

ORIGINAL ARTICLE

Spiritual Distress in Women With Breast Cancer: A Concept Analysis

Naeem Abdi^{1,2} | Zinat Mohebbi³  | Sina Ghanbarzadeh⁴ | Zahra Keshtkaran⁵ | Parisa Zaj⁶

¹School of Nursing and Midwifery, Shiraz University of Medical Sciences, Shiraz, Iran | ²Social Determinants of Health Research Center, Yasuj University of Medical Sciences, Yasuj, Iran | ³Community Based Psychiatric Care Research Center, Department of Medical Surgical Nursing, School of Nursing and Midwifery, Shiraz University of Medical Sciences, Shiraz, Iran | ⁴Medical College, Shiraz University of Medical Sciences, Shiraz, Iran | ⁵Department of Nursing, School of Nursing and Midwifery, Shiraz University of Medical Sciences, Shiraz, Iran | ⁶Medical School, Yasuj University of Medical Sciences, Yasuj, Iran

Correspondence: Zinat Mohebbi (mohebbi04@yahoo.com)

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ABSTRACT

Introduction: Following the diagnosis of breast cancer, women experience a sudden disruption and disintegration in the concept of life, crisis, uncertainty and a sense of loss and experience unbearable suffering called spiritual distress. Clarifying the term spiritual distress and its characteristics can be useful in promoting evidence-based practice and supporting the better diagnosis and treatment of spiritual problems in breast cancer patients.

Aim: The present study aimed to analyse the concept of spiritual distress in women with breast cancer. It was done using the Walker and Avant model (2019).

Methods: This is a conceptual and library analysis study. To clarify the concept of spiritual distress, we searched the Internet using the keywords spiritual distress, spiritual pain, spiritual conflict, spiritual problems, spiritual resentment, spiritual imbalance, breast cancer, concept analysis; also, Walker and Avant in the reliable databases of Springer, Science Direct, Pubmed, Proquest, Wiley and Scopus was performed. After a comprehensive review of the literature from all over the world in different languages from 2000 to 2020, about 17 related articles in the English language were included in the study using the Walker and Avant model (2019).

Results: Based on the analysis, the most important features of spiritual distress included feelings of alienation (identity crisis), disturbance in the mental image of one's body, despair, dysfunction of roles, worry, fear and anxiety, refusal to interact with others, complaining to God, the feeling of being abandoned and questioning the existence of supreme power and values. The antecedents of this concept included stressors related to the disease, the patient's negative evaluation of his condition, insufficient mechanisms of personal adjustment and a lack of appropriate social support systems. The consequences of this concept included a false sense of hope about the outcome of cancer, dissatisfaction with the quality of life, severe disturbance in self-confidence, increased physical complaints, loss of important relationships, sudden acute illnesses, self-harm, severe social isolation and suicide.

Conclusions: Based on the findings, spiritual distress is an important aspect of clinical practice and nursing care. Clarification and comprehensive understanding of spiritual distress may increase the ability of clinical nurses to effectively prevent and manage spiritual distress in women with breast cancer.

survey and determination of needs, patients at risk of spiritual distress can be identified and necessary measures can be taken to maintain their spiritual integrity. Nurses have continuous and individual contact with patients and can assess their spiritual well-being. Timely diagnosis and appropriate response are very effective in achieving well-being and positive health outcomes.

In general, spirituality is a complex and multidimensional concept that requires extensive research with quantitative and qualitative approaches to explore and identify its various dimensions. Since very few studies have been conducted on the subject of spirituality in our country, there is a good potential in this field. Based on the findings of this study and the perspective that the researchers have gained, the following topics are suggested for future research:

- Investigating the spiritual experience of patients with chronic diseases.
- Investigating the spiritual experience of patients with acute and life-threatening diseases.
- Explaining the process of spiritual development in individuals in society and in specific groups.
- Investigating the impact of spirituality on individual health in various physical, psychological and social dimensions.
- Explaining the impact of life events and crises on spiritual well-being and performance.

7 | Conclusion

According to the findings, spiritual distress is an important aspect of clinical practice and nursing care. Clarification and comprehensive understanding of spiritual distress may increase the ability of clinical nurses to effectively prevent and manage spiritual distress in women with breast cancer.

Author Contributions

N.A. and Z.M. conceived the study, adapted the concept analysis research model, carried out the data collection and analysis and drafted the article. S.G. and Z.K. contributed to the conception and design of the concept analysis and were involved in the direction and content of the manuscript. P.Z. participated in the supervision of the study and advised on drafts of the paper and approved the final manuscript. All authors read and approved the final manuscript.

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Ethics Statement

This study was conducted in accordance with the Declaration of Helsinki. The protocol was approved by the Institutional Review Board

(IRB) of the Committee on Ethics at Shiraz University of Medical Sciences with code number: *IR.SUMS.NUMIMG.REC.1402.011*. The participants delivered their written informed consent ahead of conducting the study. Furthermore, participation in the study was voluntary and the participants could be excluded at any stage of the study.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The datasets used and/or analysed during the current study are available from the corresponding author on request.

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