




Spirituality and Religion on Coping with Cancer for Patients and Caregivers

Abstract

The concepts of religion and spirituality play an important role in coping with cancer. The use of religious or spiritual emotions as a means of coping with cancer disease is, of course, influenced by the individual's beliefs, which religion they belong to, or not having a religious beliefs. This situation, in a fatal disease such as cancer, reveals positive or negative religious/spiritual coping methods. In this process, patients and caregivers may have different positive and negative ways of coping, such as worship, strong belief in God, establishing spiritual relationships with other individuals in the same situation, and seeing the disease as a punishment. In cancer, both patients and caregivers are often in significant emotional, social, and spiritual distress. For this reason, spiritual care is considered as a fundamental element in providing the spiritual care for cancer patients and caregivers. However, most of the time only is focused on physical care, and the spiritual direction of cancer is ignored. However, the spiritual evaluation of cancer patients and caregivers by health personnel, and to be directed to different disciplines when necessary, makes it easier to coping. This review describes the role of spirituality and religion on coping with cancer for patients and caregivers.

Keywords: Cancer, Spirituality, Religion, Coping, Nursing

Okan Vardar 
Pınar Serçekus 
Sevgi Özkan 

Department of Obstetrics and Gynecology Nursing, Pamukkale University School of Health Sciences, Denizli, Turkey

Vardar O, Serçekus P, Özkan S. Spirituality and Religion on Coping with Cancer for Patients and Caregivers. *J Educ Res Nurs*. 2021; 18(4): 462-466

Corresponding Author: Pınar Serçekus
E-mail: pinarsercekus@gmail.com

Submitted: October 15, 2019
Accepted: January 27, 2020



Copyright@Author(s) - Available online at
www.jer-nursing.org
Content of this journal is licensed under a
Creative Commons Attribution-NonCommercial
4.0 International License.

Introduction

Cancer is one of the most important health problems worldwide.¹ In 2018, 9.5 million people worldwide died from cancer and 18.1 million new cases of cancer emerged.² By 2040, it is estimated that the number of new cancer cases will be 29.2 million.²

The increase in individuals diagnosed with cancer and cancer-related deaths highlights the importance of coping with cancer more.³ On the other hand, cancer is a personal and complex experience for every diagnosed person⁴ and brings with it many different coping strategies too.^{5,6} Concepts such as religion and spirituality are also one of the ways to deal with cancer.⁷ Religion and spirituality can help cancer patients find meaning from their disease and provide relief against existential fears.⁸ The purpose of this review is to explain the role of spirituality and religion on coping with cancer for patients and caregivers.

Religion and Spirituality

Although the concepts of religion and spirituality are similar in some aspects and are often used interchangeably, they actually mean different meanings.⁹ Although spirituality is a term used to describe personal experience, it is a relationship with God, an attachment that is independent of faith but makes the individual feel sublime, a desire to know the meaning and purpose of life, a sense of well-being and inner peace through non-physical methods.¹⁰ On the other hand, it includes the elements of love and compassion, an accepted attitude toward oneself and the world, spiritual practices, and experiencing the only actions that make the individual happy. Religion, on the other hand, is defined as a system that regulates people's belief in the supreme power they accept as the creator and the rules of worship.¹¹ Religious meanings are the evaluation and consequences of religious experiences. Spiritual feelings, on the other hand, are strongly associated with experiences that please the person, give peace, and what is most important to the individual.¹² One of the common aspects of the two concepts is that they often make it easier to cope with a disease such as cancer, which is synonymous with death.^{8,13} On the other hand, religious or spiritual coping has been defined as "the use of cognitive and behavioral techniques arising from one's religion or spirituality in the face of stressful life events".¹⁴ Religion and spirituality includes many interrelated but different structures, from coping strategies to spiritual experiences, from religious practices to beliefs about God and the world.⁸ The relationship of religion and spirituality with cancer is evaluated in four different dimensions: emotional, behavioral, cognitive, and other.¹³ Emotional dimension refers to aspects that relate to subjective emotional experiences, such as meaning, purpose, or connection to a source greater than itself.¹⁵ Many emotions, a mixture of reverence, admiration, and fear of God, are specific to religion/spirituality.¹⁶ People may find comfort and peace within their religious beliefs or spirituality, or they may struggle against God, feel anger.¹⁷ Behavioral spirituality dimension refers to behaviors or practices that make up daily life routines such as prayer, meditation.¹⁸ However, sometimes these behaviors can be used effectively to manage stress and disease symptoms, especially related to cancer and cancer treatments, in order to reduce or adapt to negative consequences such as depression, anxiety, worry, and poor quality of life.¹⁸ The cognitive spirituality dimension, however, focuses on the concept of belief.¹³ Accordingly, the power of religious belief, the

understanding of fatalism/submission, God's role in healing, beliefs about how God responds prayer are important for the individual.^{8,18} On the other hand, cognitive spirituality includes religious doubts (Is God punishing me?) and spiritual expansion (positive mood change due to the experience of being diagnosed and treated for cancer) that occurs in the states of illness.¹³ The aspect of religion and spirituality that is not included into these three groups constitutes the "other" dimension. Religious social support involved in this dimension is associated with sense of relief resulting from participating in religion/spirituality services, which may have both emotional and behavioral components.¹³ According to another view, religion and spirituality have five basic functions in coping: to give meaning to an event, to provide comfort in difficult times, to create a sense of control in the face of distress, to establish intimacy with people in similar situations, and to create major life transformations.¹⁹

While religion is often associated with concepts such as belief in God and worship, spirituality can include peaceful, actions that make you happy, experiences, as well as feel-good aspects of religious issues.¹³ In this respect, spirituality and religion are intertwined for most cancer patients and caregivers.⁸ While patients and caregivers talk about spiritual concepts such as hope, peace, and psychological relief, they also consider religious concepts such as destiny, prayer, worship, belief in God together with spirituality.⁷ Therefore, religion and spirituality in cancer disease are often coping ways for patients and caregivers that are not separated by precise lines.^{20,21}

The Role of Spirituality and Religion on Coping with Cancer for Cancer Patients

The fact that cancer disease has deeply affected the lives of a person and their family has brought along doing many studies on coping with cancer.^{22–24} Studies have addressed different aspects of coping with cancer.^{5,25} Religion or spirituality is also one of the important coping ways for many cancer patients.^{8,26} However, which religion the patients belong to, their beliefs, or religious disbelief affect the individual's perspective of religion/spirituality as a method of coping.²⁶ For example, the religion of Islam requires the will of Allah and acceptance of events beyond the control of the individual, submission. For this reason, Islamic theology does not see anger against God as an acceptable response to suffering.²⁷ Positive religious coping can serve as a buffer and promote the perception that God cooperates constructively with the patient.²⁸ On the other hand, cancer patients who refuse to hold religious beliefs and avoid religious coping behaviors may be more likely to be potentially affected by depressive thoughts and fear of death.²⁸ In contrast, negative religious coping strategies reflect religious dissatisfaction, a pessimistic view of the world, a punishing perception of God, religious strife, and suspicion, and this situation means often greater maladjustment for patients exposed to stressful events.^{14,29} Studies show that cancer patients have ways to coping religious/spiritual positive or negative.^{12,24,28,30} Thuné-Boyle et al.²⁶ in their study of breast cancer patients showed that patients better adapt to the disease using religious and spiritual resources. In the same study, it was reported that some of the patients thought that they were punished by God and felt abandoned, which caused high levels of anxiety. Similarly, another study on individual cancer survivors reported that patients with negative religious coping experienced more psychological problems and post-traumatic stress disorder.³¹ Sharif et al.²⁸ in their study reported that positive and negative religious coping behaviors were significantly associated with experiencing death depression. Negative religious coping was founded to be more closely associated with death depression in early-stage cancer

patients. In the study, it was reported that more positive religious coping in advanced cancer patients may be associated with more time passing from the diagnosis and treatment process; this situation may be due to their greater adaptation to the life-threatening nature of cancer and their easier acceptance of death. In another study, it was revealed that 75% of breast cancer patients had positive religious coping behaviors such as getting strength and support from God and 15% had negative religious coping behaviors such as feeling abandoned or angry by God. Negative religious coping has been reported to be associated with poor mental health, more depressive symptoms, and low life satisfaction. A study found that the stage of cancer did not affect the relationship between religious coping and well-being.²⁹ In a study conducted on advanced cancer patients, it was revealed that cancer patients with negative religious coping face a 2.6 times higher risk of suicide than those with positive religious coping.³⁰ Saarelainen¹² found that some patients who stated that they could describe themselves as "non-believers" in the religious sense before the disease revealed that after the diagnosis of the disease, cancer is a test, that it is necessary to endure it, that they think and pray that this may be an opportunity to make life meaningful again. It has been reported that some participants needed a higher power in difficult times and prayed to God. It has been determined that some patients realize their "spiritual strength" in this process and emphasize that their inner strength and actions are important in coping with cancer. For some patients, it has been revealed that the diagnosis of cancer is a clear indication that God cannot exist and that these patients have thoughts such as "if God existed, he would not allow me to suffer so much". In another qualitative study, it was found that belief in Allah, worship, and spiritual feelings are factors that increase the belief in healing and facilitate coping with cancer for patients. It has also been stated that some patients consider the disease as a test and think that they will be cleansed of their sins as a result.⁶ In a study investigating the relationship between pain and unpleasant emotions and religious coping, it was revealed that most cancer patients (63.6%) used prayer and hope strategies as coping mechanisms. In the study, a significant difference was found between religious coping and coping strategies with pain. It has also been reported that patients with mild depression most often use the strategy of praying and hoping for healing, while those with moderate depression have negative religious coping and are less able to control their pain.³² In a study on Muslim patients, it was found that patients applied to positive and negative religious coping methods such as reading the Qur'an, finding peace by remembering Allah, praying, asking for help with prayer, seeing illness and pain as a purification from sins, accepting the situation, doing their best and putting their trust in Allah, and feeling forgotten by Allah.³³ Positive religious coping strategies were used more frequently than negative approaches. In addition, it was stated in the same study that there was a positive and significant correlation between spiritual coping and adaptation to cancer.³³ Mesquita et al.³⁴ revealed that 93% of cancer patients receiving chemotherapy thought that religion/spirituality was an important way to coping with cancer, while 80% wanted to receive some kind of spiritual care during the treatment. Positive religious/spiritual coping is most often used by patients who want to receive spiritual support and participate in support groups. Negative religious/spiritual coping is mostly used by those who do not have any religious beliefs, those who do not find spiritual support important, and young cancer patients. In a study of breast cancer patients, it was revealed that most women use both individual and social religious and spiritual practices to coping with difficulties arising from cancer and treatments. It has been reported that most patients receive emotional spiritual support from members of places of worship or other spiritual institutions and clergy. It has

been determined that some patients meet other people in places of worship and shared with other people who were in similar situations, and it has been good for them. On the other hand, it has been reported that patients feel incredibly good and relieved when other people pray for them. For some patients, it has been revealed that reading the verses in their holy books creates a meditative effect, calms, and encourages.²⁰ Büssing and Koenig³⁵ in their study has stated that it is easier to cope with cancer in patients via providing their spiritual needs, such as communication with the environment and friends, love, hope, and belonging.³⁵

The Role of Spirituality and Religion on Coping with Caregiving for Caregivers

Cancer disease deeply affects not only the diagnosed individual but also the caregiver family members.³⁶ On the one hand, the pain suffered by a loved one, and on the other hand, the burden of caring for that person is quite challenging for caregivers.³⁷ Just like cancer patients, caregivers have many different coping methods in this difficult process.^{38,39} Religion/spirituality is also an important coping strategy of caregiver family members.^{21,40,41} Studies show that caregivers often have different positive and negative religious/spiritual coping ways, such as worship, strong belief in God, establishing spiritual relationships with other individuals in the same situation, and seeing illness as a test/punishment.^{39,40,42} Doumit et al.⁴⁰ conducted a qualitative study on the parents of 11 children with cancer in Lebanon with the aim of examining the meaning of spirituality. Almost all of the caregiver parents kept spirituality and religion separate as a way of coping. For some participants, it was reported that spiritual coping was interacting with other people who shared the same fate, for some it was everything that helped the person feel emotionally calm and secure, and for some parents it was feelings of relaxation and peace from the environment. Delgado-Guay et al.⁴² in their study revealed that spirituality and religiosity helped caregivers cope with cancer patient relatives' illness and positively affected their patients' physical and emotional symptoms. Also, it has been reported that it is very important for almost all caregivers to participate in social spiritual/religious activities. In the study, in addition to the high rate of spirituality and religiosity of the caregivers, it was stated that more than half (58%) of them experienced spiritual pain. It has been revealed that caregivers suffering from spirituality have higher levels of anxiety and depression and worse quality of life. In a qualitative study on Muslim caregivers, it was revealed that the participants had religious/spiritual coping behaviors such as turning to God, praying, and thanking God, and these facilitated coping.³⁹ Similarly, in a study conducted, it was found that caregivers had religious practices such as praying (33%), to pray (28%), reading the Qur'an (6%); spiritual practices were important in their lives for most (68%); and about half (47%) has been revealed that these practices helped them cope with the disease. In addition, it has been reported that the spiritual concepts that make up the meaning of life for caregivers are health (36%), life (33%), peace (13%), family (12%), and children (5%).⁴³ In a study conducted on caregivers, it was found that most of the caregivers had an increased belief in God after their relatives were diagnosed with cancer, they needed God's help more by praying, they felt relief in the face of a loved one's suffering by taking refuge in a supreme being; in this process, it has been revealed that they started to think about daily life and the meaning of life.³⁶ In a qualitative study by Nicholas et al.⁴⁴ it was revealed that some caregivers seek God's trust in uncontrollable issues such as death; when they are in pain or when their hopes are weakened, remembering God's presence relieves them. In addition, while the spiritual coping of some caregivers increased with the progression of the disease, it was

reported that some participants experienced physical and emotional collapse and defined this as spiritual exhaustion. On the other hand, it has been found that parents perform spiritual and religious practices such as joining religious communities, praying, asking others to pray for their own patients, reading their holy books, and meditating. Another study also reported that the most common coping method that caregivers resort to is to pray alone or with the community. Leaving control to God and establishing a relationship with God outside of prayer or other worship reveals the spiritual coping aspect of caregivers. It has been stated that some caregivers thought that both the disease and the healing came from God, and seeing God as a savior and healer increased their hopes for the healing of their relatives. On the other hand, it has been revealed that personal development stem from cancer experiences of caregivers regarding religiousness and spirituality, more awareness on important relationships, and their motivation to help others and develop positive behavioral changes increases, and they thank God for this reason.²¹ In a qualitative study by Leyva et al.⁴¹ conducted to evaluate cancer perceptions among church workers and to examine the potential effect of fatalism and religious beliefs on the use of cancer screening tests, most of the participants stated that although God has a role in shaping health outcomes, God also gives people the power of "free will". Therefore, it has been revealed that they think that getting cancer is not only God's decision but that personal responsibilities are also important in this regard. Despite all the attention, getting cancer is not considered a death sentence from God, although it evokes negative emotions. It has been stated that submission to God, having faith, praying, and establishing strong spiritual relationships with God are very important in maintaining mental health in the face of a deadly disease such as cancer.

The Need and Importance of Spiritual Care in Cancer

In cancer disease, both patients and caregivers are often in significant emotional, social, and spiritual distress.⁴⁵ Therefore, spiritual care is accepted as a fundamental element in providing the psychologic care for cancer patients and caregivers.⁴⁶ Studies reveal that cancer patients and their caregivers need spiritual care.⁴⁷⁻⁴⁹

Delali et al.⁴⁸ in their study revealed that all patients asked their healthcare professionals to support their spiritual practices more. According to the patients, 15% of the healthcare professionals have been supported by spiritual practices, 20% were sympathetic toward spiritual practices, and 16% explained to patients every detail they wanted to know about their disease. In the study, it was reported that the most common spiritual needs of cancer patients were "handle death and problems before death" (100%) and "feeling a sense of peace and satisfaction" (94%). Similarly, in a study conducted on caregivers, it was revealed that caregivers wanted health personnel to support spiritual practices (70%), to respect spiritual practices (44%), to be sympathetic (33%), and to provide psychological support (31%). The most common spiritual needs of caregivers were found to be companionship (59%), to acceptance as a person (58%), giving and receiving love (57%), compassion and kindness (57%).⁴³ In a study of spiritual care receiving (patients) and providing (nurses and doctors), most patients did not receive spiritual care from nurses (87%) and doctors (94%); however, it has been revealed that the spiritual care provided by nurses (86%) and doctors (87%) is an important component of cancer care according to patients. In the same study, according to most doctors (86%) and nurses (87%), spiritual care for cancer patients should be given at least occasionally. In addition, it was reported that nurses (88%) and doctors (86%) did not receive spiritual care training. According to health workers, the reason why spiritual

care services cannot be provided adequately is primarily due to the lack of education.⁴⁷ Similarly, in a study examining perspectives on providing routine spiritual care, it was revealed that most of the patients (77%), physicians (71%), and nurses (85%) believed that routine spiritual care would have a positive effect on cancer patients. According to many patients, it has been reported that spiritual care is a situation that increases patient well-being by providing emotional and psychological support, but the same benefit cannot be obtained for everyone. According to some patients, spiritual care includes the potential to disturb patients or damage the relationship between the patient and the healthcare professional providing spiritual care. It was stated that spiritual care should be specific to the care relationship between the patient and the healthcare professional caregiver rather than being routine. According to some oncologists, while spiritual care is supportive for patients with strong religious feelings, it has been reported that for other patients, it may create the perception that doctors focus on spirituality because they do not have effective medical treatments. On the other hand, ensuring that patients' religious/spiritual feelings are expressed gives nurses important clues for individualized palliative care, according to patients, it has been revealed that doctors and nurses should see the individual with cancer as a whole, including body, mind, and spirituality.⁴⁹

Nursing Dimension of Spiritual Care in Cancer

It is known that cancer patients and caregivers often focus on spiritual values as a way of coping.^{21,26} The crisis created by cancer on both patients and caregivers has brought the need for spiritual support.^{43,48} However, the focus is often on medical treatments, and patients lack spiritual support and nursing care for cancer.⁵⁰ Talking about spiritual, religious beliefs and feelings of oncology patients, responding that their religious needs, feeling that their feelings are given importance, caregivers, on the other hand, have spiritual needs such as being able to support their patients when they feel lost or unbalanced and to encourage them to discover the meaning of life.⁵¹ However, nurses often cannot provide this expectation due to reasons such as lack of time, the idea that they are violating patients' privacy, their own personal problems, thinking that not every patient needs spiritual support, and the lack of experience.⁵⁰ However, in addition to the care and treatment provided for physical complications, patients who are supported also by spiritual meaning increase their adaptation to treatment.⁷ Therefore, it is important to determine whether oncology patients and their caregivers need spiritual support to provide the necessary sensitivity in this issue and to integrate it into holistic nursing care.⁵²

Conclusion

To summarize the study results on patients and caregivers, it is reported that individuals with a belief in God mostly adopt religious themes such as worship, prayer, fatalism, and submission as a way of coping, and as a result, they experience spiritual relief. It is seen that individuals who do not believe in God or who feel inadequate in this regard have feelings such as communication, goodness, hope, peace, confidence, calmness, relaxation, and inner peace than religious coping.

Spirituality and religion are two concepts that have important effects on the life of an individual diagnosed with cancer, and they are important components for the well-being of both patients and caregivers. It has been proven by many studies that the problems that occur with the diagnosis of cancer negatively affect individuals in many ways. This situation makes it necessary to implement religious or spirituality-based interventions to support spiritual well-being in cancer patients and their caregivers. Being a cancer patient or

a caregiver person, of course, includes completely different experiences and creates different spiritual needs. At this point, the evaluation of spiritual/religious needs can be considered as the first step in the design of need-specific interventions. Although it is known that the definition of health is "a state of complete physical, mental and social well-being", "mental health" in this equation is often ignored. However, health care requires a holistic approach to the individual. It is clear that the nurses' evaluation of patients and caregivers at the same time in terms of religion and spirituality will facilitate coping and contribute to the effectiveness of medical treatment.

Peer-review: Externally peer-reviewed.

Author Contributions: Concept – P. S.; Design – P.S., O.V., S.Ö.; Data Collection and/or Processing – P.S., O.V., S.Ö.; Analysis and/or Interpretation – P.S.A., O.V., S.Ö.; Writing Manuscript – P.S., O.V., S.Ö.; Critical Review – P. S., S.Ö.

Conflict of Interest: The authors have no conflict of interest to declare.

Financial Disclosure: The authors declared that this study has received no financial support.

References

1. ACS. (American Cancer Society) Cancer Facts & Figures 2017 URL: <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2017/cancer-facts-and-figures-2017.pdf>, Access date: 01/03/2019.
2. Globocan. All cancers in 2018. URL: <https://gco.iarc.fr/today/data/fact-sheets/cancers/39-All-cancers-fact-sheet.pdf>, Access date: 01/03/2019.
3. Bag B. Kanser hastalarında uzun dönemde görülen psikososyal sorunlar [Long-term Psychosocial Problems in Cancer Patients; Article in Turkish]. *Psikiyatride Güncel Yaklaşımlar*. 2013;5(1):109-126.
4. Marzorati C, Riva S, Pravettoni G. Who is a cancer survivor? A systematic review of published definitions. *J Canc Educ*. 2017;32(2):228-237. [Crossref]
5. Liu Z, Zhang L, Cao Y, Xia W, Zhang L. The relationship between coping styles and benefit finding of Chinese cancer patients: The mediating role of distress. *Eur J Oncol Nurs*. 2018;34:15-20. [Crossref]
6. Sercekus P, Baskale H. Living and coping with cancer: Experiences of cancer blog users in Turkey. *Holist Nurs Pract*. 2015;29(3):144-150. [Crossref]
7. Vardar O. *Jinekolojik Kanser Tanısı Alan Kadınlar Ve Bakım Veren Aile Üyelerinin Deneyimleri [Experiences of Women with Gynecological Cancer and Family Caregivers; Article in Turkish; Article in Turkish] [Dissertation]*. Denizli: University of Pamukkale Health Science Institute; 2017.
8. Peteet JR, Balboni MJ. Spirituality and religion in oncology. *CA Cancer J Clin*. 2013;63(4):280-289. [Crossref]
9. Puchalski C, Ferrell B, Virani R, et al. Improving the quality of spiritual care as a dimension of palliative care: The report of the Consensus Conference. *J Palliat Med*. 2009;12(10):885-904. [Crossref]
10. Delgado C. A discussion of the concept of spirituality. *Nurs Sci Q*. 2005;18(2):157-162. [Crossref]
11. Bilgin A. Din, dindar, dindarlık: özeleştiril bir değerlendirme [Religion, Religiousness: A Self-critical Evaluation; Article in Turkish]. *Anemon Muş Alparslan Üniversitesi Sosyal Bilimler Dergisi [Anemon Mus Alparslan University Journal of Social Sciences]*. 2014;2(2):75-84.
12. Saarelainen S-M. Emerging Finnish adults coping with cancer: Religious, spiritual, and secular meanings of the experience. *Pastoral Psychol*. 2017;66(2):251-268. [Crossref]
13. Salsman JM, Fitchett G, Merluzzi TV, Sherman AC, Park CL. Religion, spirituality, and health outcomes in cancer: A case for a meta-analytic investigation. *Cancer*. 2015;121(21):3754-3759. [Crossref]
14. Paloutzian RF, Park CL. *Handbook of the Psychology of Religion and Spirituality*. New York: The Guilford Press; 2005.
15. Mascaro N, Rosen DH, Morey LC. The development, construct validity, and clinical utility of the spiritual meaning scale. *Personality and Individual Differences*. 2004;37(4):845-860. [Crossref]

16. Peterman AH, Fitchett G, Brady MJ, Hernandez L, Cella D. Measuring spiritual well-being in people with cancer: The functional assessment of chronic illness therapy–Spiritual Well-being Scale (FACIT–Sp). *Ann Behav Med*. 2002;24(1):49–58. [\[Crossref\]](#)
17. Exline JJ, Park CL, Smyth JM, Carey MP. Anger toward God: Social-cognitive predictors, prevalence, and links with adjustment to bereavement and cancer. *J Pers Soc Psychol*. 2011;100(1):129–148. [\[Crossref\]](#)
18. Park CL. Religiousness/spirituality and health: A meaning systems perspective. *J Behav Med*. 2007;30(4):319–328. [\[Crossref\]](#)
19. Pargament KI, Koenig HG, Perez LM. The many methods of religious coping: Development and initial validation of the RCOPE. *J Clin Psychol*. 2000;56(4):519–543. [\[Crossref\]](#)
20. B L, Yoo GJ, Levine EG. “Trust in the Lord”: Religious and spiritual practices of African American breast cancer survivors. *J Relig Health*. 2014;53(6):1706–1716. [\[Crossref\]](#)
21. Sterba KR, Burris JL, Heiney SP, Ruppel MB, Ford ME, Zapka J. “We both just trusted and leaned on the Lord”: A qualitative study of religiousness and spirituality among African American breast cancer survivors and their caregivers. *Qual Life Res*. 2014;23(7):1909–1920. [\[Crossref\]](#)
22. Chen PY, Chang HC. The coping process of patients with cancer. *Eur J Oncol Nurs*. 2012;16(1):10–16. [\[Crossref\]](#)
23. De Vries J, Den Oudsten BL, Jacobs PM, Roukema JA. How breast cancer survivors cope with fear of recurrence: A focus group study. *Support Care Cancer*. 2014;22(3):705–712. [\[Crossref\]](#)
24. Oh YS. Communications with health professionals and psychological distress in family caregivers to cancer patients: A model based on stress-coping theory. *Appl Nurs Res*. 2017;33:5–9. [\[Crossref\]](#)
25. Gibbons A, Groarke A. Coping with chemotherapy for breast cancer: Asking women what works. *Eur J Oncol Nurs*. 2018;35:85–91. [\[Crossref\]](#)
26. Thuné-Boyle IC, Stygall J, Keshtgar MR, Davidson TI, Newman SP. Religious/spiritual coping resources and their relationship with adjustment in patients newly diagnosed with breast cancer in the UK. *Psychooncology*. 2013;22(3):646–658. [\[Crossref\]](#)
27. Astrow AB, Mattson I, Ponet RJ, White M. Inter-religious perspectives on hope and limits in cancer treatment. *J Clin Oncol*. 2005;23(11):2569–2573. [\[Crossref\]](#)
28. Sharif SP, Lehto RH, Nia HS, et al. Religious coping and death depression in Iranian patients with cancer: Relationships to disease stage. *Support Care Cancer*. 2018;26(8):2571–2579. [\[Crossref\]](#)
29. Hebert R, Zdaniuk B, Schulz R, Scheier M. Positive and negative religious coping and well-being in women with breast cancer. *J Palliat Med*. 2009;12(6):537–545. [\[Crossref\]](#)
30. Trevino KM, Balboni M, Zollfrank A, Balboni T, Prigerson HG. Negative religious coping as a correlate of suicidal ideation in patients with advanced cancer. *Psychooncology*. 2014;23(8):936–945. [\[Crossref\]](#)
31. Trevino KM, Archambault E, Schuster J, Richardson P, Moye J. Religious coping and psychological distress in military veteran cancer survivors. *J Relig Health*. 2012;51(1):87–98. [\[Crossref\]](#)
32. Tabriz ER, Mohammadi R, Roshandel GR, Talebi R, Khorshidi M. Pain coping strategies and their relationship with unpleasant emotions (anxiety, stress, and depression) and religious coping in cancer patients. *Middle East J Cancer*. 2018;9(3):208–216.
33. Khodaveirdyzadeh R, Rahimi R, Rahmani A, Ghahramanian A, Kodayari N, Eivazi J. Spiritual/religious coping strategies and their relationship with illness adjustment among Iranian breast cancer patients. *Asian Pacific J Cancer Prevent*. 2016;17(8):4095–4099.
34. Mesquita AC, Chaves É, Avelino CCV, Nogueira DA, Panzini RG, Carvalho E. The use of religious/spiritual coping among patients with cancer undergoing chemotherapy treatment. *Revista Latino-Americana De Enfermagem*. 2013;21(2):539–545. [\[Crossref\]](#)
35. Büssing A, Koenig HG. Spiritual needs of patients with chronic diseases. *Religions*. 2010;1(1):18–27. [\[Crossref\]](#)
36. Paiva BSR, Carvalho AL, Lucchetti G, Barroso EM, Paiva CE. “Oh, yeah, I’m getting closer to god”: Spirituality and religiousness of family caregivers of cancer patients undergoing palliative care. *Support Care Cancer*. 2015;23(8):2383–2389. [\[Crossref\]](#)
37. Terakye G. Kanserli hasta yakınlarıyla etkileşim [Interaction with the patient and his relatives; article in Turkish]. *Dokuz Eylül Üniversitesi Hemşirelik Yükseköğretim Elektronik Dergisi [E-journal of Dokuz Eylül University Nursing Faculty]*. 2011;4(2):78–82.
38. Fitch MI. Exploring experiences of survivors and caregivers regarding lung cancer diagnosis, treatment, and survivorship. *J Patient Exp*. 7 2 2020;1–7. [\[Crossref\]](#)
39. Sercekus P, Besen DB, Gunusen NP, Edeer AD. Experiences of family caregivers of cancer patients receiving chemotherapy. *Asian Pacific J Cancer Prevent*. 2014;15(12):5063–5069. [\[Crossref\]](#)
40. Doumit MAA, Rahi AC, Saab R, Majdalani M. Spirituality among parents of children with cancer in a Middle Eastern country. *Eur J Oncol Nurs*. 2019;39:21–27. [\[Crossref\]](#)
41. Leyva B, Allen JD, Tom LS, Ospino H, Torres MI, Abraido-Lanza AF. Religion, fatalism, and cancer control: A qualitative study among Hispanic Catholics. *Am J Health Behav*. 2014;38(6):839–849. [\[Crossref\]](#)
42. Delgado-Guay MO, Parsons HA, Hui D, Cruz M, Thorney S, Bruera E. Spirituality, religiosity, and spiritual pain among caregivers of patients with advanced cancer. *Am J Hospice Palliative Med*. 2013;30(5):455–461. [\[Crossref\]](#)
43. Kiyancicek Z, Caydam OD. Spiritual needs and practices among family caregivers of patients with cancer. *Acta Paulista de Enfermagem*. 2017;30(6):628–634. [\[Crossref\]](#)
44. Nicholas DB, Barrera M, Granek L, et al. Parental spirituality in life-threatening pediatric cancer. *J Psychosoc Oncol*. 2017;35(3):323–334. [\[Crossref\]](#)
45. Sankhe A, Dalal K, Agarwal V, Sarve P. Spiritual care therapy on quality of life in cancer patients and their caregivers: A prospective non-randomized single-cohort study. *J Relig Health*. 2017;56(2):725–731. [\[Crossref\]](#)
46. Puchalski CM, Sbrana A, Ferrell B, et al. Interprofessional spiritual care in oncology: A literature review. *ESMO Open*. 2019;4(1):1–12. [\[Crossref\]](#)
47. Balboni MJ, Sullivan A, Amobi A, et al. Why is spiritual care infrequent at the end of life? Spiritual care perceptions among patients, nurses, and physicians and the role of training. *J Clin Oncol*. 2013;31(4):461–467. [\[Crossref\]](#)
48. Dedeli O, Yildiz E, Yuksel S. Assessing the spiritual needs and practices of oncology patients in Turkey. *Holist Nurs Pract*. 2015;29(2):103–113. [\[Crossref\]](#)
49. Phelps AC, Lauderdale KE, Alcorn S, et al. Addressing spirituality within the care of patients at the end of life: Perspectives of patients with advanced cancer, oncologists, and oncology nurses. *J Clin Oncol*. 2012;30(20):2538–2544. [\[Crossref\]](#)
50. van Meurs J, Smeets W, Vissers KC, Groot M, Engels Y. Nurses exploring the spirituality of their patients with cancer: Participant observation on a medical oncology ward. *Cancer Nurs*. 2018;41(4):E39–45. [\[Crossref\]](#)
51. Nixon AV, Narayanasamy A, Penny V. An investigation into the spiritual needs of neuro-oncology patients from a nurse perspective. *BMC Nurs*. 2013;12(1):2–11. [\[Crossref\]](#)
52. Taylor EJ, Mamier I. Spiritual care nursing: What cancer patients and family caregivers want. *J Adv Nurs*. 2005;49(3):260–267. [\[Crossref\]](#)