

Prayer Therapy for Improving Comfort Among Patients with Breast Cancer

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ABSTRACT

A diagnosis of breast cancer is a highly distressing experience for women and is frequently accompanied by physical, psychosocial, and spiritual challenges that may compromise quality of life. Increased spiritual needs often emerge during the disease trajectory, leading many patients to seek comfort through spiritual practices, particularly prayer. This systematic review aimed to synthesize evidence on the effectiveness of prayer therapy in improving comfort among patients with breast cancer. The review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Literature searches were performed in PubMed, ScienceDirect, Google Scholar, and the Cochrane Library for studies published between 2010 and 2020 using the PICO framework. Six studies met the inclusion criteria, including three randomized controlled trials, two qualitative studies, and one cross-sectional study. The findings consistently demonstrated that prayer therapy, as part of spiritual care interventions, was associated with improved spiritual and emotional well-being, reduced anxiety and depressive symptoms, enhanced quality of life, and increased patient comfort. In conclusion, prayer therapy represents an effective, feasible, and holistic nursing intervention that can enhance comfort among patients with breast cancer and strengthen the delivery of holistic nursing care.

Keywords: prayer therapy; spirituality; breast cancer

INTRODUCTION

A diagnosis of breast cancer represents a profoundly distressing and life-altering event for most women, often triggering intense emotional turmoil and existential uncertainty [1-9]. Beyond the immediate physical burden of the disease and its treatment, women frequently experience a constellation of psychosocial, behavioral, and spiritual disturbances that collectively threaten their overall quality of life [10-12]. These multidimensional adverse effects; ranging from fatigue, pain, and body-image disruption to anxiety, fear of recurrence, and loss of meaning tend to heighten a woman's spiritual needs, especially during periods of vulnerability and transition [13]. When these needs remain unmet, patients may enter a state of spiritual crisis, characterized by feelings of abandonment, hopelessness, and disconnection from previously held sources of meaning and purpose [14].

For many patients, the confrontation with cancer becomes a psychological challenge that paradoxically opens pathways for positive psychological adaptation, including the search for inner strength, acceptance, and transcendence [15]. In this context, the spiritual dimension emerges as a vital coping resource. Spirituality, as an essential aspect of human existence, encompasses the ways individuals seek and express meaning, purpose, and connectedness with themselves, with others, with nature, and with the sacred or transcendent [16]. Among women with Breast Cancer, spirituality and religion consistently appear as primary coping mechanisms, often manifested through prayer, rituals of faith, and increased reliance on God or a higher power [17].

Prayer, in particular, has been practiced for thousands of years as a means of seeking solace, guidance, and strength during difficult circumstances. It represents a form of communication with God and an expression of the human spirit that integrates cognitive, emotional, and relational elements [18]. Through prayer, individuals may offer praise, express gratitude, seek help or direction, affirm their faith, articulate fears and hopes, and find comfort, closure, and emotional support. Prayer is widely recognized as a strategy for coping with illness and maintaining well-being. Among people living with chronic illness; especially cancer prayer is frequently used to manage distress, and surveys indicate that up to 81% of patients report feeling helped by prayer in coping with their condition [19]. Other studies even suggest that some individuals perceive prayer as more effective than conventional medical treatment in alleviating suffering or promoting healing [20].

Prayer therapy, as a structured spiritual intervention, has been shown to enhance spiritual well-being by helping patients re-evaluate life goals, clarify priorities, and reconnect with sources of meaning in their lives [21]. This reflective and integrative process can reduce emotional reactivity, foster acceptance, and increase appreciation for life, ultimately strengthening patients' inner resilience. In the context of Breast Cancer, prayer therapy; when integrated into holistic nursing care serves as both a physical and emotional mediator, contributing to improved comfort, reduced anxiety, and enhanced spiritual peace [22]. By addressing the spiritual dimension, nurses can support patients in navigating the existential challenges of illness while promoting a sense of comfort and connectedness.

Despite the extensive literature on spirituality among women with Breast Cancer, the specific role of prayer therapy as a distinct intervention remains insufficiently synthesized. Existing reviews tend to examine broad spiritual care modalities without isolating the unique contribution of prayer to patient comfort. This gap highlights the need for a focused synthesis of evidence regarding the effectiveness of prayer therapy in enhancing comfort among Breast Cancer patients. Therefore, this systematic review was undertaken to consolidate empirical findings, evaluate the therapeutic value of prayer, and provide evidence-based recommendations for integrating prayer therapy into holistic nursing practice. Ultimately, this review aims to strengthen the scientific foundation for spiritual care interventions that promote comfort and well-being in women living with Breast Cancer.

METHODS

This literature review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure methodological transparency, replicability, and rigor in the review process [23]. The formulation of the research question followed the PICO framework; Patient, Intervention, Comparison/Control, and Outcome to guide the identification and selection of relevant studies. In this review, the PICO elements were defined as follows: P: women diagnosed with Breast Cancer; I: Prayer Therapy; C: Conventional Therapy or standard care; and O: Comfort. This framework provided a structured approach for determining the scope of the review and aligning the search strategy with the study objectives.

A comprehensive literature search was undertaken to identify all forms of spiritual therapy interventions, with particular emphasis on prayer therapy and scripture-based practices. Searches were conducted across major electronic databases including PubMed, ScienceDirect, Google Scholar, and the Cochrane Library, supplemented by secondary searches such as manual screening of reference lists from relevant reviews. The search covered all study types published between 2010 and 2020, reflecting a decade of contemporary evidence on spiritual interventions in oncology care. The primary search terms included combinations of *Spiritual Therapy*, *Prayer Therapy*, *Breast Cancer*, and *Comfort*, adapted to each database's indexing system. All potentially eligible studies were retrieved in full text and assessed for relevance based on predefined selection criteria. Additional studies identified through citation tracking were also evaluated for inclusion. Search keywords were applied to the Title/Abstract fields of each database.

A total of 160 articles were initially identified through the database search covering the period 2010–2020. All retrieved studies focused on human subjects and addressed questions relevant to evidence-based practice. Each article was independently screened by the authors to determine eligibility for inclusion in the systematic review. Of the 160 potential studies, 152 were excluded for the following reasons: duplicate publications ($n = 25$), lack of full-text availability ($n = 35$), irrelevance to the research question ($n = 85$), non-English language ($n = 7$), and non-research articles such as commentaries or conceptual papers ($n = 2$). The remaining studies were subjected to full-text review and quality appraisal.

The methodological quality of the included studies was assessed using the Critical Appraisal Skills Programme (CASP) checklist for randomized controlled trials, which is based on the JAMA User's Guide to the Medical Literature [24]. This appraisal tool evaluates three core domains: validity, results, and applicability. The CASP instrument consists of 11 items, with the first three serving as rapid screening questions. If the initial screening questions were answered "yes," the study proceeded to full appraisal. Each item was rated as "yes," "no," or "can't tell," allowing for systematic evaluation of methodological rigor and risk of bias.

The search strategy was executed in three stages to ensure comprehensive coverage of the literature. The first stage involved systematic searches of Medline and major nursing journals, with the search period restricted to the most recent ten years to capture current evidence. This stage also included the identification of relevant keywords derived from research questions, synonyms, and controlled vocabulary terms used in database indexing systems. The second stage involved refining the search terms and applying them across all selected databases. The primary search string included the following terms: *("Spirituality"[Mesh]) OR "Religion"[Mesh]) AND ("Breast Neoplasms/psychology"[Mesh] OR "Breast Neoplasms/radiotherapy"[Mesh])*. These terms were selected to capture studies examining the psychological and spiritual dimensions of Breast Cancer, as well as interventions involving prayer or religious practices. The third stage consisted of manual searches of reference lists and citation tracking from studies identified in the earlier stages. Articles that met the inclusion criteria and were identified through this process were incorporated into the final synthesis. Literature found in reference lists was included if it demonstrated clear relevance to the research objectives and met the methodological standards required for systematic review.

All studies that fulfilled the inclusion criteria were subsequently used for data extraction and narrative synthesis. The final dataset formed the basis for evaluating the effectiveness of prayer therapy in enhancing comfort among women with Breast Cancer.

RESULTS

A total of 160 studies were initially identified across all databases. These records then underwent a screening process based on full-text availability, alignment with the research question, English-language publication, appropriate research design, and removal of duplicate entries. Following this screening, six studies met the eligibility criteria and were included in the final review. The included studies, published between 2010 and 2020, comprised three randomized controlled trials (RCTs), two qualitative studies, and one cross-sectional study. These six studies were summarized according to author, year, setting, objectives, sample characteristics, intervention details, outcome measures, and key findings.

As shown in Table 1, the RCTs delivered spiritual therapy interventions with relatively similar structures, typically consisting of approximately eight therapeutic sessions. These sessions generally included components such as introduction, relaxation and meditation, emotional expression, reinforcement of positive thinking, cultivation of patience, and the provision of prayer therapy [21,25]. Only Sajadi et al. [25] incorporated additional elements such as diary writing and self-disclosure of spiritual experiences. Across the three RCTs, the effectiveness of spiritual therapy was assessed through outcomes such as improved quality of life [16] and enhanced spiritual well-being [21,25].

The two qualitative studies explored how spirituality and religion contribute to comfort, coping, and meaning-making among women with breast cancer, including the paradoxical experiences associated with spiritual struggle and resilience [13,27]. Meanwhile, the cross-sectional study demonstrated a significant association between spirituality and increased comfort, showing that spiritual engagement was linked to reduced anxiety and depression and improved emotional well-being [22].

In the reviewed studies, prayer therapy was incorporated in three interventions [21,25,26] typically delivered at the conclusion of the spiritual therapy sessions. Prayer therapy encouraged patients to pray and cultivate a close relationship with God according to their religious and spiritual beliefs, seeking divine assistance in coping with cancer-related challenges. In the two qualitative studies, prayer emerged as the most frequently practiced religious activity, followed by receiving prayers from others and obtaining spiritual support from structured religious communities [23,27]. In the cross-sectional study [22], although the specific components of spiritual therapy were not clearly described, the findings indicated that spirituality-focused interventions contributed to increased comfort by reducing anxiety and depression.

Table 1. The results of synthesis process

Author(s)	Design	Purpose	Sample	Intervention	Outcome	Research results
(Sajadi et al., 2018) Iran [25]	<i>Randomized Control Trial</i>	The effect of spiritual counseling on the spiritual well-being of Iranian women with cancer.	42 female patients with cancer.	Spiritual counseling interventions for 8 weeks were given to the intervention group and the control group received only regular education/care.	Spiritual Well-Being	Spiritual counseling was associated with a significant increase in SWB in Iranian women with cancer.
(Jafari, Zamani, et al., 2013) Iran [26]	<i>Randomized Control Trial</i>	Assessing the role of spiritual therapy interventions in improving the	68 breast cancer patients who received radiation therapy.	Spiritual therapy and routine management as well as educational programs are provided to	Global health status scores and	Spiritual therapy programs can improve the overall quality of life of women with breast cancer.

Author(s)	Design	Purpose	Sample	Intervention	Outcome	Research results
		quality of life of patients with breast cancer undergoing radiation therapy.		the intervention group, the control group only gets routine management and an educational program for 6 weeks.	QOL	
(Jafari, Farajzadeh, et al., 2013) [21]	<i>Randomized Control Trial</i>	Investigating the role of spiritual therapy interventions in improving the spiritual well-being and quality of life of Iranian women with breast cancer.	65 women with <i>breast cancer</i> .	Spirituality-based intervention for 6 weeks.	Spiritual well-being QOL	Participation in spiritual therapy programs is associated with improved spiritual well-being and quality of life.
(Lagman et al., 2014) [27]	<i>Qualitative</i>	Understand the role of spirituality and religion in providing comfort and support for cancer patients.	11 respondents with <i>breast cancer</i> participants must have 1) a diagnosis of breast cancer (Stage 0, I & II) within the past four years, 2) complete primary care, 3) speak and write English, Cantonese, or Spanish	In-depth interviews with 11 respondents.	The role of spirituality and religion in Filipino immigrant women.	The study identified three key themes common to all participants in their religious beliefs and practices: 1) prayer for themselves, 2) prayer by others, and 3) support from their Catholic faith and community. Our study shows that Filipino American women use spirituality and religion to help them cope with breast cancer diagnosis and treatment. Some find solace in the concept of Filipino culture <i>bahala na</i> , finding peace of mind in "surrendering it to God." Others find comfort in prayer and the support of the Church community. While most respondents felt that prayer helped them organize their daily lives as cancer patients, some believed that their prayers went further and actually contributed to their healing process.
(Patel et al., 2014) [13]	<i>Qualitative</i>	Investigation, qualitative investigation of paradoxical experiences of <i>breast cancer patients</i> , following psycho-spiritual integrative therapy (PSIT)	Twelve multicultural breast cancer survivors, from a sample of 30 female participants in an 8-week PSIT group intervention, were recruited from oncologists, hospitals, support groups, outpatient oncology centers, surgeons, radiation therapy centers, cancer events, and websites.	Semi-structured and open-ended interviews lasting 1-2 hours regarding participants' experiences coping with cancer and their experiences with PSIT.	Results of a Paradoxical Investigation of <i>Breast Cancer Patients</i>	Two themes identified earlier emerged: (1) seeking to maintain coherence in new and old ways and (2) relinquishing supreme control in life. In addition, three themes of the novel emerge: (1) the interconnection between helpers and obstacles, (2) spiritual edges and tensions, and (3) new paths to empowerment. The results of this qualitative analysis showed that participants experienced previously identified themes and experienced various paradoxes.

Author(s)	Design	Purpose	Sample	Intervention	Outcome	Research results
(Nuraini et al., 2018) [22]	Cross-Sectional	Develop a model of the relationship between treatment variables, patient coping, family support, patient spirituality, and patient comfort.	308 patients with stage 2 or more breast cancer and no central nervous system metastases.	The use of five standard instruments: a short COPE inventory to measure a patient's coping ability, the family support scale, the spiritual perspective scale (SPS), the breast symptom scale, and the depression anxiety stress scale, palliative care and the Comfort Assessment Breast Cancer Instrument.	Test the validity of the constructs of the five instruments used.	The results showed that palliative care significantly improved the comfort of breast cancer patients by reducing anxiety and depression. In addition, this study showed a significant positive relationship between spirituality and emotional well-being.

DISCUSSION

This systematic review was conducted to identify, evaluate, and synthesize empirical evidence regarding the effectiveness of prayer therapy in improving comfort among women diagnosed with Breast Cancer. The findings consistently demonstrate that prayer therapy serves as a meaningful, accessible, and culturally resonant intervention that enhances patient comfort and supports holistic well-being. These results underscore the critical role of nurses in integrating spiritual care into clinical practice, particularly in oncology settings where patients often experience profound emotional and existential distress. By incorporating prayer therapy into routine care, nurses can address not only the physical but also the psychological, emotional, and spiritual dimensions of patient health, thereby strengthening the overall quality of nursing care.

The evidence synthesized in this review indicates that prayer therapy is highly effective for women with breast cancer because it functions as a coping strategy that enables individuals to connect with a higher source of meaning, hope, and transcendence [19,28]. This aligns with previous research showing that patients who cultivate spiritual connectedness or dedicate themselves to the creator tend to experience better emotional stability, reduced anxiety, and improved physical well-being, suggesting that spirituality plays a significant role in enhancing comfort and quality of life [22]. Prayer, as a spiritual practice, provides a sense of reassurance, inner peace, and emotional grounding, which can be particularly valuable during periods of uncertainty and fear associated with cancer diagnosis and treatment.

Spirituality has long been recognized as a powerful positive force that helps patients reframe their illness, find deeper meaning in their experiences, and identify what is ultimately important in their life trajectory. Within this broader spiritual framework, prayer therapy emerges as a central modality capable of offering emotional relief, existential comfort, and psychological resilience. Prayer not only facilitates communication with the divine but also serves as a cognitive and emotional anchor that reduces fear, fosters acceptance, and imbues the illness experience with meaning. As such, prayer becomes an effective coping mechanism that supports patients in navigating the emotional burdens of breast cancer while strengthening their capacity to endure suffering [29-31].

Moreover, several studies highlight the role of prayer therapy in reducing physical pain, demonstrating its potential to alleviate pain intensity and enhance patients' tolerance of distressing medical procedures [22,27]. Prayer provides an active, attention-focused cognitive framework that helps patients redirect their awareness away from discomfort, thereby making it easier for them to endure painful treatments or invasive procedures [17]. This dual benefit, addressing both emotional and physical dimensions positions prayer therapy as a holistic intervention that aligns with the principles of comprehensive, patient-centered nursing care.

Taken together, the evidence presented in this review highlights the value of integrating spirituality-focused interventions, particularly prayer therapy, into the care of patients with Breast Cancer. Such integration not only enhances patient comfort but also elevates the overall quality of nursing care by promoting a more holistic, culturally sensitive, and person-centered approach. Nurses, as frontline providers, are uniquely positioned to incorporate spiritual care into their practice, thereby supporting patients' emotional, psychological, and existential needs alongside their physical health.

Despite the promising findings, this systematic review has several limitations that should be acknowledged. First, the sample sizes of the included studies were generally small, limiting the statistical power and reducing the generalizability of the results. Small samples may also increase the risk of Type II error, potentially underestimating the true effect of prayer therapy. Second, the population characteristics across studies lacked diversity. Most studies were conducted within specific cultural or religious contexts, particularly in regions where prayer is a dominant spiritual practice. As a result, the findings may not be fully applicable to populations with different spiritual traditions, secular beliefs, or cultural backgrounds. Future research should therefore include more heterogeneous samples to better understand how prayer therapy functions across diverse sociocultural settings. Third, there was considerable variability in intervention protocols, including differences in prayer type, duration, frequency, and delivery method (e.g., guided prayer, personal prayer, intercessory prayer). This heterogeneity makes it difficult to determine which specific components of prayer therapy are most effective. Standardized intervention protocols would enhance comparability across studies. Fourth, several studies relied heavily on self-reported outcomes, which may be subject to recall bias, social desirability bias, or subjective interpretation. Objective measures of comfort, stress, or physiological responses would strengthen the evidence base. Fifth, the methodological quality of some studies was limited by inadequate blinding, lack of randomization, or insufficient reporting of confounding variables. These methodological weaknesses may introduce bias and affect the reliability of the findings. Finally, the review was restricted to studies published between 2010 and 2020, which may have excluded relevant earlier or more recent research. Additionally, only English-language publications were included, potentially introducing language bias.

Despite these limitations, the evidence suggests that prayer therapy is a valuable and effective intervention for improving comfort among women with Breast Cancer. Future research should employ larger, more diverse samples, standardized intervention protocols, and more rigorous methodological designs to strengthen the evidence base and support broader implementation of prayer therapy in clinical practice.

CONCLUSION

This review reinforces the importance of integrating spirituality-based interventions; particularly prayer therapy into nursing care for women with breast cancer, as such practices can be delivered independently by nurses and have the potential to enhance patient comfort and holistic care quality. Most included studies reported positive effects of prayer therapy; however, several limitations must be acknowledged, including small

sample sizes, limited geographic representation (predominantly Iran), heterogeneous intervention protocols, and the influence of cultural and religious contexts on spiritual practices. Publication bias may also have shaped the available evidence.

Overall, prayer therapy appears to be a promising supportive intervention that may improve comfort, spiritual well-being, emotional health, and quality of life among breast cancer patients. Even so, larger, culturally diverse, and methodologically rigorous randomized controlled trials are needed to confirm these findings and strengthen the evidence base for clinical application.

Ethical consideration, competing interest and source of funding

-Although this review did not require formal ethical approval, all ethical principles were consistently upheld by ensuring the use of non-identifiable secondary data and relying only on primary studies that had obtained approval from their respective ethics committees.

-There is no conflict of interest related to this publication.

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