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The Role of Spiritual Practices in Enhancing Well-Being of Cancer Patients: A Phenomenological Study in Ibadan

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Abstract

Although cancer care is often dominated by biomedical treatment, the psychosocial and existential dimensions of patients' experiences remain critical to health outcomes and quality of life. This study examines the impact of spiritual practices on health outcomes and quality of life among cancer patients in Ibadan, Nigeria, with particular attention to coping mechanisms, religiously shaped health perceptions, and the integration of spiritual care within clinical practice. Addressing a gap in culturally relevant and patient-centred cancer care models in Nigeria, the study employed a phenomenological approach involving 20 purposively selected patients. The findings show that spiritual practices function as important frameworks for meaning-making, emotional support, and enhanced self-efficacy, thereby strengthening patients' resilience and capacity to cope with illness. At the same time, variations across Christianity, Islam, and African Traditional Religions, together with experiences of spiritual struggle and inadequate institutional support, reveal the complexity of integrating spiritual care into oncology settings. The study concludes that spiritual care can substantially enhance holistic well-being when it is aligned with patients' beliefs and

contexts. This research contributes to the development of more culturally adaptive and holistic cancer care by underscoring the need for spiritual care training for healthcare providers, collaboration with religious leaders, and the design of context-sensitive interventions that harmonize medical and spiritual support.

Keywords: Spiritual Practices; Holistic Cancer Care; Coping Mechanisms; Quality of Life; Spiritual Care Integration

Introduction

Cancer remains a significant global health concern, ranking as the second leading cause of death worldwide (WHO, 2024: 5), with over 19 million cases and 9.7 million deaths recorded worldwide (Bizuayehu, Dadi, Hassen, Ketema, Ahmed, Kassa, & Bore, 2024: 1377-1393.). In Nigeria, approximately 124,815 new cancer cases were recorded in 2020, with breast, cervical, and prostate cancers being the most prevalent (Ajayi, & Akerele, 2025: 891-900). While treatments such as chemotherapy and radiotherapy are essential, they often impair quality of life through side effects including fatigue, nausea, pain, and alopecia (Yazbeck, Alesi, Myers, Hackney, Cuttino, & Gewirtz, 2022: 1-27.).

This major concern increases emphasis on holistic care for cancer patients, including the integration of spiritual practices into treatment plans. Spiritual practices has been shown to positively influence treatment outcomes and enhance the quality of life for cancer patients by improving emotional well-being, coping mechanisms, and overall satisfaction with care (Yilmaz, & Cengiz, 2020: 55-62.). Cancer encompasses a group of diseases characterised by the uncontrolled proliferation of abnormal cells capable of invading local tissues and metastasising to distant organs (Johariya, Joshi, Malviya, & Malviya, 2023: 1-28). The rising burden of cancer has led to increased stress among individuals, families, and communities, with patients experiencing not only physiological pain but also mental, social, and spiritual challenges (Mao, Pillai, Andrade, Ligibel, Basu, Cohen, & Salicrup, 2022: 144-164.).

In response, holistic care models increasingly emphasise the integration of spiritual well-being into oncology. The World Health Organisation defines health as "a state of complete physical, mental, and social well-being," a definition that implicitly includes spiritual dimensions (Schramme, 2023: 210-218.). Spiritual practices such as prayer,

meditation, ritual participation, and meaning-making help patients cope with existential fears, find purpose in suffering, and maintain hope (Zorlu, 2025: 49-102.). These practices are particularly salient in Nigeria, a nation marked by high religiosity and diverse spiritual traditions.

In the Nigerian sociocultural context, illness is rarely interpreted solely through a biomedical lens. As Oyebanji et al (2025) observe in their study of Yoruba name changes, personal identity and spiritual destiny are deeply intertwined, such that "names are spiritual bridges to ancestors" and carry cosmological significance (Oyebanji et al, 2025: 18). This worldview extends to illness, where cancer may be perceived not only as a physical condition but as a spiritual or moral crisis requiring ritual, prayer, and communal intervention. Consequently, spiritual frameworks often become central to how patients interpret their diagnosis, endure treatment, and reconstruct their identities post-illness.

In Ibadan, as in much of southwestern Nigeria, the understanding of illness is rarely limited to biomedical explanations. According to Oyebanji (2025), natural disasters, such as the Ogunpa floods, are frequently interpreted as reflections of moral or spiritual imbalance, with environmental crises read as consequences of communal ethical failings. This perspective extends to health conditions, including cancer, which may be perceived not only as a biological disorder but also as an indication of disrupted social or spiritual equilibrium. Such interpretations do not exclude medical treatment; rather, they position clinical interventions within a broader context that acknowledges the need for spiritual and social reconciliation. Consequently, many patients combine biomedical therapies with practices aimed at restoring harmony with ancestors, divine forces, or communal values, highlighting the importance of integrating cultural and spiritual considerations into comprehensive approaches to healthcare.

Despite this, research on the role of spirituality in cancer care within Nigerian contexts remains limited. Most studies focus on clinical outcomes, symptom management, or treatment adherence, often neglecting the psychosocial and spiritual dimensions of illness (Jiakponna, Agbomola, Ipede, Karakitie, Ogunsina, Adebayo, & Tinuoye, 2024).). This gap is especially pronounced in Ibadan, a culturally rich urban centre where religious beliefs are deeply embedded in daily life. Therefore, this study investigates how spiritual practices influence the health outcomes and quality of life of cancer patients in Ibadan,

with attention to religious diversity, coping mechanisms, and opportunities for integrating spiritual care into mainstream oncology.

Statement of the Problem

Despite significant advancements in medical treatments such as chemotherapy and radiotherapy, these interventions often come at a cost to patients' quality of life, leaving them grappling with debilitating side effects, emotional distress, and existential uncertainties. The conventional care primarily addresses the physiological aspects of cancer, overlooking patients' psychological and spiritual needs. Spiritual practices are often defined as the search for meaning, purpose, and connection with something greater than oneself, and have emerged as a critical factor influencing patients' coping mechanisms, emotional resilience, and overall well-being during the period of their cancer journey (Opsomer, De Lepeleire, Lauwerier, & Pype, 2020).

However, the integration of spiritual practices into cancer care remains underexplored, particularly in Nigeria and Ibadan, precisely. Existing studies predominantly focus on symptom management, treatment adherence, and quality of life, neglecting the nuanced role of spiritual beliefs and practices in shaping patients' experiences (Dubey, Ghosh, Das, Roy, Das, Chakraborty, & Benito-León, 2025). Also, some research highlights the potential benefits of spiritual practices, such as improved emotional well-being and enhanced coping strategies. Some studies also relied on self-reported data, which lacks standardization and suffers from selection bias (Yeary, Alcaraz, Ashing, Chiu, Christy, Felsted, & Yi, 2020: 195-203.). Cross-sectional designs further limit causal inference.

Therefore, there is a pressing need to investigate how spiritual practices influence the health and well-being of cancer patients in Ibadan, where religion plays a central role in identity and healing. Understanding how spiritual beliefs shape patient experiences is crucial. This is the gap this study intends to fill as it qualitatively explored this intersection in depth.

Research Questions

Below are the questions formulated by the researcher to achieve the purpose of the study:

I. How do spiritual practices influence the health outcomes and quality of life of cancer patients in Nigeria?

II. To what extent do spiritual beliefs and practices contribute to cancer patients' emotional resilience and coping mechanisms during treatment?
III. How do individual differences, such as variations in religious affiliation and spiritual practices, shape the impact of spiritual practices on patients' health outcomes?
IV. What role does self-efficacy, as mediated by spiritual beliefs, play in promoting adherence to treatment protocols and enhancing overall well-being?
V. How can healthcare providers effectively integrate spiritual care into existing cancer treatment frameworks to address the holistic needs of patients?

Objectives of the Study

Below are the aims and objectives the researcher intends to achieve:

I. To examine how spiritual practices influence the health outcomes and quality of life of cancer patients in Nigeria
II. To evaluate the impact of spiritual beliefs and practices contribute to cancer patients' emotional resilience and coping mechanisms during treatment.
III. To investigate how individual differences, such as variations in religious affiliation and spiritual practices, shape the impact of spiritual practices on patients' health outcomes
IV. To determine how self-efficacy, as mediated by spiritual beliefs, plays in promoting adherence to treatment protocols and enhancing overall well-being
V. To examine how healthcare providers can effectively integrate spiritual care into existing cancer treatment frameworks to address the holistic needs of patients

Theoretical Framework- Social Cognitive Theory (SCT)

This study adopted the Social Cognitive Theory of Albert Bandura (1986, 2004) to explore the relationship between spiritual practices and health outcomes among cancer patients. The theory posits that human behaviour is shaped by the dynamic interplay of personal factors, environmental influences, and behavioural patterns, a concept known as "reciprocal determinism".

The cognitive process as a factor helps to shape beliefs and behaviours. This theory was developed initially to explain and conduct a careful interaction and observation in the environment. Over the years, enquiry into the adoption and process of maintaining good health behaviour within the religious domain of the patients is deductive and evident

through the relationship that exists with their religious affiliations, spiritual practices and health factors (Bangcola, 2021: 163.). Spiritual practices are factors (belief system) that influence patients' perceptions of their illness, quality of life and coping strategies of cancer care (Carone & Barone, 2001:7).

The application of Social Cognitive Theory gives a meaningful insight into how the quality of life and treatment of cancer patients are positively influenced through spiritual practices. For instance, patients who believe in divine healing may exhibit greater confidence in treatment (self-efficacy), leading to improved adherence (Casco-Gallardo, Torres-Soto, Orozco-González, Pérez-Briones, Guerrero-Solano, Maldonado-Muñiz, G, & López-Nolasco, 2024: 1517-1527.). Spiritual support, whether achieved through prayer, meditation or participation in religious practices, positively impacts patients' coping mechanisms and psychological well-being during treatment.

Bandura's Theory is introduced into this research to explore how spiritual beliefs are determined through coping strategies, emotional and mental resources and treatment of cancer. For instance, it has been revealed through studies that regular spiritual experiences correspond with an increase in self-assurance and a decrease in fear of cancer recurrence. (Park et al., 2013:67). In patients undergoing treatment, higher levels of religiosity are similarly associated with greater perceived social support.

Furthermore, spiritual communities serve as supportive environments that reinforce positive health behaviours. Participation in communal rituals, receiving prayers, or engaging in religious counselling enhances perceived social support, which in turn strengthens emotional resilience (Ukpo, Imohiosen, Owot, & Ajuluchukwu, 2024: 1538-1547.). However, negative spiritual experiences, such as feelings of abandonment by God, can exacerbate distress, illustrating the dual nature of spiritual influences.

By applying SCT, this study analyses how spiritual practices mediate the relationship between personal beliefs, environmental support, and health outcomes. It also informs the development of culturally sensitive interventions that leverage patients' existing spiritual resources to promote adaptive coping and holistic well-being.

Literature Review

The role of religious and spiritual beliefs in coping with illness and stress

The relationship between religious authority and individual resilience is particularly evident in settings where clergy serve not only as spiritual leaders but also as custodians of social order. Oyebanji and Oyunwola (2024) note that in Southwest Nigeria, Christian and Muslim religious leaders often take on roles as moral guides, counsellors, and organisers during periods of communal stress, including health crises. Their findings indicate that congregants frequently rely on clerical interpretations of suffering, regarding pastoral advice as essential both for spiritual guidance and for navigating uncertainty in life. In the context of oncology, this suggests that a patient's coping mechanisms are strongly influenced by the theological perspectives provided by their pastor, imam, or elder. When religious leaders present illness as a test of faith or an occasion for communal support—as is common in Ibadan's churches and mosques—they can enhance both adherence to treatment and emotional resilience. Conversely, when disease is framed as divine punishment, the psychological strain may increase, potentially hindering engagement with medical care.

Individuals with strong religious or spiritual belief systems often experience better mental health outcomes and reduced stress levels (McCullough & Larson, 2001: 45). McCullough & Larson (2021: 45) demonstrated that coping mechanisms during illness and stressful situations can be enhanced through religious beliefs, which provide a sense of purpose, meaning and hope. Furthermore, their findings indicate that lower rates of depression and anxiety are associated with participation in religious activities, such as prayers or attending services. Further research shows that there are cases where religious institutions help individuals to manage challenging circumstances fostered by the role of social support and community engagement, it underscores. The value of integrating religious and spiritual considerations into clinical settings to support patients' mental and emotional well-being cannot be overemphasised.

Another study that fosters the relationship between spiritual practices and medical treatment, a meta-analysis conducted by Ano and Vasconcelles (2005: 78), further reveals that cancer patients who engage in certain spiritual practices such as prayer, meditation, and attend religious services are more likely to experience lower stress levels and an increase in health outcomes. The researchers concluded that an effective coping strategy is the function of religious activities, which enable cancer patients to tackle the difficulties

attributed to their illness and stress. Their findings suggest that health practitioners can incorporate and recognise the function of religion and spiritual practices in the life of patients while designing treatment plans, as it can provide healthcare professionals with a more comprehensive support which will potentially lead to an improved outcome and enhanced quality of life for cancer patients who often experience. Also, McCaffery et al. (2008: 34) demonstrate that patients with a solid spiritual relationship often experience absolute wellness and quality of life, even while facing chronic illness. Indicated in their research (McCaffery et al., 2008: 34), for those undergoing health challenges, spiritual beliefs add to the comfort, support and provide them with a sense of belonging.

Studies on incorporating spiritual practices into health outcomes in cancer patients

Much research has been conducted to examine the introduction of spiritual exercises and beliefs into healthcare, producing different results, with some showing a positive influence on the improvement of the well-being of cancer patients. Notable among existing research is that conducted by Bovero et al. (2019:23). This research reveals that anxiety and depression are reduced in patients with a higher level of spiritual practices, which indicates more effective coping strategies. Potentially, the advantages of integrating spiritual care into cancer treatment methods to deal with the emotional and mental distress attributed to cancer are emphasised in these studies. The important function of spiritual beliefs in effective treatment is emphasised. Also, the study points out that daily spiritual experiences improve the quality of life for advanced-stage cancer patients. A sample of 152 participants was divided into two groups, with one group being the recipients of standard cancer care, the other receiving additional attention of spiritual care. As revealed by the report, those who receive additional attention to spiritual care feel more hopeful and supported during their treatment journey. This suggests that by dealing with spiritual needs, emotional wellness, and overall quality of life can be improved, confirming the validity of a holistic approach to cancer care.

An indirect relationship between meaning, serenity, religiousness and spiritual practices, which influenced anxiety, depressive symptoms, fatigue and pain interference in adolescents and young adults with cancer as identified by Grossoehme et al. (2015: 45). Fostering feelings of meaning and serenity as suggested by the study may be crucial for addressing anxiety, despair and exhaustion in this demographic. Earlier theoretical models

and empirical evidence, indicating that religious and spiritual beliefs influence meaning and subsequently impact health outcomes, align with these findings. Paediatricians and adolescent medicine specialists are urged to incorporate basic palliative care, including referrals to psychologists and chaplains, to alleviate suffering in adolescents and young adults through the practical recommendations that this study offers. Focusing on purpose and peace can involve various approaches, such as collaboration with mental health professionals and spiritual advisors through specialised care.

In contrast, a neutral stance, acknowledging that religion and spiritual practices (r/s) can serve as valuable coping mechanisms for cancer patients but noting that certain aspects, such as religious and spiritual conflicts, may have adverse effects was adopted by Damen et al. (2021: 67). The RSS-14, a modified measure from the Religious and Spiritual Difficulties Scale (RSS), to access r/s difficulties was introduced through the study. While 20%, among 331 patients from six outpatient palliative care centres in the United States, expressed moderate to severe struggles for at least one item, 66% reported some level of r/s struggle. With dignity issues remaining a predictor of overall r/s difficulties, findings revealed that r/s struggles were associated with increased symptom burden, dignity-related issues and a lower quality of life. However, no significant connection between r/s difficulties symptoms, dignity issues, or quality of life, even after regular screening and referral to spiritual care, was found in some studies.

The mediating role of two spiritual well-being (SW) characteristics-meaning/peace and faith-in the mindfulness-symptoms relationship among Stage IV lung cancer patients and their spouse caregivers was investigated by Cho et al. (2021: 89). The study assessed mindfulness, meaning/peace, faith and psychological symptoms in 78 couples, using the actor-partner independence model of mediation, to explore how awareness influence SW and psychiatric symptoms. To examine how spiritual practices and well-being affect the relationship between awareness and psychiatric symptoms, four models were tested. A preference for the alternative model where mindfulness influences psychological symptoms, with faith indirectly linked to patients' psychological symptoms through mindfulness, while meaning and peace were directly associated, was indicated through the findings. Correlated to meaning and peace were the spouse's psychological symptoms, whereas solely linked to faith were their depressive symptoms. Additionally, psychological disorders via patient awareness inversely correlate with couples' religiosity.

Cancer patients who engage in spiritual practices such as prayer or meditation experience reduced stress levels and improved quality of life, this was demonstrated by Komariah et al. (2020: 102). The importance of addressing spiritual needs as part of overall cancer treatment was highlighted by these findings. Over six weeks, particularly at times 3 and 4, with meaning and peace having a more significant impact than faith, the program showed a gradual increase in spiritual well-being. Islamic culture fostered relationships between nurses, patients and families, integrating a caring approach, which contributes to patient healing. Though 88.68% were followed up during the first session with khushu prayers, all participants adhered to the program. Based on Islamic principles, chemotherapy side effects were alleviated, and patients were educated about their disease and treatment through a culturally sensitive caring approach, warranting further research on Muslim women with breast cancer in other countries.

Conversely, no significant relationship between spiritual practices and treatment outcomes, including survival rates or quality of life, for cancer patients was found in some studies, such as Johnson et al. (2018: 34). The complexity of the relationship between spiritual practices and cancer treatment outcomes, suggesting that individual differences and contextual factors play a critical role was underscored by these conflicting results. Some individuals may not experience the same advantages due to variations in personal beliefs and support systems, while others may derive substantial benefit from spiritual practices in coping with cancer. The significance that patients attribute to spiritual beliefs and the integration of spiritual practices into treatment plans can significantly influence outcomes. While others may not prioritise spiritual practices, for some, spiritual beliefs may provide hope and comfort, enhancing emotional and psychological well-being.

With some studies suggesting potential benefits and others failing to find a clear association, the outcomes of research on spiritual practices and cancer treatment vary widely. Therefore, to develop personified approaches that account for individual differences and to explore how spiritual practices influence cancer treatment outcomes, further investigation is needed. Building on prior research by highlighting the nuanced effects of spiritual practices and their variability based on individual beliefs, practices and interpretation, this study seeks to examine how spiritual practices impact treatment outcomes and quality of life for cancer patients. Also, for healthcare providers to tailor treatment plans that accommodate the unique spiritual needs and beliefs of cancer patients, this study aims to explore practical strategies, fostering a patient-centred approach.

Criticisms and limitations of existing research

Self-reported measures, such as questionnaires that assess religious practices, spiritual experiences and beliefs, are being relied on by the majority of studies that examined spiritual practices in the context of cancer care. However, how spiritual practices is defined and evaluated often varies significantly in this measure (Koenig, & Al Zaben, 2021: 3467-3483.). Posing a challenge to comparing findings across studies and drawing robust conclusions about the impact of spiritual practices on cancer patients is the lack of standardised tools, such as validated scales for measuring spiritual well-being or religious practices. Difficulties in establishing a clear understanding of how spiritual practices influence health outcomes, which is a result of inconsistency in measurement, can lead to fragmented insights. The potential for selection bias in research exploring spiritual practices and cancer outcomes is another concern. In such studies, patients who are more spiritual or religious may be disproportionately represented, due to their interest in the topic, they may be motivated to participate in it (Brown et al., 2020: 78). An overestimation of the benefits of spiritual practices on treatment outcomes and quality of life may could result to this overrepresentation and so, the generalizability of the findings are limited. If the sample of the broader population is not represented, questions arise whether inherent biases are influenced in the study design, or whether the observed effects truly reflect the role of spiritual practices.

In this field, many studies are cross-sectional, at a single point in time, only a snapshot of patients' spiritual practices and outcomes are only being captured (Balboni, VanderWeele, Doan-Soares, Long, Ferrell, Fitchett, & Koh, 2022: 184-197.). While valuable insights are provided by cross-sectional designs, their ability to establish causal relationships is limited. To determine whether changes in spiritual practices precede improvements in treatment outcomes and quality of life, or if the relationship operates in the opposite direction, longitudinal studies that track changes in spiritual practices and health outcomes over time are essential. It remains challenging to ascertain the temporal dynamics between spiritual practices and cancer outcomes, without longitudinal data, leaving the true nature of their connection ambiguous. Through the implementation of quality steps for assessing spiritual practices, this research aims to address these shortcomings of challenges faced in merging spiritual practices and medical treatment, by ensuring that spiritual well-being and religious practices are evaluated through the use of a

qualitative research instrument. A detailed analysis of the methods and process of achieving this aim is captured in the research methods.

Methods

The study adopted the qualitative research design to explore the role of spiritual practices in shaping the health outcomes of selected cancer patients in Ibadan, Nigeria. The research particularly employed the qualitative approach to capture subjective experiences that will help draw meaningful conclusions from the research.

Study Design

A phenomenological approach is employed to investigate the lived experiences of cancer patients who integrate spiritual practices into their treatment and coping strategies. Phenomenology is chosen as the guiding framework due to its focus on exploring individuals' perceptions, meanings, and interpretations of their experiences. This design allows for an examination of the essence of spiritual practices as it relates to cancer care, emphasising the unique ways in which participants navigate their illness through spiritual beliefs and practices. The study is conducted within the context of Nigerian healthcare settings, in Ibadan, Oyo state, where religiosity is deeply embedded in daily life, providing a rich cultural backdrop for analysis.

Sampling Strategy

The participants were selected using the purposive sampling method. This was done in order to ensure that the information from the participants is relevant to draw meaningful contributions to the research. Only adults (age≥18 years) with a diagnosis of cancer, active engagement in spiritual practices, and representation across three major religious groups prominent in Nigeria: Christianity, Islam, and African Traditional Religion (ATR) were selected. This was done in order to obtain meaningful religious experiences and psychological evaluations that can help provide meaningful insights into the research questions and objectives. Participants were selected based on Age, gender, and religious affiliation, cancer type and stage of diagnosis. A sample size of 20 participants was considered for the research to achieve data saturation, a point at which no new themes or insights emerge during data collection.

Data Collection Procedures

Data are collected through semi-structured interviews, which allow for flexibility while maintaining a consistent focus on the research objectives. The interview guide is designed to elicit detailed narratives about participants' spiritual beliefs, practices, and their perceived impact on health outcomes and coping mechanisms. The Interviews explored:

I. Religious affiliation and duration of practice
II. Spiritual beliefs about illness and healing
III. Specific practices used during treatment
IV. Role of the religious community
V. Perceived impact on emotional well-being and treatment adherence

Interviews are conducted in a private and comfortable setting within the healthcare facility or at a location convenient for the participant. Each session lasts approximately 45 to 60 minutes and is audio-recorded with the participant's permission. Field notes are taken to document non-verbal cues, emotional expressions, and contextual details that may enrich the analysis. To ensure cultural sensitivity, interviews are conducted in the participants' preferred language, which is mostly Yoruba, especially for non-literate participants, with translations provided by bilingual research assistants when necessary.

Data Analysis

The responses from the interview were analysed through the thematic lenses. Recurring patterns and themes were analysed and presented separately through a systematic process of coding and categorising data. This helps to uncover underlying meanings and relationships in the available data.

Ethical Considerations

Ethical principles of research were adhered to and enforced to protect from harm or undue exploitation and pressure. Ethical clearance and approval were obtained from the Research Ethical Committee of Redeemer's University, Ede, Osun State. Participants were assured of confidentiality and anonymity, with all identifying information such as name, age, gender, and religious affiliation removed from datasets. Participants were also informed of their right to withdraw from the study at any stage without penalty. Pseudonyms were used in reporting (e.g., CP01, which stands for Christian Participant 1

and MP02, which stands for Christian Participant 2 and AP01, which stands for African traditional Participant 01). The first letter decodes the religious affiliation of the respondent. C- Christianity, M-Muslim and African Traditional Religion. The P-Patient and the number represent the numeric identification of the participants. The study adhered to the "Declaration of Helsinki" (World Medical Association, 2013).

Thematic Analysis of Qualitative Analysis

The effect of cancer on its patients transcends beyond medical, physiological and existential challenges alone; the social and religious life of the patients also comes into play. For some cancer patients with evident spiritual life, spiritual practices emerge as a cornerstone of coping mechanisms and emotional resilience. Through an exploration of the lived experiences of 20 adult cancer patients receiving treatment at tertiary healthcare facilities in Ibadan, the analysis categorised under five different themes below helps to uncover recurring factors that illuminate how spiritual beliefs and practices influence health outcomes, quality of life, and overall well-being of cancer patients.

Theme 1: Spiritual Practices as a Framework for Meaning-Making

The first major predominant theme among the interviewees is their response to spiritual practices in the midst of their cancer journey. Some of the interviewees (from different religious affiliations) opined through their responses that their spiritual practices enable them to enhance their faith by looking beyond the risk and consequences of what the outcome of their condition might be to adopt a transformative journey of faith. For instance, some of the Christians responded that their illness is seen as a test of faith and in no way would they compromise their faith but move closer to God in this difficult time. A participant stated that "When I was told I had cancer, I didn't cry. I fell on my knees and prayed. I told God, 'If this is your will, I accept it.' That gave me peace." — CP07, Christian woman, 54.

Some of the respondents who happen to be Muslims thought that illness may be a divine will. They referred to Qadar, a Quranic terminology that emphasises acceptance and submission to Allah as the basis for their belief. Both religious affiliations foster a sense of agency, which empowers patients to confront their mortality with equanimity. A Muslim patient clearly stated that "Illness is not punishment. It is a trial. We recite Surah Al-Baqarah and trust in Allah's plan." MP12, Muslim man, 61. This evaluation aligns with

broader observations in psycho-oncology, where meaning-making has been linked to improving psycho-oncological outcomes (a field of study that focuses on the psychological and emotional aspects of cancer diagnosis, treatment, and survivorship).

Furthermore, various interactions with some of the participants revealed that some are engaged in self-reflection and introspection, which can be attributed to their spiritual practices, mostly. For example, a meaningful number of participants from both Christianity and Islam shared how daily prayer sessions provided moments of clarity and peace, allowing them to process fears about recurrence and death. These reflections emphasise the fact that spiritual practices do more than offer solace; they actively shape cognitive processes, helping patients reconcile their vulnerabilities with aspirations for recovery.

Theme 2: The Role of Religious Communities in Emotional Support

Notably, the second theme in this analysis focuses on the importance of religious communities as sources of emotional and social support for cancer patients in Ibadan. Some of the respondents frequently highlighted the tangible benefits of belonging to churches, mosques, or traditional places of worship. These religious spheres not only serve as an avenue for communal prayers and rituals but also as networks of care and counselling, as some of these spaces offer practical assistance, which includes financial aid and companionship during treatments. Some of the respondents who happen to be Christians explicitly noted that knowing they are being prayed for continuously by their church members is a source of strength that keeps them strong during chemotherapy sessions when physical endurance wanes. A participant stated during her session that "My church members visit me every week. They bring food, pray with me. I feel I'm not alone." CP11, Christian woman, 48. These responses emphasised the fact that religion caters beyond the spiritual need of these patients; it also embodies psychological and financial care, which makes them comfortable in the face of their journey. In the same vein, a Muslim patient said that: "After Jumu'ah, the Imam checks on me. He even organised a donation for my drugs." MP09, Muslim man, 57. According to him, he "feels alive and has something to live for".

As promising as the responses in the preceding paragraph may sound, there are other sensitive dynamics within these religious communities; other negative responses facilitate these dynamics. There are some respondents (a few) who expressed concerns about judgmental attitudes, seclusion by other adherents or unsolicited advice from fellow

adherents who lacked understanding and sympathy of cancer's complexities in cancer patients. One of the respondents explicitly expressed her discomfort, stating that "Some people said I must have sinned. One sister told me, 'You need to repent.' That hurt more than the pain." CP15, Christian woman, 41. This duality reflects "reciprocal determinism": supportive environments enhance well-being, while negative interactions can worsen distress. Such reactions occasionally exacerbated feelings of isolation, depression and constant regrets. For this set of respondents, the idea that religious organisation is meant to be a haven, a place of solace and comfort, is negated.

Theme 3: Variability in Spiritual Practices across Religions

Several spiritual practices among the respondents are factors to consider in effectively evaluating the nuanced ways in which individuals engage with their faith traditions. Most of the Christian respondents cited prayer, Bible study, hymns and worship songs as integral components of their coping strategies. In the same vein, Muslim respondents emphasised the recitation of Quranic verses, Hadiths, participation in "Jumu'ah" and other prayers, and adherence to dietary guidelines prescribed by Islam as their anchor during the trying time. Adherents of African Traditional Religions, on the other hand, refer to rituals such as ancestral veneration, rituals and herbal medicine. This reflects a holistic integration of indigenous spiritual practices with modern medicine.

The variations in the responses show a deeply personal nature of spiritual practices, shaped by cultural and religious contexts. Deductively, the adherents of Christianity and Islam (Abrahamic religions) tended to express greater confidence in their ability to navigate treatment protocols, possibly due to structured belief systems that emphasise discipline and trust in divine intervention as a factor that enhanced healing or quick recovery. The adherents of African Traditional Religions, on the other hand, appeared more focused on restoring balance and harmony between body and spirit, suggesting alternative yet equally valid approaches to modern medicine. One of the respondents stated that "I take my hospital drugs, but I also visit the shrine. Both are healing."- AP04, ATR adherent, 60.

Among Yoruba communities, a pragmatic engagement with both biomedical and indigenous healing systems demonstrates a long-standing pluralism in health beliefs. Oyebanji (2022) observes that even Pentecostal groups often acknowledge traditional practices, particularly when medical interventions seem inadequate. This approach, evident in areas such as reproductive health, extends to oncology, where patients may combine

clinical treatment with ancestral rites, herbal remedies, or divinatory practices. Such strategies are culturally coherent methods of managing uncertainty, reflecting what Oyebanji (2022) describes as "ethical triangulation," in which individuals draw on multiple knowledge systems to enhance both perceived effectiveness and spiritual security.

Theme 4: Spiritual Practices and Self-Efficacy in Treatment Adherence

Self-efficacy emerged as a critical mediating factor in the relationship between spiritual practices and cancer treatment adherence. Several respondents reported feeling empowered by their spiritual convictions to take ownership of their health journeys. For instance, one participant described how his belief in God's healing power motivated him to adhere strictly to prescribed medications and attend all scheduled appointments, viewing compliance as an act of faith. He stated that: "I believe God will heal me, but I must do my part. So I take my drugs, eat well, and come for every appointment." — CP11, Christian man, 52. Another shared how meditation practices instilled patience and perseverance, qualities essential for enduring long-term therapies like radiation. This has helped some of the patients to combine both spiritual and medical remedies to enhance their healing process.

This connection between spiritual practices and self-efficacy aligns with some findings in behavioural psychology, where perceived control over health behaviours correlates with better outcomes.

However, when such practices fail to yield expected results, they can trigger profound spiritual crises. One respondent's lament—"I prayed and fasted for healing. But my scan worsened. I began to wonder—does God hear me?" (MP 14, Muslim woman, 49) —reflects what Pargament (1997) terms "spiritual struggle." This duality is echoed in studies of digital spirituality, where over-reliance on ritual or prophetic declarations without medical integration risks creating a "false sense of reality" that distorts beliefs when outcomes diverge from expectations (Oyebanji, Oyunwola, Segun, & Ogunbiyi, 2025, p. 49). In oncology, this underscores the danger of spiritual bypassing—using faith to avoid confronting medical realities.

Theme 5: Challenges and Ambiguities in Spiritual Integration

The last theme emphasises the potential benefits of integrating spiritual practices into cancer care; it also presents the challenges that warrant careful consideration. Some, though few, of the respondents expressed frustration with healthcare providers who

dismissed their spiritual concerns or failed to acknowledge the significance of faith in their lives. Some also lamented the absence of formal structures within hospitals to facilitate spiritual care, such as access to either a Muslim, Christian or traditional cleric, or designated prayer rooms or sacred places.

This institutional neglect of spiritual care mirrors a broader gap in Nigeria's healthcare system, where the integration of religion and medicine remains ad hoc rather than systemic (Oyebanji, 2025: 7). As highlighted in studies on moral evil and Social crisis (Banditry), religion in Nigeria often functions alongside, rather than in collaboration with, state institutions (Oyebanji et al, 2024: 7). These concerns raised by respondents highlight the need for culturally sensitive interventions that bridge medical expertise with patients' spiritual needs. A respondent, for instance, stated that "Doctors and most of the healthcare givers only ask about my blood pressure. No one asks if I'm afraid of dying." - CP19, Christian man, 58.

Discussion

This study confirms that spiritual practices significantly influence emotional resilience, coping, and treatment adherence among cancer patients in Ibadan. The data and findings available at the researchers' disposal align with global literature (Tsai et al., 2016; Bovero et al., 2019) but add "contextual depth" by highlighting the role of ATR and intra-religious diversity. Therefore, using Social Cognitive Theory, it is affirmative that spiritual beliefs enhance "self-efficacy", while religious communities provide "environmental support". However, spiritual struggles such as guilt or perceived abandonment can disrupt this balance, underscoring the need for nuanced, non-prescriptive care. Furthermore, this lack of institutional integration reflects a "systemic gap" in Nigerian oncology. Unlike in Western palliative care, where chaplaincy services are common, Nigerian hospitals rarely recognise spiritual care as essential.

Conclusion

Conclusively, this study evaluates the impact of spiritual practices in shaping health outcomes and coping mechanisms among cancer patients in Ibadan, Nigeria. Findings from the study show that integrating spiritual care into conventional treatment frameworks,

patients' experience enhances emotional resilience, self-efficacy, and overall their overall well-being. However, there are records of challenges such as variability in spiritual beliefs and limited engagement with spiritual concerns by healthcare providers. Also, there are potential conflicts within religious communities, which highlights the need for culturally sensitive and patient-centred approaches. These findings advocate for a holistic model of cancer care that harmonises medical interventions with spiritual support, addressing the multifaceted needs of patients while fostering adaptive coping strategies and improved quality of life.

Recommendations

The following recommendations are aimed at bridging gaps in holistic cancer care, fostering patient-centred approaches that integrate spiritual well-being with medical treatment in Nigeria. :

1. Integrating Spiritual Care into Healthcare Systems spiritual practices spiritual practices: Healthcare providers must be trained to recognise and address patients' spiritual needs through workshops on cultural sensitivity and communication.
2. Strengthened Partnerships with Religious Communities: Religious leaders must be properly educated on cancer stigma, theological responses to illness, and practical support (e.g., financial aid).
3. Designing a Culturally Adaptive Spiritual Intervention: The government in Nigeria must encourage tailored spiritual practices that align with patients' religious affiliations (e.g., Quranic recitations, intense prayers (Christians) and traditional rituals).
4. Structural and Policy Barriers: There should be a proper advocate for national guidelines, such that there will be recognition of spiritual care as an effective factor for a balanced oncology treatment.
5. Lastly, longitudinal research should be encouraged in Nigeria to evaluate the long-term impact of spiritual practices on cancer outcomes (e.g., survival rates, quality of life).

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