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**SPIRITUAL AND RELIGIOUS REHABILITATION  
WITH REGARD TO PROSTATE CANCER: AN  
EXPLORATORY SCOPING REVIEW**

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**Annika M. Worner, BHSc**  
**Yasemin Nezif, BHSc**  
**Lindsay B. Carey, MAppSc, PhD**  
**Eutichia Drakopoulos, BHSc, MSpPath, CPSP.**

**School of Psychology and Public Health**  
**La Trobe University**

Report Completion: 28/11/20

Borchardt Library,

La Trobe University, Melbourne, Australia

Link: <https://doi.org/10.26181/5fbdcae8ae8fd>

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## PREFACE

This report is an initial exploratory scoping review prepared for Professor Jeremy Millar (Monash University Prostate Cancer Outcomes Registry, Melbourne, Australia) and Prof. Harold Koenig (Duke University, School of Medicine, North Carolina, USA). Support for this report was provided by La Trobe University, Department of Public Health, Participatory Field Placement Internship program (PHE3PFP).

### Organisation/Department:

Public Health Palliative Care Unit  
Department of Public Health,  
School of Psychology and Public Health  
La Trobe University,  
Melbourne, Victoria, Australia.

### Referencing System:

American Psychological Association, 7<sup>th</sup> Edition

**Key Words:** Prostate Cancer, Prostatectomy, Spiritual, Religious, Rehabilitation

### Access:

Borchardt Library, La Trobe University, Melbourne, Australia.

Link: <https://doi.org/10.26181/5fbdcae8ae8fd>

**Commencement:** 01 August 2020

**Completion:** 30 November 2020

**Revised:** 30 November 2020

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### Publication Reference:

Worner, A., Nezif, Y., Carey, L.B., & Drakopoulos, E. (2020). *Spiritual and Religious Rehabilitation with regard to Prostate Cancer: An Exploratory Scoping Review*. PHE3PFP Internship Program. Melbourne: La Trobe University. <https://doi.org/10.26181/5fbdcae8ae8fd>

### POC Details:

**Dr. Lindsay B. Carey**, MAppSc, PhD., Senior Lecturer and Senior Research Fellow, Palliative Care Unit, Department of Public Health School of Psychology and Public Health, La Trobe University, Kingsbury Drive, Bundoora, Victoria, 3084; Phone: + 61 (03) 9479 8808 Email 1: [lindsay.carey@latrobe.edu.au](mailto:lindsay.carey@latrobe.edu.au)

### Acknowledgments:

Appreciation is acknowledged to Mr. Aidan Borthwick and Ms. Stephanie Gjorgioski, Department of Public Health, La Trobe University, Melbourne. Appreciation is also acknowledged to Ms. Rosanna Ripoli, Senior Learning Advisor, Borchardt Library, La Trobe University Melbourne, for her training and assistance

# Spiritual and Religious Rehabilitation with regard to Prostate Cancer

Annika M. Worner, Yasemin Nezif  
Lindsay B. Carey, Eutichia Drakopoulos

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<sup>1</sup>Department of Public Health, School of Psychology and Public Health,  
La Trobe University, Melbourne, Victoria, Australia

## ABSTRACT

**Aim / Purpose:** This review aims to explore the benefits and barriers of spiritual and religious rehabilitation regarding men with prostate cancer. Included is a discussion section exploring the impacts of rehabilitation post radical prostatectomy and how religious and spiritual rehabilitation plays a role in various aspects of a man's life. While this report may offer a base framework, further study is necessary to explore related issues and recommendations in more detail. **Method:** The Arksey and O'Malley methodological framework was used to produce the scoping review. The authors utilised online databases and hand-searched literature, these resources were subsequently screened for suitability. Thematic analysis was utilised to categorise the literature. All study types (both quantitative and qualitative) were included to identify gaps or priorities in the literature. **Results:** Six key themes were identified in the literature; (i) connectedness, (ii) meaning and purpose, (iii) identity, (iv) coping, (v) decision making and problem solving, and (vi) quality of life. **Conclusion:** The incorporation of spiritual and religious rehabilitation in prostate cancer can have various benefits for recovery after a prostatectomy. The studies discussed within this report have explored the effectiveness of beliefs, including alleviating men from depression and anxiety symptoms, rebuilding identity, giving a sense of meaning and purpose, coping mechanisms, decision making, problem solving, and a higher quality of life.

**Keywords:** Prostate Cancer, Spiritual, Religious, Rehabilitation, Prostatectomy

## INTRODUCTION

Prostate cancer is the most commonly diagnosed cancer among Australian men, with approximately 17,000 men newly diagnosed each year. Compared to the general population and other causes of death, 95% of men with prostate cancer will survive at least five years after diagnosis and 91% of men with prostate cancer will survive 10 years or more. Today there are around 220,000 Australian men alive after a diagnosis of prostate cancer (Schmitt, 2020).

Various literature studies observing the impact of spiritual and religious rehabilitation have been published with respect to prostate cancer. The experience of a prostate cancer diagnosis often leads men feeling distressed and even more so given the procedures following diagnosis (Ferrão, Bettinelli & Portella, 2017). For men, the deterioration of their physical integrity may also lead to issues their religious and spiritual beliefs. Problems that evolve from erectile dysfunction include loss of sexual activity and urinary problems, which tends to question their identity as a male and lead to a lower quality of life. Religion and spirituality can be relevant coping resources for many persons living with cancer, and approximately 90% of individuals dying of cancer utilise spirituality to cope with their condition (Bergman, 2010). Spirituality and religion have been speculated to increase the rehabilitation process after a radical prostatectomy.

There are numerous interpretations for the terms ‘spiritual’ and ‘religion’; the terms can be broad and lack clarity — indeed many individuals and organisations will have their own definition. Although researchers for many years have identified religiosity and spirituality as synonymous, the literature indicates a modernisation of these two ideologies. According to Puchalski et al. (2004, p.287), “Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred”.

Religious and spiritual practices have found to be significant for some people, helping them to cope with hardship and find peace within, even in the presence of an incurable illness (Puchalski, 2010). Religion is defined as formulated systems of beliefs and practices that are recognised in places of worship. It is a philosophy that has great confidence and faith in a higher power such as God (Jenkins & Pargament, 1995).

These two definitions (spirituality and religion) intertwine as both give meaning and purpose to an individual's life and are considered important elements to assist their experience of coping with prostate cancer. Both terms highlight connectedness to significant others, which can lead to higher levels of optimism, enhanced psychological well-being and reduce symptom distress. The following review will highlight key themes identified throughout various research papers to identify spiritual and/or religious rehabilitation strategies post radical prostatectomy. It will include the challenges, men and their partners face, various spiritual and religious dynamics, and strategies for coping.

## PURPOSE / AIMS

The overall purpose of this scoping review is to explore existing literature regarding prostate cancer, with respect to religious/spiritual beliefs and perspectives.

The precise aims

- (i) To understand the religious or spiritual factors influence and are relevant on spiritual beliefs
- (ii) To identify recurring themes found throughout the literature and understand the role of these themes have to play throughout a patient's prostate cancer experience.

## METHOD

The purpose of a scoping review is to examine the breadth of available literature and resources (if any) regarding a particular topic, to summarize research findings, and to identify gaps in the research. The scoping review process explained by Arksey and O'Malley (2005) entails five phases: (a) identifying the research question, (b) identifying relevant studies, (c) selecting studies, (d) charting the data and (e) collating, summarizing, and reporting the results. A complex search strategy was formed to identify studies, to meet the selection criteria. Using the search terms a PICO (Population, Intervention, Comparison and Outcome) strategy was formed from the research questions.

An inclusion and exclusion criteria were applied to locate the studies specific to the research questions. Electronic searches were conducted using six databases (i.e., MEDLINE, CINAHL (EBSCO), SCOPUS (Elsevier), ProQuest Central, Springer Data Base and Google Scholar). An initial search strategy was conducted which identified a limited number of resources. Therefore, a second search strategy expanding upon the initial search was conducted utilising additional terms with regard to the role of clergy (e.g., 'Priest\*', 'Minister of Religion'). Specified keywords and synonyms further extended the research to ensure a multi-faceted unbiased evidence base, that included all types of resources to broaden the research pool. Published literature that met the selection criteria was then identified. Whilst searching through the databases, the inclusion of the keywords; 'spiritual', 'religion' and 'prostate cancer' in the title of articles, books, etcetera, helped to determine the inclusion of literature. The abstracts of sources were explored, thus full-text versions of potentially relevant sources were further identified. Hand searches were conducted to discover additional relevant sources of information. The references obtained were collated using the program Mendeley (2020).

**(i) Identifying the research question**

The research question/s was/were developed using the PICO (Population, Intervention, Comparison, Outcome) technique (Fineout-Overholt & Johnston, 2005) (refer to Table 1). The key questions for this research report were:

- a) What existing literature is there regarding prostate cancer with respect to religious/spiritual beliefs and perspectives
- b) What religious or spiritual factors influence and are relevant on spiritual beliefs

**Table 1** PICO research question

| Population | Intervention/<br>Exposure                  | Intervention/ Exposure   | Comparison                                       | Outcome  |
|------------|--|--|--|--|
| Males      | Cancer<br>Prostate Cancer<br>Prostatectomy | Rehabilitation Religious care/<br>Pastoral care/ Spiritual care/<br>Clergy/ Chaplains/Priests/<br>Ministers/Pastors/Nuns/<br>Monks | Non-<br>religious/humanist/<br>atheist/ agnostic | Whether<br>spiritual/<br>pastoral care<br>or religious<br>care is<br>utilised. |

**(ii) Inclusion and exclusion criterion for study selection**

**Inclusion:** This scoping review will only include articles and resources based on males of all ages. Titles/abstracts or content had to include the terms prostate cancer, spiritual or religious rehabilitation. Inclusion of peer-reviewed articles and newspapers. Inclusion of English language.

**Exclusion:** This scoping review will not include information based on cancers in general. We excluded publication dates, sample size, study design, specific methods and types of publications. Geographical location was also excluded.

**(iii) Identifying relevant studies**

The PICO strategy (Fineout-Overholt & Johnston, 2005) was utilised to identify specific search elements, synonyms and key database search terms to identify relevant literature (refer Table 2). All available La Trobe University databases were used for this search namely: MEDLINE, CINAHL (EBSCO), SCOPUS (Elsevier), ProQuest Central, Springer and Google Scholar.

**Table 2** *PICO element, related synonyms and database search terms*

| <b>PICO Element</b>  | <b>Synonyms</b>   | <b>Database Search Terms</b>   |
|--|---|--|
| <b>Prostate Cancer</b>   | <ul style="list-style-type: none"> <li>- Cancer</li> <li>- Prostate Cancer</li> <li>- Prostatectomy</li> </ul>  | “Prostate Cancer” OR<br>“Prostatectomy” OR<br>“Post-radical prostatectomy”   |
| <b>Spiritual care/</b><br><b>Pastoral care/</b><br><b>Religious care/</b><br><b>Clergy/chaplains</b> | <ul style="list-style-type: none"> <li>- Pastoral care</li> <li>- Spiritual care</li> <li>- Spirituality</li> <li>- Chaplain</li> <li>- Priest</li> <li>- Minister of Religion</li> <li>- Chaplaincy</li> <li>- Ethics</li> <li>- Morality</li> <li>- Beliefs</li> <li>- Faith</li> <li>- Sacred</li> <li>- Practice</li> <li>- Dying</li> <li>- Death</li> <li>- Bereavement</li> <li>- Grief</li> <li>- Mourning</li> <li>- Holistic</li> </ul> | Pastor*<br>OR<br>Spiritual*<br>OR<br>Clerg*<br>OR<br>Priest*<br>OR<br>“Minster of Religion”<br>OR<br>Religio*<br>OR<br>Chaplain*<br>OR<br>Holistic |
| <b>Rehabilitation</b>  | <ul style="list-style-type: none"> <li>- Rehabilitate</li> <li>- Rehabilitation</li> <li>- Pastoral Care</li> <li>- Spiritual Care</li> <li>- Religious Care</li> <li>- Religiosity</li> <li>- Therapy</li> <li>- Therapist</li> <li>- Recovering</li> <li>- Recovery time</li> <li>- Intervention</li> <li>- Survive</li> </ul>  | Rehab*<br>OR<br>Treatment*<br>OR<br>Therap*<br>OR<br>Recover*<br>OR<br>Intervention<br>OR<br>Surviv*   |

#### *(iv) Charting the data*

All identified articles were then screened for duplicates and relevancy (refer [Appendix A](#)). Details and abstracts of final articles deemed valid for thematic analysis are combined at [Appendix B](#). Relevant themes based on the findings of each article were determined by agreement between authors. Each theme is identified and numerically coded in [Appendix B](#) and described within the results section.



## RESULTS

### *(i) Collating, summarising, and reporting the results*

#### **Key themes**

Six main themes were identified within the literature: (1) connectedness, (2) meaning and purpose, (3) identity, (4) coping, (5) decision making and problem solving, (6) quality of life (refer Figure 1). Table 3 lists the research authors and the associated themes within their work. The abstract summaries for each article are found in [Appendix B](#).

**Figure 1.** Key Themes: Prostatectomy, Religion and Spirituality



**Table 3***Themes identified within the literature*

| <b>Author/s (Year)</b>                | <b>1</b>  | <b>2</b>  | <b>3</b> | <b>4</b>  | <b>5</b> | <b>6</b> |
|---------------------------------------|-----------|-----------|----------|-----------|----------|----------|
| Bowie et al. (2004)                   |           |           |          | ✓         |          |          |
| Bowie et al. (2003)                   | ✓         |           |          |           |          |          |
| Christman et al. (2014)               |           | ✓         |          |           |          |          |
| Ferrão, Bettinelli & Portella, 2017)  | ✓         |           | ✓        |           |          |          |
| Gall (2004)                           | ✓         |           |          | ✓         | ✓        |          |
| Hamilton et al. (2007)                | ✓         | ✓         |          | ✓         |          |          |
| Koenig (1994)                         |           | ✓         | ✓        | ✓         |          |          |
| Krupski et al. (2006)                 |           |           |          | ✓         |          | ✓        |
| Lepherd (2014)                        | ✓         | ✓         |          | ✓         |          |          |
| Maliski (2012)                        |           | ✓         |          |           |          | ✓        |
| Mollica et al. (2017)                 | ✓         |           |          | ✓         | ✓        |          |
| Mollica et al. (2016)                 |           | ✓         |          | ✓         | ✓        |          |
| Nelson et al. (2009)                  |           | ✓         |          | ✓         |          |          |
| O'Shaughnessy, Laws & Esterman (2015) | ✓         |           | ✓        | ✓         |          |          |
| Rivas et al. (2016)                   |           | ✓         | ✓        |           |          |          |
| Saunders et al. (2013)                | ✓         |           | ✓        |           |          |          |
| Walker et al. (2017)                  |           | ✓         |          | ✓         |          | ✓        |
| Walton & Sullivan (2004)              | ✓         |           |          | ✓         |          |          |
| White et al. (2008)                   |           | ✓         |          |           |          |          |
| White & Verhoef (2006)                | ✓         |           |          |           |          |          |
| Yoshimoto et al. (2006)               |           |           |          | ✓         | ✓        |          |
| Zavala et al. (2009)                  |           | ✓         |          |           |          | ✓        |
| <b>Total:</b>                         | <b>10</b> | <b>11</b> | <b>5</b> | <b>13</b> | <b>4</b> | <b>4</b> |

**Note:** Themes are: (1) Connectedness, (2) Meaning and Purpose, (3) Identity, (4) Coping, (5) Decision Making and Problem Solving, (6) Quality of Life Abstracts for each article are provided in Appendix 2.

## *Summary of Themes*

### **Theme 1 Connectedness**

Connectedness involves a relationship between people or a higher power, or anything else that comforts, sustains and guides an individual throughout their life (Spaniol, 2002). The rehabilitation processes of prostate cancer are often distressing and traumatic. These experiences can contribute to feelings of disconnectedness from an individual's loved ones, significant others, from colleagues in working environments, and from participating in multiple learning and living activities. For many, taking ownership of the spiritual self and forming a connection to that which is meaningful for them, can be a healing process (Goodwin, 2008).

#### *Sub Theme 1.1 - Connectedness to inner spirituality or a belief system.*

Authors O'Shaughnessy, Laws and Esterman (2015) found that cancer can form a disconnection between the body, mind and spirit. They noted that forming a connectedness to inner spirituality or a belief system, assists an individual to reconnect with their self. In a study by Bowie et al. (2003), when participants were asked, "How much does your recovery from prostate cancer depend on your spirituality or relationship with God or a higher power?", approximately 64% of respondents communicated to their physician about the importance of their religious and spiritual beliefs. This research confirmed that men connect with faith/God through religious activities such as participation in church/attending mass, having faith in God, and praying for guidance. These acts give men hope and strengthen their resilience throughout their cancer experience (Gall, 2004).

One participant stated that he, "Ask God for tranquillity to fulfil that plan [which God] has made", as the participant frequently turned to God when under great stress (Ferrão, Bettinelli, & Portella, 2017). To experience connectedness to a higher being, men did not, however, necessarily experience spirituality through religiously attending church (Lepherd, 2014; Hamilton *et al.* 2007). Prostate cancer survivors spoke about receiving a connection from a higher power through reading the bible, other religious texts or through DVDs about spirituality. Hamilton *et al.*'s (2007) study noted that most men had mentioned a higher power which had kept their cancer from spreading and led to people providing additional help, which lessened their burden and their worries. The research indicated that men feeling supported by

a higher power may lead to their increased confidence and coping behaviour, which was related to improved emotional and social functioning. Several researchers affirmed that men who believed their prostate cancer was part of a plan from a higher power, may engage in more positive mindset and acceptance of suffering or uncertainty throughout their diagnosis and treatment of prostate cancer (Mollica *et al.* 2017; Walton, & Sullivan, 2004; Hamilton *et al.* 2007).

### ***Sub Theme 1.2 – Connectedness with a partner or significant others***

Some men have a spiritual connection with their partner and significant others. When such spiritual connections are tied with love and support, these can have a positive influence on the lives of men with prostate cancer. In Saunders *et al.* (2013) study, wives were encouraged to be involved in rehabilitation interventions. Their findings indicated that women are often viewed as the caretaker of health care in the family, therefore they hold an essential role throughout their partners' treatment processes. Ferrão, Bettinelli and Portella's (2017) research supports this, as it highlights the importance of a partner's knowledge about the prostate treatment and the importance of the partner understanding about sex life changes that will occur. Hence, the partner can provide emotional and tangible support, as well as assist with decision making. The inability to connect with a partner or the absence of one can have negative effects on recovery for some men. One man explained his lost connection with his wife after her death. He stated he had to "make all decisions on [his] own and this made things much more difficult" for him (Lepherd, 2014). Results from these studies confirm that men with prostate cancer value the support they receive from partners. Men face many emotional hurdles through their prostate cancer experience. In O'Shaughnessy, Law and Esterman's (2015) study, men stated they examined their personal understanding of spirituality as they redefined and reflected on their love with their significant others throughout the challenges faced as a result of prostate cancer.

In studies by Walton and Sullivan (2004) and Saunders *et al.* (2013), other members in the patient's life were also encouraged to be included throughout recovery. Support from friends and family was received through prayers, encouragements, gifts, phone calls and various other acts of love. A participant in Walton and Sullivan's (2004) study mentioned his ability to receive love and support from others was an "incredibly spiritual" experience. Such means of support had an important role in his spiritual life. Hence, the participants' feelings of fear and anxiety were decreased and increased the participants sense of being cared and loved.

### ***Sub Theme 1.3 - Other forms of spiritual connectedness***

An individual can have a spiritual connection to anything that comforts and guides an individual throughout their life. As spirituality is not limited to religiosity, many men have other forms of spiritual connections. In Walton and Sullivan's (2004) study the participants had formed a spiritual connection with their hobbies such as fishing, gardening, golfing, auto-works, woodworking, and photography. Other participants felt support and a connection from their dead relatives through dreams. In another example, one participant described his relationship with his deceased wife as 'sacred', as he explained, she came and comforted him in his dreams through his prostate cancer experience. A participant in White and Verhoef's (2006) study declined surgery after reading about his treatment options, instead, he used spiritual imagery and participated in aboriginal healing ceremonies and energy therapies. When it comes to participants' spirituality, each participant's spiritual connections, whether they be religious or spiritual beliefs, connections with partners or significant others, physical activities, dreams and imagery, can be varied and give men reassurance and hope in times of crisis.

## **Theme 2 Meaning and Purpose**

The theme *Meaning and Purpose* refers to the way men use their spiritual and religious beliefs to make sense of their condition. These elements of meaning and purpose are considered to affect human functioning and existence (Krok, 2014). Men who go through the hardship of a prostatectomy, have indicated that meaning and purpose are relevant factors that support them during and after the recovery process. Meaning and purpose was a frequent theme in nine of the studies and had various sub-themes including, *inner peace* and *gratitude*. These were identified to further establish how religion and spirituality gives a man purpose after diagnosis.

### ***Sub Theme 2.1 – Inner Peace***

Some individual studies show significantly higher levels of strength and hope among men which allowed them to endure their hardship. A sense of peace was recognised throughout the literature as the determining factor that allowed men to come to terms with their condition. Meaning and peace was the mediator between religion and depression (Nelson *et al.*, 2009; Zavala *et al.*, 2009). The studies display the power of spirituality and how it can provide a framework for an individual to develop a deeper understanding of themselves after dealing with

a traumatic event. Christman *et al.* (2014), further supports this theory as the research establishes how intrinsic religiousness might also help individuals find meaning and strength in negative events and cause them to view it as less threatening. Whilst religion is shown to be a contributing factor to a male's recovery from diagnosis, a patients' sense of existential meaning/peace before conducting radiotherapy was associated with improved general well-being in across multiple domains (Walker *et al.* 2017).

### ***Sub Theme 2.2 — Gratitude***

Within the sub-theme *gratitude*, some studies have shown a change in mindset towards prostate cancer. Men became more self-aware of their mortality which allowed them to assess their values and to become proactive in managing their own health. Having gratitude gave men the 'gift of life' by creating meaning out of their illness, deepening their insights and purpose for the future (Maliski *et al.* 2012; White *et al.*, 2008; Mollica *et al.*, 2016). Koenig (1994) shared his own experience as a pastor with prostate cancer. Engaging his own personal pastor, Koenig upheld his religious beliefs after a prostatectomy. He stated the condition made him a better person and feels 'cured' in the sense that he has escaped an early death. Men also believe they were able to survive because in the future they would repay God through their service to others (Hamilton, 2007; Rivas *et al.* 2016). For example, men manifested their purpose and meaning through helping other men with advanced prostate cancer, one man stated, "*If I can help, and people can relate to something I've said, and they get cured, well, the world's set on fire; cancer might just be a word*" (Lepherd, 2014).

## **Theme 3 Identity**

Erectile dysfunction and urinary incontinence are key effects that can occur as a result of radical prostate surgery. For men, this can have personal negative effects on their masculinity and sexuality, which leads them to question their identity. Spiritual and religious beliefs can contribute to a male's perception of himself. Sometimes faith can help them to outweigh the effects of treatment to restore or deconstruct one's own identity.

Having a prostatectomy can lead to substantial urinary problems, and as a result, men feel the need to utilise protectors and incontinent undergarments. Men feel a loss of dignity accompanied by feelings of guilt and shame as they are unable to control their urinary functions. This lack of control causes a sense of loss as men face the realisation that their body is no longer as capable as it was before, leading them to question their identity and competence

as a male (Ferrão, Bettinelli & Portella, 2017). In terms of faith and identity, Saunders, et al. (2013), described that faith can be a negative factor with regard to identity. Some men do not want to be screened for prostate cancer due to their faith, as they are fearful that following diagnosis and a radical prostatectomy that they will suffer erectile dysfunction, which deconstructs their masculine identity. Alternatively, Koenig (1994), describes his experience of prostate cancer when seeking assistance from his own pastor which enabled Koenig to develop feelings of peace; he felt whole again and able to connect and identify himself as a human being.

Unable to maintain an erection and perform sexual acts can lead men to use alternative methods to satisfy their sexual identity (noted again later). Having a prostatectomy negatively impacts a man's sexuality and body image; various studies have further supported this theory. Men face issues being diagnosed with prostate cancer as it can cause stigma due to its association with erectile dysfunction and incontinence. Unable to become erect, men struggle to identify themselves as being masculine, because sexual achievement helps to validate their identity (Rivas et al, 2016).

Contrastingly, O'Shaughnessy, Laws and Esterman (2015), identified that while men face many challenges with self-esteem, relationships, sexuality and masculinity, that once men reconnect with their faith/spirituality they increase their ability to overcome these challenges. Having a prostatectomy unquestionably caused emotional and physical barriers for men and their partners, but given their faith/spirituality, some survivors were able to adapt and change their behaviour. Undertaking other sexual activities (e.g., masturbation/massage) were beneficial to holding their masculinity within a relationship. One male described his experience, "I found that ... by having a bath together we can caress together, naked in the bath if you like we can make some games, that is what keeps us going".

#### **Theme 4 Coping**

The literature notes that many men diagnosed with prostate cancer use spiritual and religious beliefs as a form of coping. Religious/spiritual coping may give men emotional support, meaning/purpose and provides a sense of hope. It can relieve men of symptom distress such as anxiety and depression to provide greater wellbeing. Various studies have shown that religious and spiritual beliefs are relevant factors that help a man cope at diagnosis and after a prostatectomy. There were four sub-themes identified within coping, namely: anxiety/distress, hope, support, and acceptance.

### ***Sub Theme 4.1 – Anxiety/Distress***

Many men experience feelings of anxiety, depression and distress when diagnosed with prostate cancer. Religious and spiritual beliefs are used as coping mechanisms in to relieve men of symptom distress caused by diagnosis. A study undertaken by Krupski et al. (2016), revealed that 45.1% of men had a radical prostatectomy and experienced greater well-being when engaging in spiritual practices; they experienced lower levels of anxiety, higher levels of emotional well-being and lower symptom distress. Men were able to confide in God and reduce anxieties they were experiencing; one man stated: “I’m in the Lord’s hands . . . so by taking any anxiety and worries I have to him in prayer, He’s promised to give me that comfort and assurance that everything’s OK. Even if the outcome is not going to be good, it’s still going to be OK” (Walton and Sullivan, 2004).

Additionally, there were strong associations between a male’s spirituality (inner meaning/ peace) which alleviated them from depression and anxiety which they were experiencing regarding coping with decisions and symptom distress and viewing prostate cancer in a positive light (Mollica et al., 2017; Walker et al., 2017; Gall, 2004; Mollica et al., 2016; Nelson et al. 2009). There was some evidence of religious coping becoming a negative influence in the recovery process as men felt angry at God, nevertheless they used religion as a way to block out the stress of living with prostate cancer. Other researchers identified however, that faith did not essentially contribute to lower levels of anxiety and depression (Walker et al., 2017; Gall, 2004; Nelson et al., 2009).

### ***Sub Theme 4.2 – Hope***

Through spirituality, some men were able to gain inner peace and comfort during their journey of prostate cancer, which allowed them to cope and manage their everyday difficulties. These men were determined to overcome the cancer and often saw spirituality as a source of hope. This optimism helped with their suffering, creating a connection within themselves leading to self-fulfilment or self-actualization to continue their journey (Lepherd, 2014). To further acknowledge hope as a form of coping, Walton and Sullivan’s (2004) study identifies how men following a prostatectomy utilised prayer to give them hope and strength to cope with prostate cancer. Spirituality allowed some men to cope with all stages of prostate cancer; diagnosis, deciding treatment and pursuing everyday living. Some men established hope through their faith to overcome their fears of a prostatectomy: “I think my faith has helped. I said prayers



before my operation to help make the right decision. I prayed the rosary every night during lent. Spirituality really helped” (O’Shaughnessy, Laws and Esterman, 2015). A study amongst African American men demonstrated that some men had no anxieties or worries due to their personal relationship with God which allowed them to cope, “don’t know why I was never really worried. I believe God took away my worries” (Hamilton et al., 2007).

### ***Sub Theme 4.3– Support***

Spiritual beliefs were also noted within the literature to bring partners together through the coping process. Spirituality in couples assisted men through their hardships of prostate cancer and many men believed if their partner was not alongside them, recovery would not be possible. The support of their wives allows men to have a sense of hope, love and compassion and helps in coping with the side effects after a prostatectomy (O’Shaughnessy, Laws & Esterman, 2015). One man discussed how his wife’s presence was an important part of his spiritual journey, “You’ve got to have a woman there, you got to have somebody to love you, and . . . my wife has been very supportive. Marriage is not all about sex” (Bowie et al., 2004). One study established the differences in coping with prostate cancer when either one person or both participants in the relationship engaged in a religious coping strategy (e.g., meditation/ prayer). Results showed that wives who utilised religious coping with their husbands had improved their levels of problem solving and higher levels of coping (Yoshimoto et al., 2006).

Being unable to connect with someone, or not having a significant other may harm a male’s coping abilities. Similar to a case noted earlier, one man became a widower and struggled with the absence of his wife stating, “...had to make all decisions on my own and this made things much more difficult” (Lepherd, 2014). Additionally, men who are not involved in a committed relationship have displayed higher levels of symptom distress ( $p=0.03$ ) after controlling for spirituality (Krupski et al., 2016). Whilst many men received support from their partners, others were able to receive support directly from God. One male talked about God’s support during a prostatectomy operation and he was able to feel secure, “When I went into the operating room, I didn’t have any fear because I know God was with me. And I felt that one prayer was all I needed because I knew the answer coming out” (Hamilton et al., 2007). Koenig (1994), further supports this as he further reached out to God who stopped feelings of isolation in order to cope with the procedure.

### ***Sub Theme 4.4 – Acceptance***

Lastly, spirituality assisted in the acceptance of the condition which allowed men to psychologically cope. One male who had a short amount of life left stated, “My spirituality helps me a lot. I’m not scared of dying; . . . I’m ready to die at any time; that doesn’t worry me”. There is a large amount of evidence that suggests that spirituality and religion allow for alleviation in symptom distress, hope, support, and acceptance, which are all relevant factors in coping with prostate cancer (Lepherd, 2014).

## **Theme 5 Decision Making and Problem Solving**

Deciding on the treatment options involved in one’s prostate cancer experience can be a time filled with uncertainty and stress. According to Gall (2004), spirituality and faith can assist men with the shock and fear they experience when diagnosed with prostate cancer. It is important to note however, that minimal research has been conducted on spirituality and its ability to assist or improve a patient’s decision-making experiences from the time of prostate cancer diagnosis.

Spiritual beliefs may decrease decisional conflict/regret as these beliefs may assist men to understand and clarify their values when deciding on treatment options (Mollica et al., 2017). Yoshimoto et al’s (2006) study further adds to this by noting that a shared emphasis on spirituality and religiosity between a couple can lower depression, anxiety, confusion, and fatigue, which would otherwise limit a patient’s ability to process new information related to their cancer or the patient may even avoid making decisions overall. Hence, the reduction of emotionally and physically distressing elements may help to decrease decisional conflict. This reduction, of emotionally and physically distressing elements, may increase the patient’s ability to carefully problem solve and make informed decisions.

Secondly, religious, and spiritual beliefs may enable patients to reframe their treatment decision making as a challenge, rather than a threat. This may be beneficial to an individual’s self-efficacy, as it can allow a person to better process information and may improve decision making behaviours (Mollica et al., 2017). Furthermore, being supported by a higher power may increase decision making and problem solving confidence. Mollica et al’s (2016) study indicated that men feeling supported by a higher power may be helpful when making high-risk

decisions. Some people believe a higher power will get them through their treatment, therefore some patients may choose harsher treatment options.

## **Theme 6 Quality of Life**

To understand a prostate cancer patient's health-related quality of life (HRQOL), clinicians have turned to the patients' perceptions of their own mental, physical, and social wellbeing. Recent studies have revealed that patients with prostate cancer, have significant impairments in their HRQOL which foresees their mortality and morbidity. Hence, spirituality has shown to have positive effects on a prostate cancer patients HRQOL.

Krupski et al. (2006) found that spirituality can positively influence HRQOL in prostate cancer participants. On the other hand, low spirituality amongst men was shown to negatively affect men's mental and physical health and their sexual function. Therefore, men with spiritual beliefs experienced greater wellbeing, post-diagnosis. Additionally, Walker et al's (2017) study adds weight to this, as religiosity has shown to be positively associated with increased mental and physical well-being within the studies. Furthermore, Zavala et al's (2009) research found a positive association between spirituality, meaning/ peace and HRQOL in prostate cancer participants. Gaining a deeper meaning and sense of peace within the cancer experience is closely related to greater HRQOL and psychosocial function. However, Zavala's study noted, increased faith scores, without high meaning/peace, were not positively linked to an improved HRQOL. Nevertheless, a later study by Maliski (2012), highlights the importance of faith/spirituality in clinical practise, as taking a patient's spiritual beliefs and incorporating them into the treatment process may be beneficial to the patients HRQOL.

## **DISCUSSION**

The overall aim of this scoping review was to identify the extent of research which explored spiritual and religious rehabilitation in men with prostate cancer. There were 22 articles found which addressed the topic, although many had different views and interpretations of spirituality, which was also measured variously. For many men, taking ownership of the spiritual self and forming a connection to that which was meaningful for them, can be a healing process.

Most studies indicated that men formed a connectedness to their inner spirituality or a belief system and deeper connections were formed with a partner or significant other/partner.

Findings from the literature suggest that spirituality and religion gave men meaning and purpose, which allowed them to endure the hardship of a prostatectomy. As part of ‘meaning and purpose’, men found inner peace and gratitude as they came to terms with their condition. They were able to develop a deeper understanding of themselves and achieve greater levels of well-being. Gratitude enabled men to see their new life as a gift, in which they could serve others; they could also serve God and help other men diagnosed with prostate cancer.

Identity was highlighted as one of the greatest challenges for men post radical prostatectomy, as many felt they had lost their masculinity and sexual identity due to urinary problems and erectile dysfunction. Although there were positive associations between religion and rehabilitation, faith sometimes became a negative factor in some studies for the screening of prostate cancer, whereas spirituality had a stronger connection with finding inner peace and coping with the condition.

Coping was another major theme identified throughout the review, which suggests that spirituality and/or religion are key factors to men's longer-term survival and endurance after a prostatectomy. Various sub-themes were found within coping, which provided evidence to why men can endure the reduction in quality of life. Religious and spiritual beliefs were able to contribute to lower levels of anxiety and depression in men following diagnoses; although it needs to be noted that *spirituality* was associated with higher levels of well-being compared to *religion*, as some men became angry at God. Additionally, in some studies, religious ‘faith’ had no correlation or contribution to lowering levels of anxiety and depression. Yet, ‘hope’ was established through spirituality and religion as men became more optimistic about their journey and creating a stronger connection with their surrounding environment and God.

Having a partner during recovery was noticeably beneficial for men as it gave them support and compassion that others were not able to offer. Wives who were spiritual alongside their husbands were shown to have a much greater quality of life compared to couples who only had one spiritual person in their relationship. Partners who were able to find alternatives to sexual intercourse felt some intimacy within their relationship to cope with the erectile dysfunction. These elements allowed men to accept their condition utilising spirituality and religion as a coping mechanism.

Deciding on the treatment options and problem solving whilst having cancer is a highly stressful experience. The feeling of being supported by a higher power was shown to be helpful when making high-risk decisions and it also assisted men to ease the feelings of fear and shock throughout their experience. The literature found that spirituality can positively influence

HRQOL in prostate cancer participants. On the other hand, low spirituality amongst the men was shown to negatively affect men's mental and physical health.

### **Strengths and Limitations:**

The research was consistent displaying relatively similar themes across all studies, which strongly highlights the benefits of incorporating spiritual and religious strategies for men diagnosed with prostate cancer. There were however varied sample sizes throughout the studies, some as small as nine participants were included, which could be considered insufficient evidence. These studies also needed to include a more diverse population in order to see the effects of religion and spirituality across different ethnic groups.

## **CONCLUSIONS AND RECOMMENDATIONS**

The literature suggests that the incorporation of spiritual and religious rehabilitation in prostate cancer had various benefits for recovery after a prostatectomy. The studies discussed within this report have explored the effectiveness of these beliefs, including alleviating men from depression and anxiety symptoms, rebuilding identity, giving a sense of meaning and purpose, coping mechanisms, decision making and problem solving, and a higher quality of life.

Overall, there is minimal literature regarding spiritual and religious rehabilitation post-radical prostatectomy, although findings suggest that spirituality is more beneficial to men compared to traditional religion. The major challenges men face with their partners is lack of intimacy due to erectile dysfunction which causes a barrier within a relationship that may ultimately lead to separation. The literature proposed however, that men and their partners who engaged in religious coping had a better outcome than couples who did not. There was also evidence that significant partners were an important part of a male's journey after prostatectomy. In order to assist men to cope with a radical prostatectomy, spiritual and religious strategies such as meditation, prayers and prostate cancer support groups held in places of worship (e.g., churches), could be included to break the stigma surrounding prostate cancer. The research also suggests that engaging partners in spiritual practices as a couple would be beneficial for the recovery from a prostatectomy.

Further research should be conducted to explore the benefits of incorporating religion and spirituality into clinical practice. According to the literature studied in this review, spiritual and religious beliefs are personal aspects of an individual's life and these beliefs can be beneficial to the patients social, physical, emotional, and mental wellbeing. In clinical practice,

health professionals should consider a patient's individual beliefs, values and behaviours, as these elements can assist a health professional to better understand a patient holistically, and hence encourage patients to accept their illness. Religion and spirituality are fundamental aspects to many patient's self-understanding of their illness. Therefore, patients may want to talk to their health professionals about such matters, throughout their clinical care. A health professional supporting a patient's spiritual/ religious values may enable a patient to better include their beliefs into their rehabilitation experience. The results of this review encourage greater research to be undertaken in the future, which will hopefully be applicable for other cancer conditions.

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## ACKNOWLEDGEMENTS

Appreciation is acknowledged to Mr. Aidan Borthwick and Ms. Stephanie Gjorgioski, Department of Public Health, La Trobe University, Melbourne. Appreciation is also acknowledged to Ms. Rosanna Ripoli, Senior Learning Advisor, Borchardt Library, La Trobe University Melbourne, for her training and assistance.

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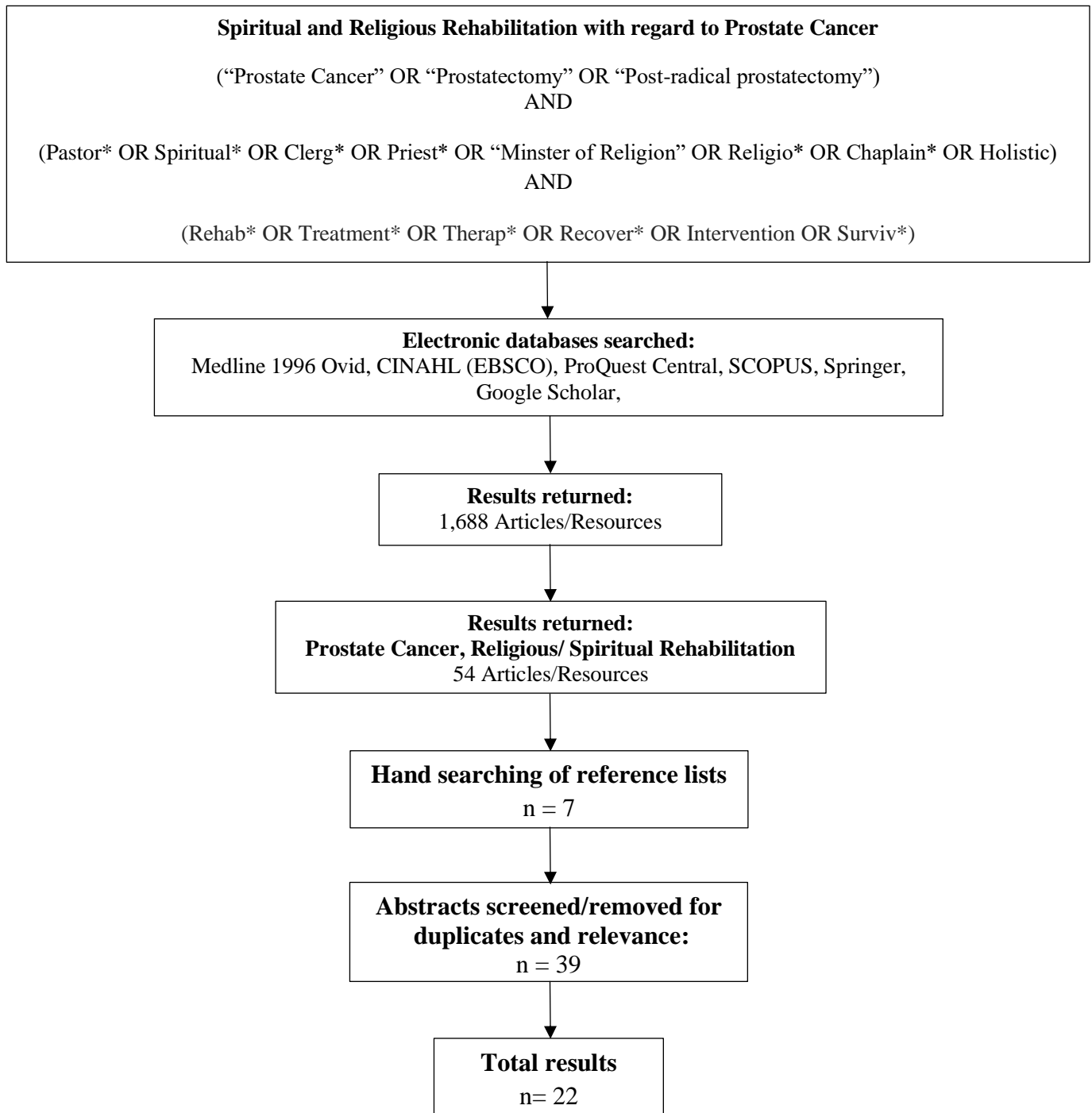
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## APPENDIX A

### Search Strategy



### APPENDIX B

#### Literature and Thematic Coding

| Article | Author/s (Year), Title  | Summary  | Thematic coding |
|---------|---|--|-----------------|
| 1       | Bowie, J.V., Sydnor, K. D., Granot, M., & Pargament, K. I. (2004)<br><br>Spirituality and coping among survivors of prostate cancer                                     | This pilot study explored the influence of religion and spirituality on coping among survivors of prostate cancer. Thirty-eight men (14 African Americans and 24 Caucasians) completed a self-administered survey; 29 of the men participated in five locus group sessions. Four major themes emerged from these sessions: (1) the beneficial effect of faith or religious belief on coping with the disease, (2) the multiple functions of church social and spiritual support and educational forum. (3) the durability of faith in God. and (4) the distinction between religion and spirituality (institutional versus personal). Consistent with the group sessions, the survey data indicated that a majority of participants reported a high degree of religiosity, measured by denominational affiliation and attendance at places of worship. The data also showed that having prostate cancer influenced greater religious attendance, with the change attributed to a desire to gain spiritual support. Racial comparisons showed that the African American men had higher levels of religiosity than the Caucasian men did, as measured by church attendance, quality of spiritual life, and importance of God in the recovery process. (p.41).                          | 4               |
| 2       | Bowie, J.V., Sydnor, K. D., & Granot, M. (2003)<br><br>Spirituality and care of prostate cancer patients: A pilot study   | Purpose: To explore the integration of spirituality into medical care for African American men coping with prostate cancer. Procedures: A total of 14 African American prostate cancer patients completed a self-administered quantitative survey examining the dimension of spirituality as a resource for coping. Findings: A high proportion of survivors reported a general religious orientation as expressed through church affiliation and frequent church attendance. A majority (67%) had spoken with their doctors about their spiritual and religious beliefs and more than half the physicians had solicited their patients' spiritual beliefs as part of their handling of prostate cancer. While one-third of the men reported their doctors had been in contact with their clergy, two-thirds would like their doctor and clergy to be in contact with one another. Conclusions: This is a pilot study that incorporated both qualitative and quantitative data collection but with the small sample, has limited generalizability. However, this work does suggest that integrating spirituality and religion into medical care may be beneficial to prostate cancer patients. Physicians and physician organizations should engage in future research in this area. | 1               |
| 3       | Christman, L. K., Abernethy, A. D., Gorsuch, R. L., Brown, A. (2014)<br>Intrinsic Religiousness as a Mediator Between Fatalism and Cancer-Specific Fear: Clarifying the | Understanding factors that influence screening receptivity may enhance African American men's receptivity to prostate cancer screening. Men of African descent (N = 481) between the ages of 40 and 70 were recruited. The hypotheses that Fatalism would be related to Intrinsic Religiousness and Fear, Intrinsic Religiousness would act as a mediator between Fatalism and Fear, and Fatalism as well as Prostate Cancer-Specific Fear would be negatively related to past Prostate-Specific Antigen Testing and Screening Intent were supported. This meditational finding suggests that when religious beliefs are a motivating force, the fear-inducing effects of fatalism are reduced.  | 2               |

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|   | Role of Fear in Prostate Cancer Screening  |   |         |
| 4 | Ferrão, L., Bettinelli, L.A., & Portella, M. R. (2017).<br><br>Men ' s Experiences With Prostate Cancer  | Objective: to describe the experiences of men in cancer treatment for prostate cancer. Method: qualitative, exploratory descriptive study, developed with 30 men with prostate cancer in cancer treatment in a large hospital. The production of data was performed through a semi-structured interview. For the organization and data analysis, the technique of Content Analysis in the Thematic Analysis modality was used. Results: data analysis allowed the identification of three categories: "The news of the diagnosis and the confrontation", "The sexuality compromised in the therapeutic path", << Urinary incontinence in the daily life of the men >>. Conclusion: the diagnosis and the treatment of prostate cancer causes significant changes in the life of the patients. It was found that wife support and spirituality are positive strategies for coping with the disease. Descriptors: Oncology, Men's Health, Care; Prostatic Neoplasia; Sexuality. | 1, 3    |
| 5 | Gall, T. L (2004)<br><br>The role of religious coping in adjustment to prostate cancer   | This study explored the role of religious coping in men's long-term adjustment to prostate cancer. Thirty-four men with prostate cancer completed questionnaires on demographic and illness factors, religious and general coping, and physical, social, and emotional functioning. Results showed that religious coping was related to poorer role, social, and emotional functioning for these cancer survivors. In contrast, religious coping was related to positive aspects of cognitive appraisal and to both active and avoidance forms of general coping. Notably, religious coping may be used to help cancer survivors "block out" their everyday experience of the prostate cancer and its related complications. Such results suggest that religious coping functions in a complex manner within the context of long-term prostate cancer survival.   | 1, 4, 5 |
| 6 | Hamilton, J. B., Powe, B. D., Pollard, A. B., Lee, K. J., Felton, A. M. (2007)<br><br>Spirituality among African American Cancer survivors: Having a personal relationship with God. | African American breast and prostate cancer survivors describe their personal relationship with God as very real, close, and intimate. During their cancer trajectory, God was there with them, healing, protecting, and in control of their lives. Participants believed that God provided types of support not available from family members or friends. In return, these participants dedicated their lives to God through service in their churches or through helping others. Findings can help healthcare professionals and others in clinical practice to understand the reliance that many African American cancer survivors have on their spirituality. These findings also suggest that many African Americans perceive their survival from cancer as a gift from God. Therefore, for them, finding a way to give back is an important component of their spirituality.   | 1, 2, 4 |

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|----|---|---|---------|
| 7  | Koenig, R. E. (1994)<br><br>Commentary. The pastor as patient.  | During his hospitalization for treatment of prostate cancer, this pastor-author found that the ill are often not put off by the shortcomings of those who would provide spiritual care. They are able to see beyond any shortcomings of their minister to the life and power of the liturgy itself and the pastor's "loving intentions."  | 2, 3, 4 |
| 8  | Krupski, T., Kwan, L., Fink, A., Sonn, G., Maliski, S., & Litwin, M. (2006)<br><br>Spirituality influences health related quality of life in men with prostate cancer | Spirituality is interdependent with the biological, psychological, and interpersonal aspects of life. Although spirituality has been studied in breast cancer survivors, little work has been done in men with prostate cancer. We sought to determine whether lower spirituality in men with early stage prostate cancer is associated with worse general health-related quality of life (HRQOL), disease-specific HRQOL, or psychosocial health. Two hundred and twenty-two subjects were drawn from a state-funded program providing free prostate cancer treatment to indigent men. Validated instruments captured spirituality, general and disease specific HRQOL, anxiety, symptom distress, and emotional well-being. We found a consistent relationship between spirituality and the outcomes assessed. Low spirituality was associated with significantly worse physical and mental health, sexual function, and more urinary bother after controlling for covariates. All of the psychosocial variables studied reflected worse adjustment in the men with low spirituality. Because the likelihood of prostate cancer survivorship is high, interventions targeting spirituality could impact the physical and psychosocial health of many men.   | 4, 6    |
| 9  | Lepherd, L. (2014)<br><br>Spirituality in Men With Advanced Prostate Cancer: "It's a Holistic Thing. It's a Package"  | Spirituality is often regarded as being helpful during an unwell person's journey, but definitions of the concept can be confusing, and its use synonymously with religion can be misleading. This research sought to answer the question, "What is the nature of spirituality in men with advanced prostate cancer," and to discover the role spirituality may have in these men as they face the challenges of living with their disease. A qualitative approach and narrative method were used to explore the spirituality of nine men with advanced prostate cancer who volunteered to participate and to tell the story of their cancer journey with particular focus on their spirituality. The study found that spirituality for these men, who were all Caucasians, was a "holistic thing" that involved physical, psychosocial, and spiritual matters that enabled them to transcend the everyday difficulties of their journey. Through their spirituality they obtained greater comfort and peace of mind during what was for many of them a very traumatic time. The central theme in the men's stories was that of connectedness-to themselves, to their partners, sometimes to a higher being, to other people such as their family and friends, and to other aspects of their lives. | 1, 2, 4 |
| 10 | Maliski, S. L., Husain, M., Connor, S. E., & Litwin, M. S. (2012)<br><br>Alliance of Support for Low-Income Latino Men with Prostate Cancer: God, Doctor, and Self    | Utilizing qualitative methods, this study describes the perceptions of and reliance on spirituality among indigent Latino men with prostate cancer. Sixty men were interviewed in Spanish. Transcripts were transcribed verbatim, translated, and analysed using grounded theory techniques. Common across all men was a process involving the formation of an alliance of support that included God, doctors, and self. From this alliance, men drew strength to manage their disease, maintained hope for the future, and found new existential meaning. By recognizing the potential value of this alliance, health care professionals may tap into a beneficial empowering resource for some Latino men   | 2, 6    |

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| 11 | <p>Mollica, M. A., Underwood, W., Homish, G.G., Homish, D. L., &amp; Orom, H. (2017).</p> <p>Spirituality is associated with less treatment regret in men with localized prostate cancer</p>          | <p>Background: Some patients with prostate cancer regret their treatment choice. Treatment regret is associated with lower physical and mental quality of life. We investigated whether, in men with prostate cancer, spirituality is associated with lower decisional regret 6 months after treatment and whether this is, in part, because men with stronger spiritual beliefs experience lower decisional conflict when they are deciding how to treat their cancer. Methods: One thousand ninety-three patients with prostate cancer (84% white, 10% black, and 6% Hispanic; mean age = 63.18; SD = 7.75) completed measures of spiritual beliefs and decisional conflict after diagnosis and decisional regret 6 months after treatment. We used multivariable linear regression to test whether there is an association between spirituality and decisional regret and structural equation modelling to test whether decisional conflict mediated this relationship. Results: Stronger spiritual beliefs were associated with less decisional regret (<math>b = -0.39</math>, 95% CI = <math>-0.53, -0.26</math>, <math>P &lt; .001</math>, partial <math>\eta^2 = 0.024</math>, confidence interval = <math>-0.55, 39\%</math>, <math>P &lt; .001</math>, partial <math>\eta^2 = 0.03</math>), after controlling for covariates. Decisional conflict partially (38%) mediated the effect of spirituality on regret (indirect effect: <math>b = -0.16</math>, 95% CI = <math>-0.21, -0.12</math>, <math>P &lt; .001</math>). Conclusions: Spirituality may help men feel less conflicted about their cancer treatment decisions and ultimately experience less decisional regret. Psychosocial support post-diagnosis could include clarification of spiritual values and opportunities to reappraise the treatment decision-making challenge in light of these beliefs.</p> | 1, 4, 5 |
| 12 | <p>Mollica, M. A., Underwood, W., Homish, G.G., Homish, D. L., &amp; Orom, H. (2016).</p> <p>Spirituality is associated with better prostate cancer treatment decision making experiences</p>         | <p>This study examined whether spiritual beliefs are associated with greater decision-making satisfaction, lower decisional conflict, and decision-making difficulty with the decision-making process in newly diagnosed men with prostate cancer. Participants were 1114 men diagnosed with localized prostate cancer who had recently made their treatment decision but had not yet been treated. We used multivariable linear regression to analyze relationships between spirituality and decision-making satisfaction, decisional conflict, and decision-making difficulty, controlling for optimism and resilience, and clinical and sociodemographic factors. Results indicated that greater spirituality was associated with greater decision-making satisfaction (<math>B = 0.02</math>; <math>p &lt; 0.001</math>), less decisional conflict (<math>B = -0.42</math>; <math>p &lt; 0.001</math>), and less decision-making difficulty (<math>B = -0.08</math>; <math>p &lt; 0.001</math>). These results confirm that spiritual beliefs may be a coping resource during the treatment decision-making process. Providing opportunities for patients to integrate their spiritual beliefs and their perceptions of their cancer diagnosis and trajectory could help reduce patient uncertainty and stress during this important phase of cancer care continuum.</p>   | 2, 4, 5 |
| 13 | <p>Nelson, C., Jacobson, C. M., Weinberger, M. I., Bhaskaran, V., Rosenfeld, B., Breitbart, W., &amp; Roth, A. J. (2009).</p> <p>The Role of Spirituality in the Relationship Between Religiosity</p> | <p>Purpose: This study aims to develop a theoretical framework of the relationship among religiosity, spirituality, and depression, potentially explaining the often mixed and inconsistent associations between religiosity and depression. Methods: In this cross-sectional study, 367 men (average age of <math>66 \pm 9</math> years) with prostate cancer completed measures of religiosity (extrinsic/intrinsic), spirituality (Functional Assessment of Chronic Illness Therapy Spiritual Well-Being Scale), quality of life (FACT-G), and depression (Hospital Anxiety and Depression Scale). Results: There was a small relationship between intrinsic religiosity and depression (<math>r = -0.23</math>, <math>p &lt; 0.05</math>) but a strong association between spirituality and depression (<math>r = -0.58</math>, <math>p &lt; 0.01</math>). Using a mediation model, the meaning/peace subscale of the spirituality measure mediated the relationship between intrinsic religiosity and depression. This model controlled for age, marital status, stage of disease, time since diagnosis, hormone therapy, quality of life, and anxiety. Conclusions: When examining religiosity and spirituality, the main component that may help reduce depression is a sense of meaning and peace. These results highlight the potential importance of developing a patient's sense of meaning through activities/interventions (not exclusive to religious involvement) to achieve this goal.</p>   | 2, 4    |

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|    | and Depression in Prostate Cancer Patients   |  |         |
| 14 | <p>O'Shaughnessy, P. K., Laws, T. A., &amp; Esterman, A. J. (2015)</p> <p>Love, Faith and Hope: A secondary analysis of prostate cancer survivors and their partners</p>               | <p>Background: Men's experience of recovery from treatment for prostate cancer has been extensively researched with reports highlighting the physical side effects of treatments such as erectile dysfunction and incontinence. The psychological, emotional and spiritual burden of prostate cancer on men and their partners has received far less attention. Design: In this study, a secondary thematic analysis of data from a series of separate but related qualitative studies with prostate cancer survivors and their partners was conducted to further explore themes of love, hope and faith within this population. Results: This study identified unresolved needs related to the emotive concepts of love, hope and faith. The findings from this study can be employed to refine psychosocial assessments of men with prostate cancer and provide a more comprehensive understanding of prostate cancer survivors supportive care needs.</p>   | 1, 3, 4 |
| 15 | <p>Rivas, C., Matheson, L., Nayoan, J., Glaser, A., Gavin, A., Wright, P., ... Watson, E. (2016)</p> <p>'Ethnicity and the prostate cancer experience: a qualitative metasynthesis</p> | <p>Objectives: To summarize black and minority ethnic (BME) patients' and partners experiences of prostate cancer by examining the findings of existing qualitative studies. Methods: We undertook a systematic meta-synthesis of qualitative studies using a modified version of Noblit and Hare's "meta-ethnography" approach, with a 2000-2015 search of 7 databases. Results: Thirteen studies of men from the US and UK BME groups were included. We explored constructs with BME-specific features. Health care provider relationships, formation of a spiritual alliance with God (which enhanced the participants' feeling of empowerment and ability to cope with the cancer) and living on for others (generally to increase cancer awareness), often connected to spiritual regrowth, were the 3 constructs most commonly reported. A magnified effect from erectile dysfunction was also common. Initially, this affected men's disclosure to others about their cancer and their sexual problems, but eventually men responded by shifting their conceptualizations of masculinity to sustain self and social identities. There was also evidence of inequality resulting from financial constraints and adversity that necessitated resilience in coping. Conclusions: The prostate cancer experience of BME men and their partners is affected by a complex intersection of ethnicity with other factors. Health care services should acknowledge this. If providers recognize the men's felt masculinities, social identities, and spiritual beliefs and their shifting nature, services could be improved, with community as well as individual benefits. More studies are needed in diverse ethnic groups.</p> | 2, 3    |

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| 16 | <p>Saunders, D. R., Holt, C. L., Whitehead, T. L., Atkinson, N. L., Le, D., Wang, M. Q., ... Naslund, M. (2013).</p> <p>Development of the Men's Prostate Awareness Church Training</p>  | <p>This article describes the development of a spiritually based intervention to increase informed decision making for prostate cancer screening through African American churches. The intervention used spiritually themed health messages, incorporated women as supportive health partners, and included a health information technology component. The Men's Prostate Awareness Church Training Project followed a community-based participatory research process to develop educational materials, and training for 40 community health advisors to implement the 4-part prostate health workshop series that will be implemented in 20 churches. Implications are discussed for designing culturally relevant interventions to reduce prostate cancer disparities impacting African American men.</p>  | 1, 3    |
| 17 | <p>Walker, S. J., Chen, Y., Paik, K., Mirly, B., Thomas, C. R., &amp; Hung, A. Y. (2017)</p> <p>The Relationships Between Spiritual Well-Being, Quality of Life, and Psychological Factors Before Radiotherapy for Prostate Cancer</p> | <p>Given shifting trends of religious identities in the USA, better understanding the impact of patients' religious identities on health-related quality of life (QOL) may help tailor the use of psychological interventions. Men with prostate cancer (N = 43) completed measures of quality of life (QOL), spiritual well-being in two domains (i.e., Faith and Meaning/Peace), psychological state, and psychological trait before undergoing radiotherapy. We hypothesized that (1) higher existential Meaning/Peace would correlate with higher QOL and psychological trait protective factors (e.g., Agreeableness) and that (2) higher existential Meaning/Peace would correlate with lower depression, anxiety, and Neuroticism (i.e., a psychological trait risk factor). We did not anticipate similar relationships between religious Faith and QOL, depression, anxiety, or psychological traits and consider related analyses to be exploratory in nature. Meaning/Peace was indeed negatively associated with depression, anxiety, and Neuroticism. Meaning/Peace was positively correlated with Physical, Social, Functional, and Emotional well-being, as well as Extraversion. Religious Faith was positively associated with Functional well-being, but not the other state, trait, or QOL domains. In sum, prostate cancer patients' sense of existential Meaning/Peace prior to radiotherapy was associated with well-being in many domains, whereas religious Faith appeared less so.</p> | 2, 4, 6 |
| 18 | <p>Walton, J. &amp; Sullivan, N. (2004).</p> <p>Men of Prayer: Spirituality of Men With Prostate Cancer: A Grounded Theory Study.</p>  | <p>Spirituality plays a powerful role in cancer treatment and recovery; it has been identified by hospitalized patients as one of their top priorities of care. However, health care providers struggle to find ways to address the spirituality of their patients. The purposes of this study were to discover what spirituality means for men with prostate cancer and how it influences their treatment. Eleven men, ages 54 to 71, with prostate cancer were interviewed within several days following radical prostatectomy with bilateral lymph node staging. This grounded theory methodology generated three categories of spirituality: (a) praying, (b) receiving support, and (c) coping with cancer. The basic social process, coping with cancer, occurred in four phases: facing cancer, choosing treatment, trusting, and living day by day. These results were validated by four of the participants for truthfulness. The findings of this study provide holistic nurses with knowledge and a midrange theory of spirituality that can be used in building a research-based practice.</p>  | 1, 4    |



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| 19 | <p>White, M. A., Verhoef, M. J., Davison, B. J., Gunn, H., Cooke, K. (2008).</p> <p>Seeking Mind, Body and Spirit Healing—Why Some Men with Prostate Cancer Choose CAM (Complementary and Alternative Medicine) over Conventional Cancer Treatments</p> | <p>Little is known about men with prostate cancer who decline conventional-treatment and use only complementary and alternative medicine (CAM). Objectives: To explore why men decline conventional prostate cancer treatment and use CAM 2) understand the role of holistic healing in their care, and 3) document their recommendations for health care providers. Methods: Semi-structured interviews and follow-up focus groups. Sample: Twenty-nine men diagnosed with prostate cancer who declined all recommended conventional treatments and used CAM. Results: Based on strong beliefs about healing, study participants took control by researching the risks of delaying or declining conventional treatment while using CAM as a first option. Most perceived conventional treatment to have a negative impact on quality of life. Participants sought healing in a broader mind, body, spirit context developing individualized CAM approaches consistent with their beliefs about the causes of cancer. Most made significant lifestyle changes to improve their health. Spirituality was central to healing for one-third of the sample. Participants recommended a larger role for integrated cancer care. Conclusion: Men who decline conventional prostate cancer treatment and use CAM only may benefit from a whole person approach to care where physicians support them to play an active role in healing while carefully monitoring their disease status.</p>  | 2 |
| 20 | <p>White, M., &amp; Verhoef, M. (2006)</p> <p>Cancer as Part of the Journey: The Role of Spirituality in the Decision to Decline Conventional Prostate Cancer Treatment and to Use Complementary and Alternative Medicine</p>                           | <p>Background: The role of spirituality in patients' use of complementary and alternative medicine (CAM) approaches to cancer management has hardly been explored. Objective: To explore the role of spirituality in cancer management by men with prostate cancer who have declined conventional treatment and are using CAM. Methods: This qualitative analysis is part of a longitudinal study to assess decision making by men with prostate cancer who decline conventional treatment and use CAM. In-depth interviews were conducted at study entry (n = 29). Themes were presented to participants in focus groups to further explore and validate the interview results. For a subset of participants (n= 10), spirituality emerged as an important theme; therefore, we conducted a secondary analysis of the interview data of these men to explore the role of spirituality in cancer management and decision making. Results: Spirituality appeared to influence all aspects of the cancer experience. Most participants intensified their use of spiritual practice after a diagnosis of prostate cancer. These practices included spiritual ceremonies, indigenous healing, prayer, meditation, and use of spiritual imagery. Themes related to the role of spirituality in cancer management include beliefs about Western medicine, the role of spiritual beliefs in treatment decision making, the use of spiritual imagery and metaphor in healing, and the impact of cancer on spirituality. The discussion of these themes draws on quotes and case examples, illustrating how spirituality influenced study participants' response to diagnosis, treatment decision making, and cancer care. Two case examples provide a more in-depth understanding of how some participants incorporated spiritual imagery and metaphor into treatment decision making and cancer care. Ways in which cancer influenced spirituality are also discussed. Having prostate cancer appeared to influence their spirituality by strengthening their links with a spiritual community, increasing feelings of gratitude toward life, and improving personal relationships. Relevance: These findings indicate that spiritual beliefs and practices may play an important role in the formation of treatment choices for some patients. Health care providers need to be aware of and address patient concerns about how conventional treatment may conflict with their spiritual beliefs and practices. Further research and medical education is needed on spirituality and prostate cancer.</p> | 1 |



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| 21 | <p>Yoshimoto, S. M. Ghorbani, S. Baer, J. M. Cheng, K. W. Banthia, R. Malcarne, V. L. Sadler, G. R. Ko, C. M. Greenbergs, H. L. Varni, J. W. (2006).</p> <p>Religious coping and problem-solving by couples faced with prostate cancer.</p> | <p>Religion can be an important resource for people struggling with chronic illness. Problem-solving skills have also been shown to be helpful. This study examined whether turning to religion as a coping resource would be associated with better problem-solving in couples trying to manage challenges associated with prostate cancer. The sample was 101 patients with prostate cancer and their wives. Wives completed the Social Problem-Solving Inventory - Revised at baseline (T1) and 10 weeks later (T2). Patients and their wives also completed a measure that included items on religious coping. These items were used to classify couples into four groups based on whether one or both members engaged in religious coping: (1) husband only, (2) wife only, (3) both husband and wife, and (4) neither husband nor wife. From T1 to T2, wives who used religious coping along with their husbands (group 3) showed a significantly greater reduction in dysfunctional problem-solving (specifically, on impulsive/careless problem-solving) in comparison with wives who used religious coping while their husbands did not (group 2). Findings suggest that when couples share in turning to religion as a source of coping, this may be associated with improved problem-solving, but sole engagement in religious coping by wives may be associated with worse problem-solving.</p> | 4, 5 |
| 22 | <p>Zavala, M. W., Maliski, S. L., Kwan, L., Fink, A., &amp; Litwin, M. S. (2009).</p> <p>Spirituality and quality of life in low-income men with metastatic prostate</p>  | <p>Objective: To determine how spirituality is associated with health-related quality of life (HRQOL) in an ethnically diverse cohort of low-income men with metastatic prostate cancer. Methods: Eighty-six participants in a state-funded program that provides free prostate cancer treatment to uninsured, low-income men completed written surveys and telephone interviews containing validated measures of spirituality, and general and disease-specific HRQOL. Assessments were made following diagnosis of metastatic disease. We used multivariate analyses to assess the effect of spirituality and its two subscales, faith and meaning/peace, on HRQOL. Results: African American and Latino men, and men with less than a high-school education had the highest spirituality scores. Spirituality was significantly associated with general and disease specific HRQOL. We also found a significant interaction between faith and meaning/peace in the physical and pain domains. Conclusion: Greater spirituality was associated with better HRQOL and psychosocial function. Meaning/peace closely tracks with HRQOL. Higher faith scores, in the absence of high meaning/peace scores, are negatively associated with HRQOL.</p>  | 2, 6 |

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