



การปฏิบัติทางจิตวิญญาณของบิດามารดาที่ดูแลเด็กและวัยรุ่นโรคมะเร็ง การทบทวนวรรณกรรมอย่างเป็นระบบ

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บทคัดย่อ

โรคมะเร็งในเด็กเป็นปัญหาที่สร้างความเครียดอย่างมากต่อครอบครัว โดยเฉพาะบิดามารดาซึ่งมักประสบกับภาระทางจิตใจ จึงนิยมการปฏิบัติทางจิตวิญญาณ เพื่อบรรเทาความเครียดในจิตใจ การปฏิบัติทางจิตวิญญาณมีบทบาทสำคัญในการส่งเสริมสุขภาวะทางจิตใจและการเชิญปัญหาอย่างมีพลัง โดยช่วยให้บิดามารดาสามารถมีอุปนิสัยที่ดี สามารถรับมือกับความทุกข์ทางอารมณ์ ฟื้นฟูความหวัง และสร้างความหมายให้กับประสบการณ์ที่ยากลำบากได้ การทบทวนวรรณกรรมอย่างเป็นระบบนี้ มีวัตถุประสงค์ เพื่อสรุปและสังเคราะห์วรรณกรรมปัจจุบัน เกี่ยวกับการปฏิบัติทางจิตวิญญาณของบิดามารดาที่ดูแลเด็กและวัยรุ่นอายุตั้งแต่แรกเกิด – 20 ปี ที่ปัจจุบัน เป็นโรคมะเร็งทุกราย โดยใช้แนวทางการทบทวนวรรณกรรมอย่างเป็นระบบของ Joanna Briggs Institute (JBI) และ Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) เครื่องมือที่ใช้ ได้แก่ แบบคัดกรองงานวิจัย แบบประเมินคุณภาพงานวิจัยและแบบบันทึกการสกัดข้อมูล สืบค้นวรรณกรรมจากฐานข้อมูลจำนวน 4 ฐาน ได้แก่ MEDLINE/PubMed, CINAHL, ProQuest และ PsycINFO ระหว่างเดือนมกราคม พ.ศ. 2560 ถึงกุมภาพันธ์ พ.ศ. 2568

ผลการสืบค้นอย่างเป็นระบบพบว่า งานวิจัยที่ศึกษาทั้งหมดระบุได้จำนวน 275 เรื่อง และผ่านเกณฑ์การคัดเลือก โดยใช้แบบคัดกรองงานวิจัยและแบบประเมินคุณภาพ มีงานวิจัยจำนวน 11 เรื่อง ที่ผ่านการพิจารณาคุณสมบัติตามเกณฑ์ที่กำหนด เมื่อพิจารณาไว้เคราะห์รูปแบบการปฏิบัติทางจิตวิญญาณของบิดามารดาเด็กและวัยรุ่นโรคมะเร็ง มี 2 วิธี คือ 1) การปฏิบัติทางจิตวิญญาณเกี่ยวกับศาสนา ได้แก่ การสวดมนต์ การปฏิบัติพิธีกรรม การอ่านคัมภีร์ และการทำสมาธิ 2) การแสวงหาการสนับสนุนทางสังคมจากแหล่งต่าง ๆ ได้แก่ บิดามารดาคนอื่น ๆ ชุมชนแห่งศรัทธา และบุคลากรทางการแพทย์ การศึกษาครั้งนี้ อาจทำให้เข้าใจการปฏิบัติทางจิตวิญญาณในบริบทที่แตกต่างกัน ซึ่งจะช่วยให้การดูแลที่ลึกซึ้งยิ่งขึ้นในมิติจิตวิญญาณของบิดามารดา ส่งเสริมให้การดูแลผู้ป่วยเด็กและวัยรุ่นโรคมะเร็งมีประสิทธิภาพ และมีคุณภาพชีวิตที่ดีขึ้น

คำสำคัญ: การปฏิบัติทางจิตวิญญาณ บิดามารดา เด็กและวัยรุ่นโรคมะเร็ง การทบทวนวรรณกรรมอย่างเป็นระบบ

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Spiritual Practices of Parents Caring for Children and Adolescents with Cancer: A Systematic Review

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Abstract

Childhood cancer is a condition that causes significant stress to families, especially to parents who often experience psychological burdens. As a result, spiritual practices are commonly adopted to alleviate emotional distress. Spiritual practices play a crucial role in promoting mental well-being and empowering individuals to cope with challenges. These practices help parents manage emotional suffering, restore hope, and find meaning in difficult experiences. This systematic review aimed to summarize and synthesize current literature on the spiritual practices of parents caring for children and adolescents (from birth to 20 years old) with cancer in any stage of the disease. The review followed the Joanna Briggs Institute (JBI) and Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The tools used included a research screening form, a critical appraisal checklist, and a data extraction form. Literature was searched across four databases: MEDLINE/PubMed, CINAHL, ProQuest, and PsycINFO, covering the period from January 2017 to February 2025.

A total of 275 studies were identified. After applying the inclusion criteria using the screening and quality appraisal tools, 11 articles met the eligibility criteria. The results of this review identified two main types of spiritual practices among parents of children and adolescents with cancer: 1) religious-related spiritual practices – including prayer, rituals, sermon books, and meditation; and 2) finding social support from various sources, such as other parents, faith communities, and health professionals. This review may enhance the understanding of spiritual practices across different contexts, contributing to more profound spiritual care for parents. It also supports more effective care for children and adolescents with cancer, ultimately improving their quality of life.

Keywords: spiritual practices, parents, children and adolescents with cancer, systematic review

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Introduction

Childhood and adolescent cancer is a profoundly distressing experience, not only for the affected young patients but also for their families—particularly their parents. Cancers continue to be a global health concern, with over 400,000 new cases estimated each year among individuals under 20 years of age.^{1,2} The diagnosis, treatment, and uncertainty associated with pediatric cancer place immense emotional, psychological, and spiritual burdens on their parents.³

Spirituality is a fundamental aspect of being human, encompassing how we find meaning in life, understand our purpose, connect with others, and experience inner peace.^{4,5} Spirituality is uniquely experienced and practiced. As their child's disease worsened, the observed phenomenon changes in the spiritual activities of the parents were identified: a) When the child was first diagnosed, parents prayed for their recovery; b) Many parents lost faith when the cancer recurrent or worse; and c) After the death of their child, parents frequently regained their faith and found psychological and spiritual comfort in the belief in an afterlife.⁴ Nicholas et al.⁶ asserted that spirituality had been demonstrated to shape parental understanding of complex conditions in children with cancer.

While advances in treatment have improved survival rates, the psychosocial impact on families remains profound. Parents, who are most often the primary caregivers, must balance emotional, logistical, and financial burdens throughout the illness trajectory.⁷ In navigating this complex journey, many parents turn to spiritual practices as a source of strength, meaning, and resilience. Spirituality, broadly defined, encompasses an individual's search for meaning, purpose, and connection, which may or may not involve religious beliefs or practices.^{8,9} Among the resources and strategies of support, religiosity/ spirituality (R/S) has been increasingly identified and highlighted.¹⁰

Within pediatric oncology, spirituality has been identified as a critical coping resource for parents, supporting emotional resilience, promoting hope, and helping to sustain caregiving efforts under prolonged stress.⁹ Spiritual practices—including prayer, meditation, scripture reading, ritual observance, and personal reflection—have been reported to provide comfort and a sense of control during periods of uncertainty.¹¹

Parents of children with poor-prognosis cancer reported spirituality as religious beliefs and practices, notions of a higher being, meaning-making, and relationships.⁶ Evidence revealed that parents with deeper spirituality had greater acceptance of their child's condition, experienced emotional decompression, and benefited from the support of their faith community because spiritual care positively affects patients by easing their discomfort.^{6,12}

While spirituality is widely recognized as a key coping resource for parents of children with cancer, the specific spiritual practices these parents engage in—across different cultures, belief systems, and stages of the illness—have not been comprehensively synthesized in the literature. Understanding these practices is crucial for nurses, healthcare providers, and psychosocial support teams to offer culturally sensitive and spiritually competent care. The findings of this review will identify common themes, inform culturally sensitive interventions, synthesize the unique spiritual practices of parents within the context of caring for a child or adolescent undergoing treatment for cancer, and guide training for spiritually responsive care.



Aim

The purpose of this study aimed to systematically summarize the current literature on spiritual practices of parents caring for children with cancer and to synthesize the evidence findings on the components of spiritual practices by parents' caring-promoting programs.

Methods

The question that guided this review was, *“What are the spiritual practices of parents caring for children and adolescents with cancer?”* A systematic review was carried out according to the Joanna Briggs Institute (JBI) Manual for Evidence Synthesis 2024 Edition. To ensure precise, consistent reporting of results, the standard protocol for review adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses-the PRISMA 2020 statement.¹³

Data Sources and Searches Strategies

The PRISMA flow diagram (Figure 1) for the systematic review was used to illustrate the process of review and exclusion of journal articles. A literature search was conducted in MEDLINE/PubMed, CINAHL, ProQuest, and PsycINFO to identify relevant articles from each database published between January 2017 and February 2025. The key terms used in the search strategy and adapted to each database were as follows: spirituality/spiritual practice/spiritual care, parents caring, cancer, neoplasm, oncology, malignancy, and children/adolescents.

Inclusion/ Exclusion Criteria

Studies were considered eligible for inclusion in the literature review if they were published in peer-reviewed journals written in English between January 2017 and February 2025. The target population was parents of children/adolescents diagnosed with cancer. The studies focused on the spiritual practices of parents caring for children with cancer. Exclusion criteria were studies focusing on spiritual practices by healthcare providers, such as physicians or nurses. The studies were excluded if published as review papers, grey literature, books, magazines, and/or reports and studies that did not report findings related to the parents' spiritual caring.

Data extraction

The eligibility of each study was independently assessed by two authors (WP and KH). Inclusion of studies in this systematic review was determined through consensus, and any disagreements were resolved by a third senior author (CB). The first author (WP) individually extracted the data from the screened studies. For critical appraisal of the studies, we used the Consolidated criteria for reporting qualitative research (COREQ).¹⁴ Quantitative data were extracted by using the data extraction sheet of the standardized data extraction tool JBI-MAStARI.¹⁵ The information was extracted from the included studies based on setting, research design, participants, disease, main findings, and year of publication. The PRISMA statement was utilized as a standardized reporting framework, which facilitated the quality assessment process and enhanced the transparency of the review.



Results

Study Selection

The literature search identified 306 papers, of which 128 were duplicates. Initial screening by title and abstract excluded 155 records. The remaining 23 full-text articles were appraised for eligibility criteria. After the full texts were read, 12 articles were excluded for the following reasons: (a) not study in parents ($n = 8$), (b) study in children with another chronic disease ($n = 4$). A total of 11 articles met the inclusion criteria (see Figure 1).

General Study Characteristics

Eleven studies were identified in this systematic review. Table 1 outlines the main characteristics of the studies such as authors and funding resource, purpose, sample/setting, research design, intervention, and findings. In terms of study design, most studies were conducted in qualitative design ($n = 7$).^{4,6,10,13,17-19} Whereas the remaining 4 studies were quantitative studies.²⁰⁻²² Regarding the setting, most interventions were conducted in Western countries: the United States ($n = 2$)^{20,21}, Brazil ($n = 2$)^{22,23}, Canada ($n = 1$)⁶. The residual was conducted in Asian countries: Iran ($n = 2$)^{16,18}, Lebanon ($n = 1$)¹⁹, India ($n = 1$)²⁴, China ($n = 1$)⁴, and Thailand ($n = 1$)¹⁷. As to religion, 4 studies included Christian parents^{6,18-20,23}, 3 articles with Muslim parents^{16,18,19}, Buddhist mothers¹⁷, and non-religious respectively in the remaining studies.^{4,22,24} The majority of participants studies were female or mothers of children with cancer.

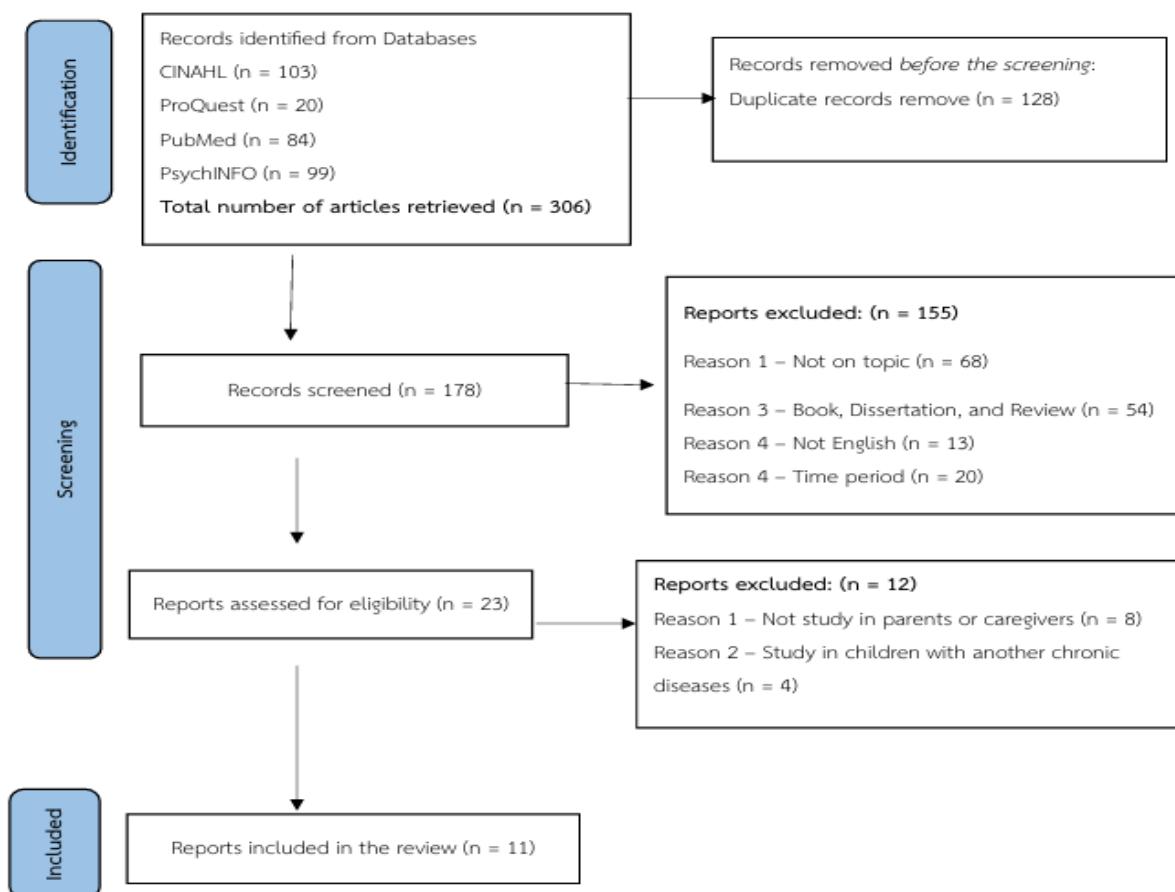


Figure 1

PRISMA flow diagram of the selection process used to identify and include articles in the systematic review



Data Analysis

Two main outcomes emerged from this review were *Religious and Spiritual Practice* and *Finding Social Support*.

Religious and Spiritual Practice

The findings revealed that religious and spiritual practices were most described as what parents do, such as saying prayer^{4,10,17,23}, making merit^{6,17}, reading Quran¹⁶, and doing meditation when their child is undergoing treatment for cancer.²³

Prayers

This systematic review revealed that prayer emerged as a central spiritual practice among parents caring for children and adolescents with cancer, with distinct patterns observed between prayer practice and prayer belief.^{12,16-20} Prayer practice was characterized by the actual behaviors of praying, including routine prayers, spontaneous individual prayer, participation in group prayers, and the use of specific prayer rituals during times of medical crisis. Parents reported engaging in prayer frequently, often daily, as a source of emotional support and coping during their child's illness. Prayer in conjunction with Bible and Quran reading provides solace.^{16,18,19}

In contrast, prayer belief referred to parents' underlying faith in the power and meaning of prayer. These beliefs encompassed views that prayer could lead to healing, divine intervention, or inner peace, as well as perceptions of prayer as a means to express hope, surrender, or maintain a connection with a higher power^{6,20}. According to Thanattheerakul, et al.¹⁷ children and their parents frequently turn to prayer for relaxation during challenging circumstances and use it as a coping strategy for the suffering brought on by illness. As a spiritual fulcrum, prayer was offered to the Buddha and the parents' ancestors. They thought that by praying, their requests would be granted.¹⁷ When parents felt hopeless, they only wanted to pray and call God, which these behaviors are classified as active religious surrender.¹⁸

Parents of children with cancer often seek divine assistance through prayer. According to Nikfarid et al.¹⁸, it turns into a channel through which people, their parents speak with God and request comfort and improvements in their hardships. They emphasize the use of prayer as a means of pleading with God for courage and comfort in difficult situations. While most studies highlighted a strong alignment between belief and practice, some parents maintained a strong belief in prayer's efficacy even when they did not engage in it regularly. These findings underscore the importance of addressing both the behavioral and cognitive dimensions of prayer when considering the spiritual needs of caregiving parents in pediatric oncology settings.

Prayer is seen as a resource that can intervene in the situation of illness, preventing disease progression. Parents who used prayer were more likely to identify it as effective in healing of their child treatment. Prayers have been described as positive in coping, providing a feeling of calm, tranquility, and comfort. The four studies^{4,6,16,23} found situations in which the parents manifested the prayers, who resorted to seeking intersections of spiritual strength in healing treatment, as Nicholas et al.⁶ reported. In this study, there is a manifestation in which the mother resorted to spiritual power to assist in treating the sick because she prayed.



Rituals

The use of rituals was presented as a resource linked to religious/ spiritual (R/S) experiences, as well as a support in the mental health conditions of parents. Rituals were employed by parents as structured, symbolic actions to find meaning, gain a sense of control, and express spiritual connection during their child's illness¹⁶. These included using religious symbols, reading sacred texts, and participating in hospital-based or community religious ceremonies. For some parents, rituals were closely linked to religious traditions, serving as a form of spiritual grounding in times of uncertainty. Similarly, Dolan et al.²¹ asserted that rituals often functioned not only as acts of faith but also as coping mechanisms, providing structure, hope, and a sense of agency in caregiving roles. Their presence across diverse cultural and religious backgrounds highlights the universal role of ritual in addressing the spiritual and psychological needs of parents caring for children with cancer.

Since parents play a crucial role in shaping the personality and mental health of their children, their spiritual health can significantly impact their offspring. Engaging in these rituals and traditions provides an opportunity for reflection, contemplation, and a sense of connection with the creator, thereby enhancing the spiritual health of parents and positively affecting other aspects of their mental well-being.²³

Religious and rituals can also be expressed through third parties such as family and health professionals. Parents report it is meaningful when health professionals consider and support their religious and spiritual beliefs, such as giving them objects or having actions related to R/S. In addition, the parents can practice religious rituals during treatment, such as praying or inviting a chaplain to the hospital, as Nicholas et al.⁶ described.

Sermon Books

In this review are presented sermon books such as the Bible, Quran, and Dhamma Pidok. Parents used these strategies to calm down in situations of stress. These books, which contain collections of religious teachings, scriptural interpretations, and spiritual reflections, were used by parents as a source of comfort, guidance, and inner strength during periods of emotional distress and uncertainty.¹⁷ Parents reported that reading sermon books helped reinforce their faith, provided perspective on suffering, and fostered resilience by connecting their experiences to broader spiritual or religious narratives.¹⁹ In some cases, sermon books were integrated into daily routines or used during quiet moments of reflection at the bedside, offering a structured way to engage with spiritual content outside of formal religious settings. Reading a sacred book, for example, can be an essential resource in patients' comfort and healing process, helping them relax in times of tension. Buddhist participants described making merit, reading Dhamma books, respecting the Buddha, and purifying the mind¹⁷.

This practice was especially important for parents who were unable to attend regular religious services due to caregiving responsibilities, allowing them to maintain a spiritual connection despite physical and emotional constraints¹⁷. Overall, the use of sermon books reflects the role of textual engagement as a personal and accessible form of spiritual nourishment for parents navigating the challenges of pediatric cancer care.

Meditation

One study found that parents use meditation as a spiritual practice.¹⁷ Parents reported that meditation supported the patients/caregivers in feeling calm and peaceful. The parents thought meditation enhanced their ability to handle the difficult situation of caring for a child with cancer, or could facilitate transcendence.



In Thai Buddhism, extrication or liberation from everything is the expected way of life. Parents reported they showed transcendence by devoting themselves to caring for their children, and trying to make merit for their good deeds.¹⁷ Meditation, including mindfulness-based techniques, breathing exercises, and silent reflection, allows parents to momentarily disengage from the overwhelming demands of their child treatment and reconnect with their inner selves.

For some parents, meditation is a non-religious yet deeply spiritual practice that cultivates presence, gratitude, and acceptance of uncertainty—a common experience in pediatric oncology settings. Moreover, when integrated into daily routines, meditation practices can help parents sustain emotional well-being and maintain supportive relationships with their children and healthcare providers.

The spiritual support of formal religions is not appropriate for non-religious theistic parents due to their absence of espoused belief in the existence of God or gods and purposeful beliefs. Other aspects of spiritual support, such as family support groups and bereavement programs, may be more appropriate for non-religious families. Medical staff, relatives, friends, and other bereaved parents can provide spiritual support differently. Religious parents who are giving medications, taking care of their children and houses, and working their jobs have reported that religious beliefs and practices helped them remain calm, accept situations, and recognize their own limitations when their child is undergoing treatment for cancer.⁴

Finding Social Support

Finding Social Support from this review were included: Connectedness with Other Parents, Support from a Faith Community, and Support from Health Professionals.

Connectedness with Other Parents

Doumit et al.²¹ found that interaction with other parents was an essential element of spiritual coping. When requested to support new parents joining the center, parents revealed their inner strength. They had the impression that they were surrounded by people who had experienced similar experiences.

Some parents demonstrated how hearing encouraging tales from other parents gave them hope and inner serenity. Those involved benefited greatly from the peer support.¹⁹ Support from other parents experiencing similar challenges plays a pivotal role in the spiritual and emotional resilience of parents caring for children and adolescents with cancer. Peer support provides a unique source of empathy, understanding, and shared experience that professional support systems may not fully offer.

Similarly, regardless of whether through earthly love or a more common love—often referred to as a connection to a higher being—the patients and their families acknowledged that they felt loved in some way.²² These connections often form in hospital settings, support groups, or online communities, allowing parents to exchange coping strategies, express spiritual beliefs, and find solace in mutual understanding.¹⁹ Studies have shown that this form of social support fosters a sense of belonging and reduces feelings of isolation, which can strengthen parents' faith, hope, and meaning-making during the cancer journey. Engaging with other parents can also serve as a reflective space where spiritual insights are deepened through shared narratives and witnessing others' resilience and faith practices.^{16,19} In this way, peer relationships may function not only as emotional support but as a spiritually enriching practice that reinforces inner strength and connection.



Support from a Faith Community

Support from friends, family, and frequently their religious community was highly valued by parents. Many found solace in the knowledge that their faith community was still there to support them both practically and spiritually, even though their regular religious rituals or practices (like going to community events) were disrupted.⁶

Faith communities—such as churches, mosques, temples, or other spiritual congregations—often provide both tangible and intangible forms of support including prayers, pastoral care, spiritual counseling, and community rituals.^{16-19,23} These support systems foster a sense of belonging, hope, and meaning during times of profound uncertainty and suffering. Parents often report that prayer chains, visits from religious leaders, and communal worship serve as sources of comfort and connection to the divine, reducing feelings of isolation^{17,19}

Dolan et al.¹⁹ asserted that religious groups frequently provide material resources like food and chances to interact socially with parents who have experienced comparable difficulties. Some families may find that their social support system is strengthened by membership in these groups. However, because social support and religious affiliation overlap, it is challenging to distinguish between the effects of social support, religious coping, and religion because these variables frequently interact in dynamic ways.

Support from Health Professionals

Receiving information about their child's condition from the health professional team gave parents a sense of inner peace and power. This review founded that when health care providers acknowledge and validate the spiritual concerns of parents, it strengthens the therapeutic alliance and helps parents derive meaning, hope, and emotional stability during a time of profound vulnerability.^{16,17,19} Doumit et al.¹⁹ reported that the oncologists who provided thorough prognostic information and a clear explanation of the disease gave parents of children with cancer a sense of peace and support. Parents felt reassured and that their child was receiving quality care thanks to the doctors' and nurses' updates on the present and upcoming treatment plans. They experienced inner strength and calm as a result of this sense of safety, which also translated into spiritual peace.¹⁹



Table 1 Characteristics of Studies Included in the Systematic Review (n = 11)

Author/ Funding resource	Purpose	Design	Sample/ Setting	Intervention	Results/Key Findings
Cai et al. ⁴ This work was supported by Beijing Municipal Administration of Hospitals Clinical Medicine Development of Special Grant (No. ZY201404), Beijing Municipal Administration of Hospital DengFeng Program (No. DFL20151101), and Beijing Municipal Administration of Hospitals Clinical Medicine Development Special Project (No. ZYLYX201840).	To understand nonreligious theistic parents' spirituality and to explore how parents discuss death with their terminally ill children in mainland China.	Qualitative study (QL)	N = 16 Parents whose child was diagnosed with cancer received palliative care and have been bereaved for 3–12 months. (China)		Participants described themselves as nonreligious but showed a tendency toward a particular religion. Parents sought religious support in the face of the life-threatening conditions that affected their child and regarded religious belief as an essential way to get psychological and spiritual comfort after experiencing the death of their child. Religious support could partially address parents' spiritual needs. Parents' spiritual needs still require other supports such as bereavement services, death education, and family support



Author/ Funding resource	Purpose	Design	Sample/ Setting	Intervention	Results/Key Findings
					groups. Some parents stated that it was difficult to find a way to discuss death with their children. For patients who come from nonreligious theistic families, their understanding of death was more complex and may be related to atheism.
Nicholas et al. ⁶ (No funding)	To address parental spirituality in the context of pediatric cancer with a poor prognosis.	Qualitative study (QL)	N = 35 Parents (mother or father) of children with cancer. (Canada)		Spirituality included religious beliefs and practices, notions of a higher force or cosmos, relationships with a divine being, as well as elements emerging from meaning-making and relationships. Parental expectations of spirituality remained relatively constant across data collection time points (3–9 months postdiagnosis).



Author/ Funding resource	Purpose	Design	Sample/ Setting	Intervention	Results/Key Findings
Abdoljabbari M, Sheikhzakaryae N, Atashzadeh- Shoorideh F. ¹⁶ (No funding)	To evaluate the spiritual strategy of parents of children with cancer.	Qualitative study (QL)	N = 15 Parents of hospitalized children with cancer. (Iran)		Eleven sub-themes were extracted in the data analysis, which resulted in the generation of three themes: “spiritual strategy” : appealing to God, trust, the esteem of god, Thanksgiving, and remembrance of God” “spiritual escape” : lack of communication with God, and religion desertion” and “spiritual growth” : spiritual attitude, spiritual tendencies, transcendent beliefs, and providence of God”.
Rossato et al. ²³ The first author has received research grants from Coordination for the Improvement of Higher Education Personnel (CAPES), organization linked to the Ministry of Education of Brazil.	To understand how family caregivers of Brazilian children and adolescents with cancer experience and use religious-spiritual coping.	Qualitative study (QL)	N = 23 Parents (mother or father) of children with cancer. (Brazil)		The positive and negative religious-spiritual coping affects the quality of life, physical and emotional health of family members, reverberating in the way they deal with and understand cancer in children and adolescents.



Author/ Funding resource	Purpose	Design	Sample/ Setting	Intervention	Results/Key Findings
The fourth author has financial support from the Nacional Council for Scientific and Technological Development (CNPQ), organization linked to the Ministry of Education of Brazil.					The data found demonstrate that pediatric oncology health services and professionals should consider religious-spiritual coping and be prepared to meet the demands of this nature that may arise.
Thanattheerakul C, Tangvoraphonkchai J, Pimsa W. ¹⁷ This work was supported by the Research and Training Center for Enhancing Quality of Life of Working Age People, Faculty of Nursing, Khon Kaen University.	To explore the spiritual needs of chronically ill children and families in the Isan region of Thailand	Qualitative study (QL)	N = 17 Chronically ill children and their parents. (Thailand)		Based on O'Brien's framework, there are three aspects (Personal faith aspect, Religious practice aspect, and Spiritual contentment aspect) to children's and caregivers' expressions of opinion on spiritual needs when children get a chronic illness. The study identified five attributes of spirituality (Meaning and purpose in life, Belief and faith, Related or connectedness, Inner peace, and Transcendence).



Author/ Funding resource	Purpose	Design	Sample/ Setting	Intervention	Results/Key Findings
Nikfarid et al. ¹⁸ This study was funded by the Shahid Beheshti University of Medical Sciences (Grant/Award No. 7172/12/25/P).	To explain the dimensions of religious coping in mothers of children with cancer in Iran.	Qualitative study (QL)	N = 8 Mother of children with cancer. (Iran)		The participants of the study used coping methods in 4 of the 5 objectives of religious coping, which are meaning, control, comfort, intimacy with others, and closeness to God. Three of the most frequently used coping methods by the participants were "Punishing God Reappraisal," "Pleading for Direct Intercession," and "Benevolent Religious Reappraisal," respectively.
Doumit et al. ²⁰ The study was funded by the American University of Beirut Faculty of Medicine Research Fund.	To understand the meaning of spirituality for parents of cancer patients in Lebanon.	Qualitative study (QL)	N = 11 Parents (mother or father) of children with cancer receiving treatment at a tertiary care center in Beirut, Lebanon. (Lebanon)		A constitutive pattern and overarching theme, "spirituality is a two-level relationship. It is a relation with God and with people. It is the act of receiving and giving back" and five major themes emerged from the data. These were "Being there for me;" "Connectedness with other parents is a blessing and a torment;" "The power of knowing;" "Communication with Unknown" and "Spirituality is not religiosity".



Author/ Funding resource	Purpose	Design	Sample/ Setting	Intervention	Results/Key Findings
Livingston et al. ²¹ National Institute of Nursing Research of the National Institutes of Health (NIH) R01 NR015458-05; NIH National Center for Advancing Translational Sciences CTSI-CN UL1RR031988	To understand and honor patients' preferences for future health care by using the functional assessment of chronic illness therapy-spiritual well-being- version 4 (FACIT-Sp-EX-4).	Quantitative study (QN)	N = 126 Adolescents with cancer/family dyads. (USA)	As part of four-site randomized controlled trial of FACE for teens with cancer, the functional assessment of chronic illness therapy-spiritual well-being version 4 (FACIT-Sp-EX-4) was completed independently by 126 adolescents with cancer/family dyads. The prevalence-adjusted and bias-adjusted kappa (PABAK) measured congruence on FACIT-Sp-EX-4.	Agreement at item level between spiritual well-being of adolescents and families was assessed. Three items had $\geq 90\%$ agreement and Excellent prevalence-adjusted and bias-adjusted kappa (PABAK): "I have a reason for living," "I feel loved," "I feel compassion for others in the difficulties they are facing." Three items had $< 61\%$ agreement and Poor PABAK: "I feel a sense of harmony within myself," "My illness has strengthened my faith or spiritual beliefs," "I feel connected to a higher power (or God)." Dyadic congruence was compared by social-demographics using median one-way analysis. Male family members (median = 72%) were less likely to share spiritual beliefs with their adolescent than female family members (median = 83%), $P = .0194$.



Author/ Funding resource	Purpose	Design	Sample/ Setting	Intervention	Results/Key Findings
Dolan et al. ²¹ Cancer Research Training Program T32: 5T32CA009615-29.	To examine associations between psychological distress and self-reported religious coping, religiosity, resiliency, and social support.	Quantitative study (QN) (Cross-sectional observational study)	N = 100 Parents of children recently diagnosed with cancer. (USA)	Cross-sectional observational study of 100 parents of 81 unique children recently diagnosed with cancer. Parents provided demographic information and completed measures of psychological distress, importance of religion, religious coping, resiliency, and social support. Patients' type of tumor and intensity of treatment were collected by medical record abstraction.	Parents of children with cancer reported high scores for psychological distress but similar levels of religiosity, religious coping, and resiliency. Negative religious coping (feelings of negativity related to the divine) was associated with higher levels of psychological distress. This effect was most prominent in parents who reported the highest levels of religiosity. Positive religious coping, religiosity, and social support were not associated with levels of psychological distress.
Vitorino et al. ²² No funding	To investigate whether Positive and Negative spiritual/religious coping (SRC) strategies are associated with depressive symptoms in family caregivers (FCs) of pediatric cancer patients in Brazil.	Quantitative study (QN)	N = 77 Family caregivers of children with cancer patients. (Brazil)	Spiritual/religious coping was assessed using the Brief SRC scale, and depressive symptoms were evaluated by the Beck Depression Inventory. Multiple regression models were performed to identify factors associated with SRC of FCs and their depressive symptoms.	Depressive symptoms were positively associated with Negative SRC ($B = 0.401$; $p < .001$; Adjusted $R^2 = 16.1\%$). Negative SRC was associated with depressive symptoms in FCs of pediatric cancer patients. Health professionals must be aware of the use of Negative SRC strategies in oncology care.



Author/ Funding resource	Purpose	Design	Sample/ Setting	Intervention	Results/Key Findings
Chivukula U, Kota S, Nandinee D. ²⁴ No funding	To investigate the impact of coping and spirituality on parents' burden.	Quantitative study (QN)	N = 100 Mothers and fathers of children diagnosed with acute lymphoblastic leukemia from cancer hospitals in Hyderabad. (India)	The study adopted a correlation design to find the relationship between coping, spirituality, and parents' burden.	The results revealed significant differences were observed between the two groups of parents on five dimensions of coping such as substance use ($t = 5.03, P < 0.01$), use of emotional support ($t = 2.34, P < 0.01$), instrumental support ($t = 1.93, P < 0.01$), acceptance ($t = 2.27, P < 0.01$), and religion ($t = 3.55, P < 0.01$).
					The relationships dimension of spirituality also had made significant contributions in predicting parents' burden. Both groups of parents (mothers and fathers) had a similar experience of burden while caring for their child. Parents experience severe psychological distress when their child is diagnosed with a serious illness like ALL.



Discussion

The main purpose of this study was to systematically summarize the current literature on spiritual practices of parents caring for children with cancer and to synthesize the evidence findings on the components of spiritual practices by parents' caring to use this knowledge to identify future directions for clinical care and research.

This systematic review identified 11 qualitative and quantitative studies assessing spiritual practices of parents caring for children with cancer. Most of studies were conducted in America and Asian countries respectively. However, this review goes further by integrating findings from multiple cultural contexts and highlighting the varied expressions of spirituality beyond traditional religious forms. For example, studies conducted in Western countries often emphasized personal spirituality, inner meaning-making, and meditative practices as forms of spiritual coping. In contrast, findings from non-Western environments, such as in Ghana, Iran, or Brazil, highlighted more communal and faith-driven practices, including public prayer, church or mosque support, spiritual healing, and collective rituals involving extended family or faith leaders²⁵⁻²⁷. Therefore, it is also necessary to develop a parent's spiritual practice promoting program that considers both Western and Eastern cultural characteristics.

This study revealed two major themes: (1) Religious and spiritual practices, and (2) Seeking social support. Parents engage in prayer, meditation, or rituals to maintain hope and resilience. Support from faith communities and peer parents gives meaning and a sense of belonging. These practices are adaptive responses to existential distress.

The spiritual practices often served not only as a source of comfort but also as a way to connect with a higher power, reinforce hope, and make sense of their child's illness. In some studies of this review, parents reported that their spirituality was deepened through the caregiving experience, with many describing a stronger faith and a greater reliance on divine guidance.²⁸ This aligns with earlier findings that spirituality often functions as a protective factor, helping parents maintain resilience in the face of life-threatening pediatric illness.²⁹ However, the findings also highlight the diversity of spiritual expressions. While many parents engaged in traditional religious activities, others found spiritual connection through nature, mindfulness, reflective journaling, or simply through the intimate caregiving relationship with their child.³⁰ Similarly, Danyuthasilpe et al.³¹ identified that chanting was a meaningful practice and powerful health-promoting activity that contributes to the health and well-being of older adults in Thailand. This suggests that spiritual care should not be narrowly defined by formal religion but rather understood as a broad, individualized experience encompassing existential meaning, inner peace, and connection.

In addition to social support—particularly from other parents and faith communities—emerged as a crucial element of spiritual coping. Peer support from other parents of children with cancer provided a sense of understanding, mutual empathy, and shared hope, which reinforced parents' emotional and spiritual well-being.³² These peer relationships were often formed in hospital settings or through online communities and were marked by shared prayer, storytelling, and practical caregiving advice. The spiritual value of these connections lies not only in the emotional reassurance they provide but also in the affirmation of shared meaning and resilience.



Faith communities also played a significant role in supporting parents' spiritual needs. Religious leaders, congregational members, and structured rituals (such as monks or priests) were cited as sources of strength, particularly in collectivist cultures where community identity is tightly interwoven with spiritual life.²⁹ These networks helped parents feel accompanied in their spiritual journey, reinforced their faith in difficult times, and provided practical resources such as meals, transportation, and emotional presence. Despite this, some parents reported unmet spiritual needs, especially when health professionals did not proactively inquire about or support their spiritual concerns.³²

Importantly, the role of health professionals was also highlighted across studies. Parents valued when nurses, physicians, and chaplains showed empathy, engaged in spiritually sensitive communication, and offered access to spiritual resources. In contrast, the absence of such support often left parents feeling spiritually isolated or overlooked.²⁸ This underscores the need for more structured integration of spiritual care into pediatric oncology settings, including training healthcare providers in spiritual assessment and interdisciplinary collaboration.

Limitations

This systematic review offers important insights into the spiritual practices of parents for children and adolescents with cancer, based on recent empirical studies. The majority of the included studies, however, were carried out in Western nations, which restricts the generalizability of our results to other areas, like Eastern countries. A factor that may have affected the results. Hand searching can be extended to scanning reference lists and to identify studies that may be missed by electronic database searches due to incomplete indexing, inconsistent terminology, or limited database coverage.

Implication for practice and research

The findings of this study underscore the need for health professionals:

1. To recognize and support the spiritual dimensions for parents of children with cancer.
2. Should be integrated into routine family-centered care, providing access to chaplaincy services, sacred spaces, and resources for various spiritual traditions.
3. To conduct a meta-analysis design for the future research.

Conclusion

This review highlights the essential role of spirituality and social support in the experience of parents of children with cancer. Spiritual practices not only serve as a coping strategy but also foster resilience and emotional well-being. Health professionals have a unique opportunity to support these practices through compassionate care, faith-sensitive approaches, and the facilitation of supportive networks. Future studies should aim to deepen our understanding of culturally specific spiritual needs and evaluate the effectiveness of interventions designed to support spiritual health in pediatric oncology contexts.



Ethical Consideration

This systematic review was based exclusively on previously published studies and does not involve new data collection from human participants or animals. However, the review process followed established systematic review methodologies and complied with the PRISMA guidelines to ensure transparency and reproducibility.

Declaration of AI Use

The author utilized Perplexity AI to assist in refining language, and enhancing the clarity of the text. All content was reviewed and approved by the authors to ensure accuracy and integrity.

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