective in the treatment of psychological diseases as a preventive factor (31). The above studies, point to the positive impact of Salat on people's mental health. That may be because all humans innately believe in doing practices that take them closer to God. Moreover, seeking refuge in the God's everlasting power, and Salat as the best tool to be closer to God (32), have always been considered by human beings to reduce or eliminate problems. It plays an important role in promoting patients' mental health and is greatly emphasized in Islam. Furthermore, this study showed that in addition to Salat, praying, and making vows to God are also among the factors that promote mental health in cancer patients. The study by Seyed Fatemi et al. also suggested a significant positive relationship between praying and mental health in cancer patients (33). Walton et al. also claimed that private prayers and others' prayers are among the strength sources for patients (34). In another study by Adib Hajbagheri, it was concluded that correct performance of Salat, and understanding it, have a significant impact on reducing mental stress and anxiety, coordinating mental strength and developing inner peace and reassurance (35). This study emphasized the positive effect of praying and Salat on the promoting mental health. Also, Bonadonna suggested that in major religions of

the world, there are techniques making people relaxed, leading them to mental health and resulting in reduced depression, anxiety, and pain (36). In addition, the results of this study showed that spiritual beliefs such as having faith in God and believing in his omnipotence are effective to adapt to the disease. Furthermore, Rahnama et al. also suggested that having faith in God trust in him would increase hope and peace (37). These beliefs can play an important role in one's adaptation to the disease. However, this is not limited to Islam, as Coyle and Narayanasamy also suggested that spiritual beliefs are effective in accepting and adapting to disease (38,39). Among the limitations of this research is the lack of access to patients who withdraw from treatment and consequently do not visit the hospital. It is recommended to investigate the same topic among cancer patients who are discharged from the hospital and have passed the acute phase of the disease in future researches.

Conclusion

The results of this study showed that spiritual beliefs can positively impact on mental health in cancer patients and lead to better adaptation to cancer. Among the factors that have positive effects on the mental health of these patients are performing Salat, praying, and making vows to God. The factors leading to their better adaptation to the disease consisted of having faith in God and his capability. Therefore, nurses can help to promote mental health in cancer patients by preparing a peaceful and private environment for them for performing Salat, praying, and making vows to God. They can be also effective in the better adaptation to disease, by recommending them to have faith in God, and God's healing ability.

Acknowledgement

This study was done by the financial support of the Technology and Research Deputy of Lorestan University of Medical Sciences. Special thanks to the Technology and Research Deputy of Lorestan University of Medical Sciences who provided the necessary funds to conduct the present study, and also to all the participants. The authors declare no potential conflict of interest in this paper.

References

1. Siegel R, Miller K, Jemal A. Cancer Statistics. 2015. *CA Cancer J Clin* 2015; 65(1): 5-29.
2. Torre L, Bray F, Siegel R, Ferlay J, Tieulent J, Jemal A. Global cancer statistics, 2012. *CA Cancer J Clin* 2015; 65(2): 87-108.
3. Mohaghegh F, Hamta A, Shariatzadeh SM. [The study of cancer incidence and cancer registration in Markazi province during 2001-2006 and comparison with national statistics, Iran]. *Arak Medical University journal* 2008; 11(2): 84-93. (Persian)
4. Abachizadeh K, Keramatnia AA. [Anticipating cancer rates of Iran in 2025]. *Journal of community health* 2016; 3(1): 66-73. (Persian)
5. Guy JR, Ekwueme D, Yabroff K, Chunyuli D, Rodrigues J, De Moor J, et al. Economic burden of cancer survivorship among adults in the United States. *J Clin Oncol* 2013; 31(30): 3749-57.
6. Rampisheh Z, Motamed N, Amiri M, Ostevar A. [Survival analysis of cancer patients registered in the cancer registry system of Bushehr province 2001-2013]. Ph.D. Dissertation. Bushehr: Bushehr University of Medical Sciences, 2014. (Persian)
7. Yahaya N, Subramanian P, Bustam A, Taib N. Symptom experiences and coping strategies among multiethnic solid tumor patients undergoing chemotherapy in Malaysia. *Asian Pac J Cancer Prev* 2015; 16(2): 723-30.
8. Baghaei R, SHarifi M, Mohammadpour Y, Sheykhi N. [Evaluation of the effects of educational package on controlling the complications of chemotherapeutic agents on symptom scales of quality of life in patients with breast cancer undergoing chemotherapy]. *Journal of Faculty of Nursing and Midwifery of Urmia* 2013; 11(9): 667-79. (Persian)
9. Hanchanale S, Adkinson L, Daniel S, Fleming M, Oxberry S. Systematic literature review: Xerostomia in advanced cancer patients. *Support Care Cancer* 2015; 23(3): 881-8.
10. Saghafi N, Yousofi Z, Homaei Shandiz F, Afzal Aghaee M, Javedanmehr M. [Comparison of efficacy and side effects of Propolis with chemotherapy and chemotherapy alone for neoadjuvant therapy of ovarian cancer]. *The Iranian journal of obstetrics, gynecology and infertility* 2015; 18 (146): 1-5. (Persian)
11. Jefford M, Rowland J, Grunfeld E, Richards M, Maher J, Glaser A. Implementing improved post-treatment care for cancer survivors in England, with reflections from Australia, Canada and the USA. *Br J Cancer* 2013; 108(1): 14-20.
12. Hamid N, Taheblian L, Mehrabizadeh Honarmand M, Yavari A. [The effect of semanticism on depression, anxiety and quality of life in cancer patients]. *Journal of psychological achievements (educational sciences and psychology)* 2012; 4(2): 199-224. (Persian)
13. Mokarian F, Ishaghi R, Tabesh P, Ramezani A, Abdeyazdan N, Hashemi F, et al. [Mental health in breast cancer patients]. *Journal of Isfahan Medical School* 2012; 29: 1-8. (Persian)
14. Kuhnt S, Braehler E, Faller H, Harter M, Keller M, Schulz H, et al. Twelve-month and lifetime prevalence of mental disorders in cancer patients. *Psychother Psychosom* 2016; 85: 289-96.
15. Shikholeslami F, Navroudi S, Zinali Sh, Talebi M. [Comparison of religious beliefs and mental health, self-esteem and anger in normal and drug-dependent people]. *Holistic nursing and midwifery journal* 2014; 23: 45-51. (Persian)
16. Beyrami M, Zeinali Sh, Ashrafi P, Nikanfar AR. [The study of trait anxiety in prediction of depression and fatigue in breast cancer]. *Iranian quarterly journal of breast disease* 2013; 6(2): 50-56. (Persian)
17. Puchalski C. Spirituality in the cancer trajectory. *Ann Oncol* 2012; 23(3): 50-55.
18. Mooran M. [Assessment of relationship between spirituality (religious attitude) and mental health in safe society]. *Proceedings of the 2nd Conference of the Secured Society of Tehran, 2009, Tehran: 265-76.* (Persian)
19. Kiani J, Jahanpour F, Abbasi F, Darvishi Sh, Gholizadeh B. [The effectiveness of spiritual therapy in mental health of cancer patients refer to cancer center of Bushehr city]. *Nursing journal of the vulnerable* 2016; 2(5): 40-51. (Persian)
20. Maslakpak M, Ahmadi F, Anoosheh M. [Spiritual beliefs and quality of life: A qualitative research about diabetic adolescent girls' perception]. *Koomesh* 2011; 12(2): 144-51. (Persian)
21. Zamanzadeh V, Rassouli M, Abbaszadeh A, Alavi-Majd H, Nikanfar A, Mirza-Ahmadi F, et al. [Spirituality in cancer care: A qualitative study]. *Journal of quality of research in health sciences* 2014; 2(4): 366-78. (Persian)
22. Kazemi M, Bahrami B. [The role of spiritual belief and Islamic practice in improvement of mental health and prevention of mental disorders]. *Journal of Zanjan University of Medical Sciences* 2013; 22: 62-74. (Persian)
23. Akhbardeh M. The Role of Spiritual Beliefs and Prayer in Improving the Health of Chronic Patients: A Qualitative Study. *Journal of Quran and medicine* 2012; 1(1): 5-9(in Persian).
24. Weber S, Pargament K. The role of religion and spirituality in mental health. *Curr Opin Psychiatry* 2014; 27(5): 358-63.
25. Bakhtiari M, Eslami M, Fesharaki M, Koosha S. [Effect of self-care education on mental health of breast cancer women undergoing chemotherapy in cancer Institute of Tehran]. *Iranian journal of breast diseases* 2011; 4(1-2): 42-7. (Persian)

26. Adib Hajbagheri M, Parvizi S, Salsali M. [Qualitative research methods]. Iran: Boshra; 2010: 27,28,54. (Persian)
27. Strabert espiril H, Karpenter D. [Qualitative research in nursing]. Khachian A, Shokati Ahmad Abad M. (translators). Tehran: Salmi-Jamenegar; 2010: 60,61. (Persian)
28. Polit D, Beck C. Nursing research: generating and assessing evidence for nursing practice. 8th ed. Philadelphia: Wolters Kluwer Health/Lippincott Williams and Wilkins; 2008.
29. Nikfarjam M. [The efficacy of religious training (prayer) on the improvement of the schizophrenic patients' quality of life at Sina Psychiatric Hospital (Bakhtiari Province, 2011)]. Arak Medical University journal 2011; 13(4): 133-8. (Persian)
30. Levin E, Aviv G, Yoo G, Ewing C, Au A. The benefits of prayer on mood and wellbeing on breast cancer survivors. Support Care Cancer 2009; 17(3): 170-5.
31. Yaghoobi M. [Relationship of prayer with suicide in hospitalized patients]. Journal of Quran and medicine 2012; 1(1): 25-31. (Persian)
32. Asadi A. [A glance at prayer and its effects on the body and spirit of prayer]. Proceeding of the Seminar on Religious Beliefs and University. Faculty of Nursing and Midwifery, Ardabil University of Medical Sciences, Ardabil, Iran: 122-35. (Persian)
33. Seyed-Fatemi N, Rezaee M, Givari A, Hoseini F. [The effect of prayer on the mental health of cancer patients]. Payesh journal 2007; 5(4): 295-304. (Persian)
34. Walton J, Craig C, Robinson B, Weinert C. I am not alone: Spirituality of chronically ill rural dwellers. Rehabil Nurs 2004; 29(5): 164-8.
35. Adib-Hajbagheri M. [The desirable effect of praying on mental health]. Teb va Tazkieh 2001; 39: 101-105. (Persian)
36. Bonadonna R. Meditation's impact on chronic illness. Holist Nurs Pract 2003; 17(6): 309-19.
37. Rahnama M, Fallahi Khoshknab M, Madah S, Ahmadi F. Cancer patients' perception of spiritual care: A qualitative study. Iranian journal of ethics and medical history 2013; 5(3): 59-74. (Persian)
38. Coyle J. Spirituality and health: Towards a framework for exploring the relationship between spirituality and health. J Adv Nurs 2002; 37(6): 589-97.
39. Narayanasamy A. Spiritual coping mechanisms in chronic illness: A qualitative study. J Clin Nurs 2004; 13(1): 116-7.