

Spirituality as experienced by Muslim oncology nurses in Iran

Abdolah Khorami Markani, Mohammad Khodayari and Farideh Yaghmaei

Abstract

Spirituality, as an essential part of holistic care, is concerned with faith and meaning, and is usually conceptualised as a 'higher' experience or a transcendence of oneself. A resurgence of interest in this area is evident in postmodern culture because of the effects that spirituality and religious beliefs may have on health. Up until the last two decades, spirituality and spiritual care, although vital, were invisible aspects of nursing. However, now that these concepts have made their way into the mainstream, literature in this area has burgeoned. In addition, modern nursing grew out of spiritual roots, and spiritual care is a component of holistic care. In the Islamic Republic of Iran, little information exists documenting the expressed spirituality of nurses in general and of oncology nurses in particular. This article presents spirituality as it is experienced by Muslim oncology nurses. The investigation involved a qualitative analysis of the spirituality of 24 participants, using semi-structured interviews. Participants were oncology nurses at 12 hospitals in two educational universities of medical sciences in Tehran. The main categories of spirituality as experienced by oncology nurses included religious and existential dimensions in an Iranian Muslim context. Findings are consistent with the holistic view of Islam, that considers all dimensions of personhood simultaneously. This study is important to transcultural nursing because of the benefits of increasing nursing knowledge through research that examines nurses' spirituality in diverse cultures.

Key words: Spirituality ■ Religion ■ Oncology nurses ■ Muslim ■ Iran

Spirituality is an essential part of holistic care but is often neglected in practice (Tiew et al, 2012). It is a concept concerned with faith and meaning; an attempt to make contact with or become aware of the 'deep meaning' of our inner being. It has been defined as that which allows a person to experience transcendent meaning in their life (Wachon, 2005). Spirituality is the core of a person's being and is usually conceptualised as a 'higher' experience or a transcendence of oneself. Often, such an experience involves the perception of a personal relationship with a supreme being, such as a god. However, many who

Abdolah Khorami Markani is ?????, Mohammad Khodayari is ????? and Farideh Yaghmaei is ?????

(AQ1: Please provide titles, workplaces and location of all authors)

Accepted for publication: September 2012

consider themselves spiritual deny such identification with a higher power. Spirituality, therefore, must also encompass the feelings and thoughts that bring meaning and purpose to human existence or to one's life journey (Mauk and Schmidt, 2004).

In nursing literature, authors define and use the term 'spirituality' in a number of different ways including searching for meaning, adhering to a religion, balancing energy, and basic trust (Tanyi, 2002). Hence, it is difficult to tie the concept to a single meaning. Rather, the notion of spirituality seems to have a family of different, yet connected, meanings (Leeuwen and Cusveller, 2004).

According to Smith (2006), a resurgence of interest in spirituality is evident in postmodern culture. This interest has not been limited to popular culture alone; scientific interest in the effects of spirituality and religion on health has also been gaining momentum since the 1980s.

According to the literature, no single authoritative definition of spirituality exists. Spirituality can mean different things to different people, and all individuals have a definition of spirituality unique and specific to themselves, regardless of their religious orientation or beliefs. Spirituality is often expressed when a person faces emotional stress, physical illness, or death (Burnard, 1988; Narayanasamy, 1991; McSherry, 1998).

Spirituality and nursing

Spirituality was integral to early nursing practice. Religious orders prepared nurses to care for the ill and dying as a service of benevolence. However, as nursing developed into a more scientific discipline, education and research focused specifically on spirituality were not deemed appropriate in academic institutions (Jennifer, 2006). Ross (1995) stated that the spiritual dimension of nursing is poorly defined and understood by nurses owing to subjectivity and its deeply personal nature. According to Narayanasamy (2012), there is sufficient empirical background, including studies such as Chan (2009), to drive the agenda for reforms in nurse education with regard to the embedding of spirituality as integral to holistic care.

Until the last two decades, spiritual care was a vital, yet invisible, aspect of nursing care. Certainly, it was not a prominent area of discussion or debate in nursing literature. Now, however, spirituality as a component of holistic care has become more mainstream and the literature in this area has burgeoned (Chung et al, 2007; Karimollahi et al, 2007).

According to Karimollahi et al (2007), those in the healthcare field have a responsibility to provide holistic

care, and neglecting this aspect would be an evasion of a fundamental obligation. Life is often filled with twists and turns, ups and downs, and precipitous waysides. People who are facing potentially long-term or debilitating illnesses, confronting acute health crises, or suffering from loss and grief may find themselves re-examining the fundamental beliefs they have held since childhood (Mauk and Schmidt, 2004). Many people experience spirituality as an important support aid while trying to cope with a chronic or life-threatening disease such as cancer (Meezenbroek et al, 2012).

Nurses have the unique task of working with patients at multiple points throughout their life journeys and often, nurses encounter patients during the most difficult periods of their lives. The holistic nursing perspective requires nurses to view each person as a biopsychosocial being with a spiritual core. Each component of the self (physical, mental, social, and spiritual) is integral to and influences the others. Thus, nurses must be sure to address the spirit along with the other dimensions in order to provide holistic care (Mauk and Schmidt, 2004).

Following the World Health Organization (WHO) Executive Board recommendation (WHO, 1998) to add a spiritual dimension to the definition of health, spirituality is now taken into consideration as a component of quality of life, and attention to it under the umbrella of the holistic approach has increased. Recognition of the need to care for the whole person is increasing and according to the holistic vision of care, all healthcare workers, especially nurses, should pay attention to the spiritual dimension of care.

Leeuwen and Cusveller (2004) suggest that the varied nature of human spirituality also includes nurses' own forms of spirituality. They believe that this is important because nurses will always come with their own personal 'frames of reference' that influence their practice, including the spiritual care they provide. This means that there is room for the personal convictions of nurses in the way that they provide spiritual care, in terms of talking about faith in the same way that they talk about other things.

Spirituality and Islam

Islam is one of the major religions in the world, with Iran representing one of the biggest Islamic countries (99% of the population belongs to the Muslim faith) (Rezaei et al, 2004). Islam literally means 'surrender' to the will of God. It is a religion dating back to the seventh century AC when the Prophet Muhammad is said to have received revelations, described as verbal messages from God, over a 20-year period. These messages are recorded in the religious text called the Qur'an (Mauk and Schmidt, 2004).

Spirituality contains two different dimensions—the vertical dimension, which is the individual's relationship with the transcendent, and the horizontal dimension, which is the relationship with oneself, others and nature. In Islam and in the Qur'an and the Hadiths (sayings, deeds, or agreements of the Prophet), no distinction is made between religion and spirituality. In the Islamic context, there is no spirituality without religious thoughts and practices; religion provides the spiritual path for salvation and a way

of life (Karimollahi et al, 2007).

Muslims embrace the Divine and seek meaning, purpose, and happiness in worldly life and in the hereafter. This is achieved through belief in the oneness of Allah, without any partner, and in understanding and application of Qur'an practices and the guidance of the Prophet Muhammad. The material realm of this world is believed to be given in trust from Allah (Karimollahi et al, 2007).

A comprehensive review of Iranian literature on psychology, theology, and nursing disciplines revealed that only limited numbers of studies about spirituality have been published in the past decade, many of these conducted in nursing using quantitative approaches. The integration of spirituality with religion and the highlighting of religious beliefs have hindered the study of spirituality and spiritual care. Because of the high abstraction and subjectivity of spirituality, a qualitative research approach was used to respond to the research question 'what are the experiences of oncology Muslim nurses when providing spiritual care in their nursing practice?'

Methodology

The purpose of this qualitative investigation was to explore and describe the Muslim oncology nurses' experiences about spirituality in the Islamic context of Iran. The authors used Graneheim and Lundman's (2004) qualitative content analysis approach to analyse their data. This approach provides an overview of important study concepts (manifest and latent content, unit of analysis, meaning unit, condensation, code, category and theme) related to qualitative content analysis. The processes of analysis are described and shown in *Table 1*.

A meaning unit, that is, the constellation of words or statements that relate to the same central meaning, has been referred to as a content or coding unit (Baxter, 1991), an idea unit (Kovack, 1991) or a textual unit (Krippendorff, 1980). We consider a meaning unit as words, sentences or paragraphs containing aspects related to each other through their content and context. Condensation refers to a process of shortening while still preserving the core. The label of a meaning unit has been referred to as a code. According to Coffey and Atkinson (1996), codes are 'tools to think with' and 'heuristic devices' since labeling a condensed meaning unit with a code allows the data to be thought about in new and different ways. Creating categories is the core feature of qualitative content analysis. A category is a group of content that shares a commonality (Krippendorff, 1980). A category answers the question 'what' and can be identified as a thread throughout the codes. A category often includes a number of subcategories at varying levels of abstraction. The subcategories can be sorted and abstracted into a category or a category can be divided into subcategories. The concept

Table 1. Steps of Graneheim and Lundman's (2004) qualitative content analysis

Meaning unit (1)	Condensed meaning unit (2)	Code (3)	Sub-category (4)	Category (5)	Theme (6)
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Table 2. Codes derived from participant interviews

Codes - level 1	Codes - level 2
God remembered when starting daily nursing work Being alive and present with God at every moment Understanding the being of God Reading the Qur'an Praying to God	Searching for God
Becoming human Being committed to work Loyalty in action Being forgiven Personal satisfaction	Life mission and purpose
Understanding the meaning of faith, prayer, fasting, and pilgrimage Doing religious practices Believing in another world No attention to the material world	Belief in life after death
Satisfying patients Accepting others Gaining positive energy from communication with patients Feeling comfort on an oncology unit Speaking with patients Attending to a group of patients Trying to improve relationships with family and friends Seeking nature every weekend	Improving communication
Reaching internal psychological comfort Feeling of going beyond Having sins forgiven Feeling fortune in life Being loved by others	Transcendence

of theme has multiple meanings and creating themes is a way to link the underlying meanings together in categories (Graneheim and Lundman, 2004).

The participants were 24 oncology nurses selected by purposive sampling from 12 hospitals at two medical sciences universities—Tehran and Shahid Beheshti in metropolitan Tehran. The study was conducted for 6–8 months, from 3 October 2009 to 6 March 2010. Tehran is a large city with a population of 7 million people from many different cultures and participants represented this diversity. Four nurses were excluded because they were pediatric oncology nurses; overall, 20 interviews were analysed. Interviews consisted of asking three questions:

- What is spirituality in your opinion?
- How do you understand the meaning of spirituality in your life and nursing profession?
- How do you use spirituality to cope with your life problems?

The nurses in the study met the following inclusion criteria: they were Muslims, willing to participate in the study, and had worked as oncology nurses for at least 2 years.

After providing detailed information on the purpose of the study, informed consent was obtained from the nurses. Permission to conduct the study was obtained from the Shahid Beheshti medical sciences university ethics committee. Before informed consent was obtained, participants were given information about the purpose of the

study, the voluntary nature of participating, and assurances that confidentiality would be maintained. Interviews were audiotaped and consisted of nurses' responses in a narrative form. Interviews were transcribed and an open coding system was used to generate preliminary categories. The authors used the qualitative content analysis approach with summative type. First, interviews were divided into the meaning units. Second, the meaning units were summarised and translated into the codes. Third, different codes were compared based on their similarities and differences and then classified into the categories. In this step, the preliminary categories were reviewed and critiqued by two researchers working in qualitative studies.

Categories represent the manifest content, i.e. the content aspect, and themes represent the latent content, which is the relationship aspect that establishes study dependability. The authors can give suggestions about the study's transferability, which refers to the 'extent to which the findings can be transferred to other settings or groups' (Graneheim and Lundman, 2004), but will leave it up to the reader to decide whether or not the findings are transferable to another context. Conformability was determined by checking the internal coherence of the research product, i.e. the data, findings, interpretations, and recommendations.

Results

At the end of the analytical process, five main categories were generated: searching for God, purposefulness of life, belief in life after death, interest in and fulfillment from interaction and self-comfort, and transcendence (Table 2).

Searching For God

Searching for God had high priority for oncology nurses and most of them felt the need to search for God (through prayer, reading the Qur'an, remembering God when starting nursing work, believing in his presence, and being aware of God at every moment) in their life and nursing work. Searching for God is a very important topic for oncology nurses because they believe that God is the creator of every creature, and that they should acknowledge this. Many of the nurses said that they start every day and their nursing work by saying 'Allah' or the statement 'in the name of God.' A 27-year-old oncology nurse said: 'I am a Muslim (Shia) nurse and I believe in a unique God, the prophet Mohammad, Imams, and life after death. In my opinion, nursing is benevolent work and I am searching for my God in caring for my oncology patients.'

Life mission and purpose

All of the participants stated that humans are multidimensional beings who have a mission and purpose in life. Life is valuable and we must try to identify our abilities and use them to serve others, especially patients that need our support. The mission of nurses is to care for patients the best that they can and accept them as human beings with many aspects. It also includes loyalty in actions, a commitment to nursing, personal satisfaction, and gaining God's satisfaction. As one of the participants stated:

‘A human is not a purposeless being. He or she should try to identify his own creator and acknowledge God. The main mission of nurses is to serve needy people, especially cancer patients that have lost hope and a meaning to life’.

Another young male nurse said:

‘My main life purpose is developing humanity, especially in spiritual issues’.

Belief in life after death

This code was very important for Muslim participants, because Muslims believe that life after death is the continuation of human life in which God will judge the actions of humans. The majority of the participants believed that an understanding of the philosophy of faith, prayer, fasting, pilgrimage, and participation in religious ceremonies are the pathways to fulfillment in the afterworld.

According to Rassool (2000), these themes are the pillars of Islam. Islamic practices and behaviours are not only related to divine revelations but, as a theology, generate particular social practices in culture, manners, food, and language. In this respect, Islam is also a philosophy for life. For believers, there is no God except Allah, and the Prophet Muhammad is his messenger. This declaration is the first article of faith called the shahadah. The prayer pillar implies a direct link between the worshipper and Allah. Although **fasting is beneficial for health (AQ2: Please provide a reference for this statement)**, it is regarded spiritually as a method of self-purification. The annual pilgrimage to the Hajj in Makkah, Kingdom of Saudi Arabia, is an obligation for all Muslims to fulfill at least once in their lifetime (Rassool, 2000). An older female nurse confirmed this:

‘Going to Makkah (Kaba) was a spiritual journey for me. When I went there 5 years ago, it changed my life; after returning to my country, I feel meaningfulness in my personal life and work. More attention to physical and material aspects of life, such as saving more money and try (sic) to get power and a high social situation hinder the spiritual health of humans.’

However, conversely, participants **(AQ3: Who said this? One person or all the participants agreed with this statement?)** also believed that:

‘In the modern world with its high technology, nurses must have better economic status to be a spiritual nurse to care for patients with their full energy and time.’

Improving communication

Communication is a vital need of humans in the modern world. Many participants were interested in improving communication with patients, families, and friends. They stated that they gained positive energy from relationships with others, especially cancer patients, because they were volunteering in the oncology units and they loved their work. The majority of participants said that working on

Table 3. Spirituality as experienced by oncology nurses in Iran

Codes - level 2	Themes
Searching for God	Religious dimension
Belief in life after death	
Life mission and purpose	Existential dimension
Improving communication	
Transcendence	

oncology units improved their communication network as illustrated by a 32-year-old nurse who said:

‘I feel comfortable in the oncology unit because I see caring for cancer patients as spiritual work. My relationships with others have become better and everyone in my family and in the hospital loves me.’

Another participant said:

‘When we go enjoy nature by walking and recreating every weekend, we see the indicators of spirituality such as mountains, trees, blue-sky, etc.’

Transcendence

The participants described transcendence as reaching psychological comfort, being loved by others, feeling fortune, and having their sins forgiven by God. One of the older participants stated it in this way:

‘When I came to the oncology unit, I felt more comfortable in all of its aspects (physical, psychological, emotional and social). That changed my behavior because I found that the cancer patients have more needs and I care and support them to help them achieve their own actualisation.’

Another participant stated in an interview:

‘As a cancer nurse, my family, patients, and their families like me. In my opinion, working with cancer patients at end stages causes God to forgive my sins. At some moments, when I meet the needs of advanced cancer patients, I feel a connection with a supreme being.’

These feelings are considered as a nurse going beyond the material world.

The level two codes were placed into two main categories: the religious dimension (vertical) and the existential (horizontal) dimension, shown in *Table 3*.

Discussion

The most prominent theme of spirituality, as described by Muslim oncology nurses, was searching for God. They performed practices such as saying ‘Bismi Llah ir Rahman ir-Rahim’ (In the name of Allah, the most beneficent, the most merciful) before starting work, reading the Qur’an, and praying to God, in their search for God. Searching for God through worship plays a major role in the daily lives of

Muslim oncology nurses. Daily prayer while facing toward the holy city of Makkah in Saudi Arabia is a basic Islamic belief. The first prayer of the day is before sunrise and the final prayer is an hour after sunset. Prayer is the ceremonial recitation of prescribed words in Arabic accompanied by different body positions, from standing to kneeling with the head to the floor (Rassool, 2000).

The importance of religious practices was found in Halligan's (2006) study of nurses' experiences in caring for Muslim patients, which concluded: 'The role of religion was viewed as all encompassing. The influence of Islam was evident in all of the narratives and appeared to be intertwined in every aspect of patient care.' Connor and Eller (2004) found that connectedness with God was a spiritual need in Christian African-Americans. Muslims believe that prayer (salat) is the best among all acts of worship—if it is accepted by Allah, other acts of worship are also accepted. If prayers are not accepted, other acts are not accepted either. Offering prayers five times during the day and night is believed to purify the body (Karimollahi et al, 2007).

The other most frequently mentioned aspect of spirituality among oncology nurses was having a mission and purpose in their personal and professional lives. Spirituality is viewed as an integrating force, or a multidimensional concept, in many nursing studies. The common characteristics of spirituality in these studies include a search for meaning and purpose in life, relationships and transcendence.

According to studies by Ross (1997) and Fawcett and Noble (2004), a quest for meaning and purpose is usually regarded as the existential aspect of spirituality. Finding meaning can be interpreted as having a specific God and experiencing him in every day living. Each individual has personal responsibilities and the search for a specific life mission provides not only a primary motivational force, but also a framework of reference to justify behaviour. In addition, recognising that the meaning of life is a core component of spirituality is inherent in holistic nursing theory. It recognises the wholeness of individuals and their connectedness to a supreme being (Cavendish et al, 2001). The importance of life mission and purpose was also found in Sodestrom and Martinson (1987), Murray and Zentner (1989), Becvar (1991), Burkhardt and Nagai-Jacobson (2002) and Tanyi (2002), which were studies of spirituality meanings, expressions, and practices of Judeo-Christian nurses and patients.

As indicated by the present study, oncology nurse commitment to nursing work, loyalty in actions, forgiveness, and personal satisfaction are key life values that stem largely from the Islamic community and culture in which they live. According to Hasselkus (2002), meanings are personally and socially derived. For some, meaning in life may be heavily weighted by personal and unique values and histories; for others, meaning may stem mostly from society and culture. Burkhardt (1989) describes this search for meaning and purpose as an 'unfolding mystery.' The need for purpose and meaning in life is a universal trait and may be essential to life itself. If an individual is unable to find meaning and purpose, all aspects of his or her life may be affected and a sense of

emptiness and unworthiness can result.

One of the dominant themes mentioned by participants was improving communication. Oncology nurses indicated that by performing actions such as trying to satisfy others, especially cancer patients, they learned to accept others, gained energy, and improved their relationships with others. The term 'communication' implies a joining together of two or more elements, with a relationship formed between them (Golberg, 1998). Following an in-depth exploration of spirituality, Golberg (1998) chose to use the word 'connection' as it encompassed many of the characteristics common to spirituality in nursing care. In the Tanyi (2002) study, 'connection' emerged as a connection to religious beliefs, values, and practices, that results in faith, hope, peace, and empowerment.

Burkhardt (1989) describes this sense of relatedness and connectedness in terms of harmony—harmony with the self and others, and a sense of relatedness to God. According to Dossey (2001) and Spaniol (2002), spirituality is also expressed and experienced through interconnectedness with nature, the earth, the environment, and the cosmos. **All life exists in an interconnected web; what happens to the earth affects everyone, and everyone's behaviour affects the earth (AQ4: Where is this information from?).** Therefore, it is essential to be aware of, and to appreciate, the interconnected web of all life. Spirituality contributes to this awareness and appreciation.

The fourth theme that emerged from the participants was a belief in life after death. They stated in the interviews that understanding the meaning of prayer and fasting, going to the mosque and participating in religious rituals, as well as paying less attention to the material world, are very important actions for them because, in the Islam worldview, those actions fulfill them in the life after death in which Allah will judge them for their actions. Rassool (2000) said the most important fundamental teaching of Islam is belief in the oneness of God—this is termed 'Tawheed'. This is explained in the shahadah, the first article of faith: 'I bear witness that there is no god but Allah and I bear witness that Muhammad is his servant and messenger.' In fact, no one is worthy of worship except Allah. In the Karimollahi et al (2007) study, prayer was ranked the highest spiritual need by participants. All of the participants mentioned that the ultimate purpose of worship is feeling a connectedness with God.

The final theme, the experience of transcendence, is dynamic because it is a continued search to find enrichment through connectedness. The transcendent nature of spirituality makes it difficult to comprehend through objective analysis alone; however, in this study, actions such as reaching for internal comfort, feeling of going beyond, being forgiven of sins, feeling fortunate, and synthesising meanings, allows transcendence to be understood. The importance of transcendence is also found in Sodestrom and Martinson (1987), Murray and Zentner (1989), Becvar (1991), Burkhardt and Nagai-Jacobson (2002) and Tanyi (2002).

Although the themes were placed into two main categories, some overlap exists between them. For example, performing

practices and rituals when searching for God are religious dimensions of spirituality as experienced by oncology nurses; but these actions also improve interconnectedness and foster self-actualisation. This is congruent with the holistic view of Islam that considers all dimensions of humans simultaneously Rassool (2000).

Conclusion

The themes identified by the participants' understanding of spirituality were searching for God, life mission and purpose, belief in life after death, improving communication, and transcendence. The oncology nurses' experiences were necessary to assist and guide cancer patients in their search for meaning of life in their health and illness, and for transcendence and peace. These findings provide insights into the activities of nurses as they seek spiritual fulfillment by caring compassionately and connecting with others.

This study has found that to care for clients spiritually, oncology nurses in Iran need to care for themselves by continuously promoting harmonious integrity. Through serenity, nurses can come to realise how to relate to a higher dimension and, in turn, can connect with their patients' spirituality.

Nurses who care for individuals confronted with a life-threatening illness, such as cancer, need to be cognisant of their own spiritual life so they can attend to the spiritual dimension of their patients. The spiritual self of nurses affects their personal and professional lives. Their ability to participate in a holistic nursing relationship is dependent upon personal, professional, and spiritual development. If nurses ignore their spiritual health or spiritual issues, they may find difficulty in addressing clients' spiritual needs. [BJN](#)

Acknowledgements: The authors would like to thank Pegah Yaghmaie and Barbara Ikonoum, nursing students at York University, North York in Canada for their contributions to the writing of this article.

Conflict of interest: none.

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KEY POINTS

- Spirituality is the core of a person's being and is usually conceptualised as a 'higher' experience or a transcendence of oneself
- Spirituality was integral to early nursing practice, but the spiritual dimension of nursing is poorly defined and understood by nurses owing to subjectivity and the deeply personal nature of spirituality
- In the Islamic worldview, no distinction exists between religion and spirituality, and religion provides the spiritual path for salvation
- Searching for God was a high priority for oncology nurses in this study and most of them felt the need to search for God through religious tasks
- The oncology nurses' spiritual experiences were necessary to assist and guide cancer patients in their search for meaning in life in health and illness, and for transcendence and peace
- The oncology nurses in this study also found their nursing work to positively contribute to their spirituality (AQ5: Have added this point. Ok?)
- Oncology nurses who ignore their spiritual health or spiritual issues appear to have difficulty addressing patients' spiritual needs

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