



Barriers and facilitators of spiritual therapy in cancer patients in Iran: A qualitative study

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ABSTRACT

: As a life-threatening disease, cancer requires the use of spiritual therapy. However, spiritual therapy is not sufficiently utilized for cancer patients in Iran. The present study was therefore conducted with the aim to identify barriers to and facilitators of spiritual therapy in Iran. The present qualitative study enrolled 25 participants using Granheim-Lundman's content analysis approach. Data were collected using semi-structured in-depth interviews. Purposive sampling continued until saturation of data occurred. Analysis of data led to the emergence of disharmony in treatment conditions (disharmony in values, reductionism in treatment, marginalization of spiritual care, absence of a strategic spiritual therapy plan, routine base treatment, routine-based treatment as barriers to spiritual therapy, personal and value capitals, the therapist's value and personal capitals, the patient's value and personal capitals and the patient's family attributes as facilitators of spiritual therapy. Results revealed several barriers to implementation of spiritual therapy in Iran, which have to be dealt with and eliminated. The health systems should avoid reductionist and routine-orientated treatment. Besides elimination of these barriers, efforts should be made to strengthen facilitators (personal and value capitals of the therapist and the patient), so that spiritual therapy can be further used in the treatment of cancer patients.

Keywords: Cancer, Spiritual Therapy, Qualitative Study, Palliative Care

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techniques such as surgery, radiation-therapy, and chemotherapy [3]. Because of its chronic and life-threatening nature, cancer patients have to undergo long-term treatments with chemical medications [4]. Cancer does not affect just the patient's body, but causes other problems including impaired family relationships, mood

INTRODUCTION

Cancer is a major health problem throughout the world [1, 2], and its treatment requires invasive

disorders such as depression, and also disability. These problems make it harder to tolerate the disease [2, 5]. Diagnosis of this disease dramatically increases the spiritual needs of the patient [6, 7]. Responding to these needs is among the responsibilities of health centers and the medical team [8, 9]. Spiritual therapy helps these patients to deal with their disease-related problems, including physical, mental and social problems, and thus achieve faster recovery [10,11]. Previous studies have shown that spiritual care improves the process of recovery and anxiety of cancer patients [12-15]. Today, spiritual therapy recognized as an essential instrument for palliative care of cancer patients [11, 16]. However, spiritual therapy has not been sufficiently implemented in the health systems in Iran, and previous studies suggest that it has not reached its due place in the country's health system [17, 18]. Furthermore, not many studies have been conducted on spiritual therapy in Iran, and therefore there is not much knowledge available about its barriers and facilitators. Accordingly, the present study aimed to investigate barriers to and facilitators of spiritual therapy in Iran.

MATERIALS AND METHODS

The study plan

To understand barriers and facilitators of spiritual therapy in cancer patients in Iran, a qualitative content analysis approach was used. This approach has been recommended for phenomena about which little knowledge is available [19].

The participants

The present study enrolled 25 participants (6 women and 19 men) comprising eight psychologists, one social practitioner, two psychiatrists, two nurses, five physicians, one cleric, one rehabilitation expert, and five people with PhDs in philosophy and theology. The participants were between 40 to 75 years of age (mean 55 years), with maximum work history of 7 years and minimum of 20 months. Study inclusion criteria were willingness to take part, and minimum of two years' experience in spiritual therapy.

The study setting

Imam Khomani and Firoozgar hospitals affiliated to Tehran University of Medical Sciences are the main cancer treatment centers in Iran, and were used as the study setting. These hospitals are located in Tehran (the capital of Iran), and patients diagnosed with different cancers from various parts of the country are referred to these centers for treatment.

Data collection

Participants were briefed about study objectives, and signed informed consent forms. Data were collected using semi-structured in-depth interviews. Participants were selected according to purposive sampling conducted in September 2013 and continued until saturation of data in November 2015. Examples of interview guide questions are: "Could you describe your many years of experience in spiritual therapy?", "What factors can facilitate spiritual therapy?", "What are the barriers to spiritual therapy?" A total of 25 interviews lasting between 20 minutes and 95 minutes (mean 40 minutes) were conducted, and recorded. Each interview was then transcribed verbatim and the text obtained was analyzed.

Data analysis

Data were analyzed using 20. Graneheim & Lundman [20] qualitative content analysis approach, which recommends the following 5 stages: transcription of the each interview immediately after it is conducted; review of the whole text for general understanding of the contents; determination of semantic units and initial codes; classification of similar codes in comprehensive categories, and determination of contents of data [20]. Recorded audio files were first transcribed and typed verbatim. They were then reviewed several times (to submerge in data), and open coding was performed. Classification began from the third interview onward according to differences and similarities. Categories were developed with additional interviews. Initial categories were reduced through integration (where possible), which were then centered on a common category. Each category was given a name reflecting its contents. MAXQDA-10 was used for classification of codes and categories.

Table 1: Summary of categories and subcategories

Main category	Category	Subcategory
Barriers to and facilitators of spiritual therapy	Disharmony in treatment conditions	Disharmony in values
		Reductionist treatment
		marginalization of spiritual care
		absence of a strategic spiritual therapy plan
		Routine-based treatment
	Personal and value capitals	Therapist's value capitals
		Therapist's personal capitals
		Patient's value capitals
		Patient's personal capitals
		The patient's family attributes

Ethical considerations

Participants were informed of the study objectives from the outset, and their informed consents were obtained. They were also informed that they could withdraw at any stage of study, and their rights including confidentiality, proper use of information, and belief values were carefully observed throughout this study. Feedbacks and verbal consents to carry on with the interview were obtained from participants in the course of each interview. Participants were assured of confidentiality of data.

Trustworthiness

Consistency and rigor of data was achieved in the following manner: Prolonged and ongoing engagement until saturation of data, avoiding premature conclusions, use of participants' opinions to confirm extracted codes and categories (7 participants), review of interviews, codes, and categories by advising and consulting professors (all interviews), maximum participant diversity in terms of age, gender, work history, and education.

RESULTS

Two main categories emerged from analysis of data, including disharmony in treatment conditions as barriers to spiritual therapy, and personal and value capitals as facilitators (Table 1).

Disharmony in treatment conditions

In the present study, disharmony in treatment conditions was identified as a barrier to spiritual therapy. Under this broad theme were 5 subthemes: disharmony in values, reductionist treatment, marginalization of spiritual care, absence of a strategic spiritual therapy plan, and routine-based treatment.

Disharmony in values

Several participants referred to the disharmony in the values in therapist's and patient's values as a barrier to spiritual therapy. This disharmony can be attributed to the lack of knowledge and training, leading to avoidance of spiritual therapy. For instance, a participant explained: "There are therapist-related barriers. Differences in personal values can lead to inability to establish healthy and effective relationship between therapists and patients" (A participating physician)

Reductionist treatment

Reductionist treatment and overspecialization is another reason for disharmony in treatment conditions. Participants considered pure and overspecialized attention to the body and neglecting the soul as a barrier to spiritual therapy. A participant described his/her experience in this matter: "Nowadays, therapists merely address the physical and biological aspects, and doctors try to treat the disease and not cure the patient. In such an ambience, therapists and caregivers overlook patients' spiritual dimensions (A participating specialist).

Marginalization of spiritual care

Marginalization of spiritual care was one of the subcategories of disharmony in treatment conditions, which can be a barrier to spiritual therapy. A participant commented: "Neglecting humans' spiritual and other dimensions is among barriers to initiation and development of spiritual therapy interventions in Iran" (A participating specialist).

Absence of a strategic spiritual therapy plan

According to participants' experiences, absence of a strategic spiritual therapy plan is another reason

for disharmony in treatment conditions. A participant stated that: "There is no specific program in Iran for the use and training of spiritual therapy, and most of these programs are in research phase" (A participating nurse).

Routine-based treatment

One of the subcategories of disharmony in treatment conditions was routine-based treatment, which can provide a barrier to spiritual therapy. A participant described: "In hospitals, tasks are mostly performed according to existing routines, which are not accommodating spiritual therapy ... and the usual care methods are used most" (A nurse).

Personal and value capitals

A set of conditions associated with therapist and patient as personal and value capitals were identified as facilitators of spiritual therapy. These subcategories included the therapist's value and personal capitals, the patients' value and personal capitals and the patient's family attributes.

The therapist's value capitals

The therapist's value capitals are considered as facilitators in spiritual care. Participants believed that value capitals of an individual include spiritual values and spiritual self-awareness. About the therapist's spiritual values, a participant said: "We should learn to love God, and should know that God loves us. The endless power of God is connected with us, and we should also connect with to take advantage of that" (A participating psychiatrist cleric).

The therapist's personal capital

The therapist's personal capitals were one of the subcategories of personal and value capital category, which facilitates spiritual therapy. Many participants believed that these capitals contain therapist's thoughts, words and behavior. In this respect, a participant considered honesty and service as important personal attributes of therapists, which could have a facilitating role in spiritual care. "In providing services to patients, a therapist should use his maximum effort and utmost sincerity to remove patients' physical and psychological suffering" (A participating psychologist). Professional capability is a personal attribute of a therapist, which was cited by most participants. A participant asserted: "A therapist should be able to delicately focus patient's

thoughts, mind and ideas on spiritual matters, and should be able to help the patient with any queries and remove any ambiguities he may have in this area" (A participating psychiatrist).

The patient's value capitals

The patient's value capitals were a subcategory formed in relation to the personal and value capitals category. Participants considered spiritual self-awareness and spiritual values of the patient as their value capitals. All participants also confirmed the element of spiritual self-awareness of a patient. A participant explained: "Spiritual self-awareness is highly important. Values, moral standards, belief in God and the universe are the criteria of spiritual self-awareness. Spiritual self-awareness influences all other cases of self-awareness" (A participating physician). Regarding the patient's spiritual values, a participant commented: "Intrinsic information and values are important for initiating any task. Spiritual values are the foundation of a patient's identity and human criteria. These values initiate the start of spiritual therapy of an individual" (A participating social medicine specialist).

The patient's personal capitals

This was another subcategory of personal and value capitals category. The patient's personal attributes can be a facilitator of spiritual therapy. A participant said: "Patient's cooperation is in fact the main facilitator of his wishes and cooperation. This process is hastened when a patient wants it to. But if he does not wish to cooperate, spiritual therapy cannot be performed I'd say everything in this therapy depends on the patient's beliefs" (A participating physician)

The patient's family attributes

Patient's family background and the values he has been raised with are another one of his personal capitals. Accordingly, participants confirmed the importance of family attributes, and believed their supportive role was more highlighted than other roles. A participant argued: "Family provides the necessary support for the patient and has a major impact on therapy" (A participating psychologist).

DISCUSSION

The present study was conducted with the aim to investigate facilitators of and barriers to spiritual therapy in Iran and showed that certain factors

such as disharmony in values, reductionist treatment, marginalization of spiritual care, absence of a strategic spiritual therapy plan, and routine-based treatment, and prevented implementation of spiritual therapy. In the present study, many participants referred to disharmony in values from a personal angle in patient-therapist relationship, and the therapy setting, as potential barriers to spiritual therapy within the context of this study. Previous studies have also considered disharmony in patient's and therapists' values as one of the challenges to spiritual therapy [21, 22]. The values of patients, therapists, and the health systems can have a major role in facilitating removal of this barrier (disharmony in values) [23]. Various factors can affect behaviors and manners of patients including social norms, family relations, sexual interactions, marital status, and education. For instance, many Muslims are uncomfortable with medical services provided by a person of the opposite sex, and relax when services are provided in presence of a family member or by a same-sex person [24]. Previous studies have recognized the differences in therapists' and patients' cultural, belief, and spiritual values, and believe that success or failure of therapy depends on acknowledging this fact [23, 25]. Implementation of spiritual therapy against the wishes of a patient can lead to his resistance and non-cooperation. Non-cooperation is followed by treatment failure [7]. Hence, a therapist must always consider the values and cultures of his patients. In the context of this study, reductionist treatment was identified as a barrier to spiritual therapy. Although advancement of knowledge in various medical areas has had significant achievements in treatment of diseases; it has led to neglecting a large part of human life and his psychological and spiritual identity. Over-development of specialized medical disciplines challenges and transforms the holistic view that ruled the issue of treatment and disease in the ancient times [11]. Besides their specializations, doctors and nurses should have a holistic attitude toward patient's problems, including his spiritual needs. As well as reductionist treatment, marginalization of spiritual care was another factor that prevented implementation of spiritual therapy. The ultimate responsibility for the realization of a healthy society always rests with the government [26]. However, sometimes the existential and spiritual treatment potentials of patients are neglected by

this institution. Hence, the unclear place of spiritual therapy in the country's health system has become a major challenge, which was also cited by many participants in this study. In their study, Chibnall et al.[21], also refer to this factor as a barrier to spiritual therapy. Recent studies conducted on the spiritual health of the nation indicate availability of the capacity for implementation of spiritual therapy and establishment of spiritual health models in the healthcare system [17, 27, 28, 29]; yet, it has had no impact on the policies of the national healthcare system. Absence of a strategic spiritual therapy plan another factor can be prevented using of spiritual care in context of study. In their study, Thomason [30] also refer to this factor as a barrier to spiritual therapy. In the present study, routine-based treatment was considered another barrier to spiritual therapy, which prevents clinical implementation of spiritual therapy by doctors and nurses. Other studies have identified routines and absence of guidelines for using spiritual therapy as barriers to spiritual therapy [31]. To mitigate the impact of this barrier, health systems should avoid routines and move toward internalization of spiritual care. Apart from these barriers, factors such as personal and value capitals facilitate implementation of spiritual therapy, and include therapists' and patients' personal and value capitals; each of which is a facilitator of spiritual therapy on its own right. A therapist's value capitals include his spiritual values and self-awareness. Spiritual self-awareness is a sign of therapist's maturity, which leads to his greater development and provokes him to have a determined serving intention and a constructive interaction with others and the world around, once he is in peace with himself [32]. Therapist's spiritual values were among facilitating factors of spiritual therapy. Puchalski [33] considers understanding the sublime presence in life and the sublime messages as the most important spiritual values of a therapist, which internally and externally guide everyone. As well as his value capital, a therapist's professional capability and personal attributes also facilitate spiritual therapy. Researchers in the field of spiritual therapy have also referred to therapist's professional capabilities and personal attributes [7, 34, 35, 36]. Hence, the health system can enhance personal capitals of a therapist by providing empowerment courses for doctors and nurses involved in spiritual therapy. Enhancing

professional capabilities and personal attributes of a therapist can facilitate spiritual therapy. Participants in the present study referred to the patient's important role and his value capitals and initial beliefs, and conceptualized the patient's spiritual self-awareness and values as his value capitals. Researchers also stress on beliefs and values in a patient and in his family as the most important foundation for treatment and recovery [7, 16]. Along with value capitals, patient's personal and family attributes, as his personal capitals, were also identified as facilitators for strengthening spiritual therapy. Previous studies have shown that personal and family attributes have a major role in strengthening spiritual interactions, or else, they act as a barrier [24,34]. Recognizing and strengthening personal capitals of the patient and his family can have a facilitating role in spiritual therapy. Personal attributes such as curiosity, self-esteem, and motivation are directly and relatively associated with cognitive functions and spiritual beliefs. A number of researchers believe that positive psychological attributes such as physical health, satisfaction with marriage, stability of character, and improved quality of life, are related to the process of adjustment with disease and treatment. Edward points out the relationship between personal attributes and resolving unethical problems and spiritual conflicts [37].

CONCLUSION

Cancer is a life-threatening disease that requires implementation of spiritual therapy for patient's recovery. But, spiritual therapy is not sufficiently used in Iran's health system. The present study demonstrates that certain factors prevent the implementation of spiritual therapy. People involved in spiritual therapy should attempt to remove these barriers. Besides these barriers, a number of factors were identified as facilitators of spiritual therapy, and efforts should be made to strengthen these factors to enable use of spiritual therapy for patient recovery.

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