

Walking Through Faith and Fear: Spiritual Coping Mechanisms of Cancer Patients Undergoing Radiation Therapy

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Abstract

This study explores the spiritual coping mechanisms of cancer patients undergoing radiation therapy, focusing on their faith and fear in shaping their lived experiences. Using a phenomenological qualitative research design, the study was conducted in San Fernando City, La Union, involving purposely selected participants undergoing radiation therapy. Data were collected through semi-structured interviews and analyzed using thematic analysis. Results revealed that faith served as a vital source of strength, providing hope, meaning, and emotional stability during treatment. Patients relied on prayer, meditation, and communal support from families and religious groups to confront fear and uncertainty. Conversely, fear manifested through anxiety about side effects, isolation during procedures, and concerns about cancer recurrence. Despite these challenges, participants demonstrated resilience by reframing their suffering through spiritual beliefs and community support. The findings highlight the essential role of spirituality in holistic cancer care, emphasizing that faith and fear are intertwined dimensions of coping. Integrating spiritual assessment into oncology practice may enhance patient-centered care, reduce distress, and foster resilience. This study contributes by capturing the communal aspects of spiritual coping among cancer patients in La Union.

Keywords: Cancer Patients, Faith, Fear, Radiation Therapy, Spiritual Coping

1. Introduction

Prostate cancer treated with radiation therapy, A 68-year-old man is diagnosed with localized prostate cancer. Instead of surgery, his doctor recommends radiation therapy as the primary treatment. He undergoes external beam radiation therapy (EBRT), receiving targeted radiation to the prostate five days a week for several weeks. The goal is to destroy cancer cells while preserving surrounding organs like the bladder and rectum. During treatment, he may experience mild urinary frequency and fatigue, but these side effects usually improve after therapy ends. Radiation therapy alone is effective for many patients with prostate cancer, especially when the tumor is confined to the prostate (American Cancer Society, 2025; MayoClinic, 2025).

Sun et al. (2025) conducted a bibliometrics analysis of research on radiotherapy for prostate cancer, examining publications from 1994 to 2023. Their study included 4,923 articles and revealed a steady increase in publications over time, reflecting the growing global interest in prostate cancer radiotherapy. The authors identified major research domains, including technological innovations in radiotherapy, assessment of treatment efficacy, and strategies to reduce adverse effects associated with treatment. They highlighted Stereotactic Body Radiation Therapy (SBRT) as a current focus of research and noted that emerging areas likely to shape future investigations include adaptive radiotherapy, proton and heavy-ion therapy, and multimodal imaging approaches. Sun et al. (2025) concluded that the evolving technologies and innovative modalities in prostate cancer radiotherapy offer promising directions for both clinical practice and future research, emphasizing the importance of continued exploration to improve treatment outcomes and patient safety.

Spirituality is the human pursuit of meaning, purpose, and connection beyond physical existence. It involves beliefs, values, or practices that help people find peace, resilience, and a sense of belonging to something greater than themselves—whether that is God, nature, or inner reflection. Patient care and spirituality serve different but complementary roles in a person's healing journey. Patient care is the professional act of tending to someone's health needs—providing treatments, ensuring safety, and offering comfort during times of illness. It is grounded in medical science and practical support. Spirituality, however, touches the deeper dimension of human experience. It is the way individuals find meaning, strength, and connection beyond the physical body, often through faith, values, or personal reflection. While patient care restores the body, spirituality strengthens the heart and soul. Together, they create a holistic approach to healing, where science and spirit meet to support the whole person.

Patients undergoing radiation therapy often describe their experiences as a continuous struggle between fear and faith. Fear usually stems from uncertainty about treatment outcomes, side effects, physical pain, and the possibility of death, while faith provides hope, acceptance, and courage to continue treatment. Cancer treatment may create emotional and psychological burdens that affect the patient's daily functioning and overall well-being. Many patients experience anxiety before radiation sessions due to fear of pain, radiation exposure, and possible complications brought by the treatment process (Merluzzi et al., 2023).

Fear is an unpleasant emotion that arises from the perception of danger, threat, or harm, whether real or imagined. It is a natural response that prepares the body and mind to protect themselves, often activating the fight or flight mechanism. Psychologically, it brings feelings of anxiety or dread, while physiologically it triggers changes such as rapid heartbeat, tense muscles, and heightened alertness. Fear is protective and helps survival, but when excessive or persistent, it can interfere with daily life and lead to distress.

Fear of cancer recurrence (FCR) is one of the most prevalent psychological concerns among cancer patients, affecting nearly half to two-thirds of survivors. It is defined as the persistent worry that cancer may return or progress, and it is strongly linked to anxiety, depression, post-traumatic stress symptoms, and maladaptive health behaviors such as excessive medical checking and increased healthcare utilization. Radiotherapy (RT), while essential for improving survival and local tumor control, often produces side effects including fatigue, skin reactions, and oral complications. These physical burdens can heighten psychological distress and reinforce patients' fears during and after treatment.

Cancer patients undergoing radiation therapy commonly experience fear, anxiety, uncertainty, and emotional distress during their treatment journey. These emotional experiences often influence how patients cope with their illness and treatment process. Patients receiving radiation therapy may develop fear related to treatment side effects, pain, body image changes, and uncertainty regarding recovery and survival. Emotional distress may also arise from prolonged treatment sessions and the physical exhaustion associated with cancer therapy (Hampel et al., 2020).

During medical procedures, patients often experience fear in different forms that reflect both physical and psychological distress. For example, during radiotherapy sessions, a patient may feel anxious when positioned alone in the treatment room, hearing the machine noises and anticipating possible side effects, with much of the fear arising from uncertainty about radiation exposure and whether it will cause pain or long term harm. In diagnostic imaging such as CT, MRI, or X ray, patients may fear the confined space of an MRI scanner, leading to claustrophobia, or worry about radiation dose even when reassured of its safety. Similarly, chemotherapy or combined treatments can heighten distress as patients anticipate nausea, hair loss, or fatigue before infusion begins, while also fearing that the treatment may not be effective, reinforcing their fear of cancer recurrence. Even routine follow up checkups, including imaging or laboratory tests, can trigger fear as patients anxiously await results and anticipate the possibility of recurrence being detected.

Faith has long been recognized as a central dimension of human experience, often defined as allegiance or loyalty, fidelity to promises, or belief and trust in God and religious doctrines. Beyond its theological roots, faith also encompasses a firm belief in something for which there is no empirical proof, serving as a source of conviction and perseverance in the face of uncertainty (Koenig, 2012). Within both religious traditions and secular life, faith matters because it anchors spiritual practice, strengthens community bonds, and underpins relationships. It motivates perseverance and fosters hope, enabling individuals to endure hardship with resilience and meaning (Gall & Cornblat, 2002).

In the context of illness, particularly cancer, faith often functions as a powerful coping mechanism. It provides patients with meaning, emotional relief, and a sense of stability during times of stress, grief, and uncertainty. People who rely on faith, whether religious or personal, tend to experience greater psychological resilience and a stronger ability to endure adversity. Faith correlates strongly with coping mechanisms by offering hope, social support, and emotional strength. However, scholars caution that its effectiveness depends on balance; faith works best when combined with practical strategies and supportive relationships (Pargament, 1997; Park, 2010).

Recent studies have reinforced the importance of faith and spirituality in coping with cancer and radiation therapy. Nagy et al. (2023), in a systematic review, demonstrated that spirituality and religion significantly improve quality of life and coping mechanisms among cancer patients. Faith-based practices were consistently linked to reduced anxiety, improved emotional well-being, and enhanced adherence to treatment protocols. Similarly, Daniels, Glover, and Kyei (2025) examined cancer patients undergoing radiotherapy in Ghana and found that spirituality and religiousness contributed positively to patients' quality of life. Their findings highlight the cultural relevance of spiritual coping and its role in moderating fear and uncertainty during treatment.

Faith serves as a vital coping mechanism for patients-undergoing radiation therapy, functioning at both the individual and community levels. On the individual level, faith provides inner strength, hope, and meaning, enabling patients to confront the fear and uncertainty that accompany cancer treatment. Through personal practices such as prayer, meditation, or reflection, patients cultivate resilience and maintain a sense of purpose despite physical and emotional challenges. Faith allows them to reframe from their suffering, trusting in a higher power or spiritual worldview that offers reassurance and continuity amid disruption. At the community level, faith extends beyond personal belief to encompass the collective support of religious groups, spiritual leaders, and faith-based organizations. These communities provide emotional encouragement, practical assistance, and a sense of belonging that reduces isolation during treatment. Shared rituals, communal prayers, and collective expressions of hope strengthen patients' confidence and remind them that they are not alone in their journey. In this way, faith operates as both a personal anchor and a communal resource, fostering psychological wellbeing, enhancing resilience, and sustaining a positive outlook throughout the course of radiation therapy.

Welch-Horstman (2022) examined the neuropsychological processes perceptions of God, highlighting how conceptions of the divine influence both emotional and spiritual well-being. The study emphasized the role of the amygdala in processing fear, noting that when God is primarily viewed as punitive, religious guilt and failure can activate heightened fear responses. This activation often leads to stress, anxiety, and maladaptive coping mechanisms, which hinder healthy spiritual growth. Conversely, viewing God as relational and compassionate was found to reduce fear-driven responses, fostering more positive emotional regulation and faith practices. The author further suggested that pastoral interventions and Christian formation should promote secure and life-affirming images of God to mitigate the negative effects of fear, supporting both emotional and

spiritual resilience.

In the US setting, spirituality is increasingly seen as a key part of complete cancer care. Balboni et al. (2022) found that patients who used spiritual coping during serious illnesses, including cancer treatment (surgery, chemotherapy and Radiation Therapy), felt more emotionally stable, found more meaning in their experiences, and reported better overall well-being. The review also noted that addressing spiritual concerns can help reduce feelings of fear and isolation during tough treatments like radiation therapy. Additionally, evidence shows that patients who get spiritual support view their care as more caring and thorough. Studying spiritual coping mechanisms among radiation therapy patients highlights the important balance between faith and fear that shapes their healing journey.

In the Philippine context, spirituality is deeply embedded in cultural identity and daily life. Research in Manila has shown that prayer, church involvement, and religious meaning-making significantly contribute to the emotional resilience of cancer patients throughout their treatment journey, especially in radiation therapy. Unlike in the United States, where professional chaplains are often available, Filipino patients typically rely on family members, peers, and religious leaders for spiritual support—reflecting the communal nature of coping in Filipino society.

Ahmadi, Zandi, and Poblete (2024) conducted a qualitative study with twenty Filipino cancer patients, revealing that both religious and secular meaning-making shaped coping strategies. Religion emerged as a central resource, consistent with the country's predominantly Christian orientation, while family ties and cultural norms further reinforced resilience. The authors concluded that religion, culture, and close familial bonds are deeply intertwined in Filipino coping mechanisms.

In his keynote speech at the 2023 Philippine Sociological Society Conference, Randolph S. David reflects on the complexities of Filipino resilience through the lenses of hope, faith, resentment, and fatalism. Initially hesitant to speak on the conference theme centered on hope, David admitted that he found the idea of a “sociology of pessimism” more compelling. Encouraged by the organizers to pursue this angle, he accepted the challenge and used it as a springboard to explore how Filipinos cope with adversity.

David argues that Filipino resilience is often romanticized, masking deeper social and structural issues. He shares a poignant story from a radio program where a young man from Bulacan seeks help for his mother's dialysis treatment. This moment, he suggests, illustrates how public platforms become spaces for “palliative charity”—temporary relief that reflects both communal empathy and systemic neglect. He then unpacks how resilience in the Filipino context is shaped by a mix of cultural and emotional responses.

In La Union setting, strong Roman Catholic influence and close family ties suggest that spiritual coping may be even more community centered. Although limited formal studies exist in the region, cultural observations show that patients often depend on family caregivers, barangay networks, and parish communities for emotional and spiritual support. Local religious customs, devotional practices, and indigenous beliefs may blend with medical care, shaping unique ways of “walking through faith and fear” during

radiation therapy.

By exploring, the study highlights emotional and spiritual challenges patients face and how these influence their resilience during treatment among cancer patients undergoing radiation therapy. While Filipino studies acknowledge the cultural influence of faith, prayer, and communal support, there is a notable gap in understanding the specific experiences of cancer patients undergoing radiation therapy in La Union, where spiritual practices are deeply embedded in local culture, family structures, and community networks. Existing literature tends to focus on spiritual coping in broader clinical settings, without addressing how faith and fear interact as coping mechanisms in the emotionally and physically challenging context of radiation therapy among cancer patients who have undergone such treatment. This gap underscores the need for a localized, qualitative exploration of how these cancer patients in La Union use spirituality to cope with how their faith strengthens them, how fear challenges them, and how both factors shape their overall healing journey. The present study aims to fill this gap by capturing the lived experiences of patients, offering insights grounded in the unique cultural and social realities of the region.

This study is significant because it highlights the essential role of spirituality in helping cancer patients cope with fear, emotional distress, and uncertainty during radiation therapy. As radiation therapy can trigger anxiety and feelings of vulnerability, understanding how patients rely on faith, prayer, and spiritual beliefs provides valuable insight into their overall healing experience. The findings of this research will benefit patients by giving voice to their experiences and validating the importance of their spiritual struggles and strengths. It may also encourage healthcare institutions to recognize spirituality as an important component of holistic care, leading to the development of programs that support patients' emotional and spiritual needs.

For radiation therapy workers and radiologic technologists, this study offers a deeper understanding of the emotional and spiritual challenges patients face during treatment, allowing them to provide more compassionate, patient-centered care. Furthermore, the study adds to the limited local literature on spirituality in cancer treatment, serving as a foundation for future research and contributing to culturally sensitive approaches within oncology care in the Philippines.

2. Objectives

This study aimed to explore and understand the spiritual coping mechanism of cancer patients undergoing radiation therapy, focusing on how faith and fear influence their experiences

3. Materials and Methods

This study employed a qualitative phenomenological research design (Creswell and Poth (2024)) to explore and understand the spiritual coping mechanisms of cancer patients undergoing radiation therapy. The design was chosen because it allowed the researchers to capture the lived experiences of participants, focusing on how faith and fear influenced their coping strategies during treatment.

The research was conducted in San Fernando City, La Union, where participants were purposively selected based on specific criteria. Inclusion required that they were adult cancer patients, aged twenty-one and above, who were either currently undergoing or had completed radiation therapy. Only those who willingly provided informed consent and were able to articulate their experiences were included in the study. Recruitment was facilitated through formal announcements and direct communication, following approval from the Research Ethics Committee (REC) and permission from the Dean of the College of Radiologic Technology.

Data were gathered through semi-structured face-to-face interviews conducted individually in a private setting to ensure confidentiality and comfort. Each interview lasted approximately thirty to forty-five minutes and was audio-recorded with the participants' consent. To ensure depth and accuracy, each participant underwent at least two to three interview sessions, with the final interview serving to validate responses. In addition to verbal accounts, the researchers documented observational notes and non-verbal cues to enrich the interpretation of data. Open-ended questions were used to encourage participants to freely share their experiences, perceptions, and coping strategies related to faith and fear during radiation therapy.

The collected data were analyzed using Braun and Clarke's (2025) six-phase thematic analysis framework. This involved familiarization with the data, generating initial codes, searching for themes, reviewing and refining these themes, defining and naming them, and finally producing the report. This systematic approach enabled the researchers to identify meaningful patterns and themes that reflected the spiritual coping mechanisms of cancer patients, highlighting the interplay between faith and fear in their healing journey.

4. Results

This chapter presents the summary of data analysis and discussion of the results on how cancer patients who have undergone radiation therapy experience faith and fear, and how these influence their spiritual coping mechanisms. From the narrative of the participants, the researchers generated the three major themes: (1) Fear and Spiritual Struggle (2) Faith as an Emotional Strength, (3) Spiritual Coping Mechanisms. The major themes are presented with their corresponding sub-themes and significant statements of participants.

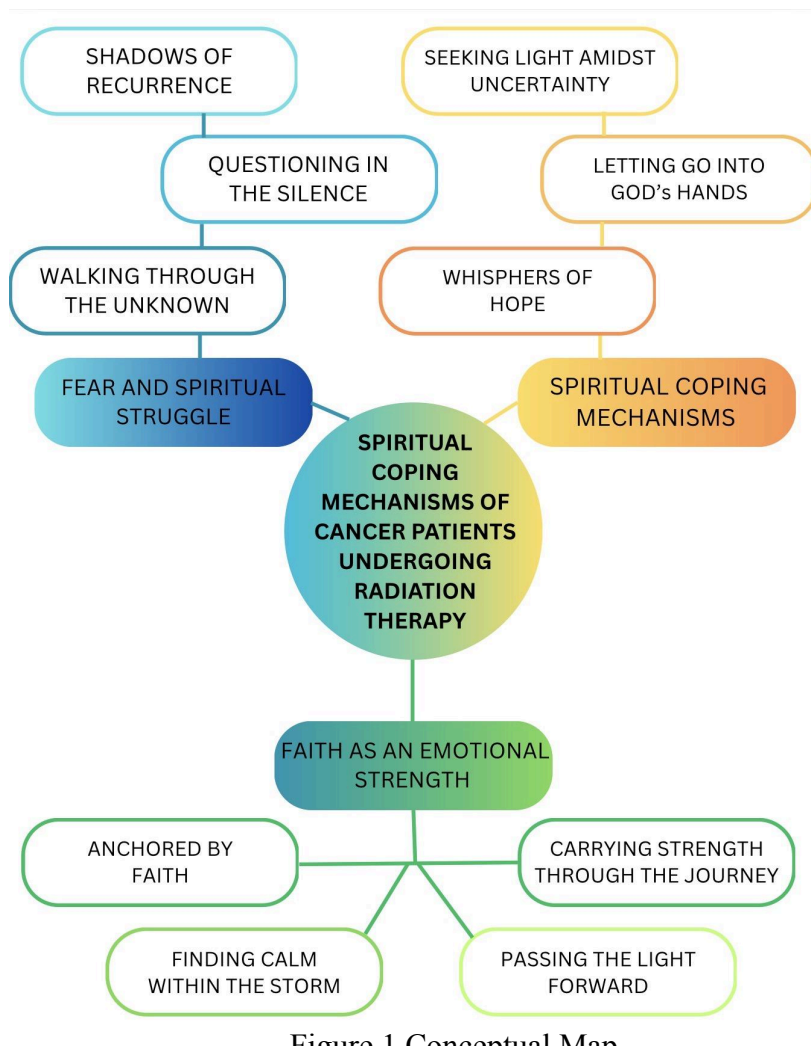


Figure 1. Conceptual Map

5. Discussion

The first major theme, **Fear and Spiritual Struggle**, highlights the different forms of fear experienced by the participants. It begins with overcoming fear, uncertainty and emotional distress during radiation therapy. It is supported by three sub-themes, including, (1) "Walking to the Unknown", (2) "Shadow of Recurrence", (3) "Questioning the Silence", (4) "Passing the Light Forward".

The subtheme **Walking to the Unknown** Participants experienced fear, anxiety, and spiritual struggle before and during radiation therapy due to unfamiliarity with the procedure and negative information from others. Many initially believed the treatment would be painful or life-threatening, which increased their emotional distress. Although the procedure itself was often painless, participants described physical exhaustion and difficulty adjusting to the treatment and its side effects. Over time, some participants gradually became more accepting of the therapy after realizing that their fears were greater than the actual procedure itself.

The subtheme **Shadow of Recurrence** Participants continued to experience fear and uncertainty about cancer recurrence even after completing treatment. Despite their anxiety, they tried to cope by strengthening themselves emotionally, accepting their situation, and relying on faith in God. Some participants viewed recurrence as another challenge rather than a defeat, showing resilience and acceptance. However, the fear of cancer returning remained constant and continued to cause worry about their future.

The subtheme **Questioning the Silence** Participants experienced moments of spiritual struggle, doubt, and emotional exhaustion during their cancer journey. They questioned why they had to suffer despite their faith, family responsibilities, and young age, often asking, "Why me, Lord?" These feelings reflected their confusion, helplessness, and difficulty in understanding their illness. However, despite moments of doubt, some participants tried to regain positivity and continue relying on faith as a source of strength.

The second major theme **Faith as an Emotional Strength** highlights the participants' narration on how Faith serves as a source of strength, including (1) "Anchored by Faith", (2) "Finding calm within the Storm", (3) "Carrying Strength through the Journey".

The subtheme **Anchored by Faith** Participants demonstrated strong faith in God's plan as an important coping mechanism throughout their cancer journey. Their faith provided emotional strength, hope, and resilience despite experiencing fear, uncertainty, and physical weakness during radiation therapy. Participants believed that trusting in God helped them remain positive and accept their situation more peacefully. This reliance on spirituality gave them reassurance and encouragement to continue facing the challenges of treatment.

The subtheme **Finding calm within the Storm** Prayer emerged as an important coping mechanism that provided participants with comfort, peace, and emotional relief during their cancer journey. Through prayer, participants felt their burdens become lighter and experienced a sense of God's presence during difficult moments. It also allowed them to express their fears, seek guidance, and gain emotional strength. As a result, prayer helped improve their emotional stability and resilience while facing the challenges of treatment.

The subtheme **Carrying Strength through the Journey** Participants viewed faith as a major source of inner strength throughout their radiation therapy journey. Despite physical exhaustion and emotional distress, they relied on spirituality to remain hopeful,

strong, and resilient during treatment. Their faith provided encouragement, reassurance, and the motivation to continue enduring the challenges of illness. Through trusting in God, participants were able to persevere despite suffering and uncertainty.

The subtheme **Passing the Light Forward** Participants expressed a strong desire to encourage and inspire other cancer patients through their experiences with radiation therapy. Their journey of fear, suffering, and uncertainty transformed into resilience, wisdom, and hope that they wanted to share with others. They emphasized the importance of faith, trusting the treatment process, and never losing hope despite the challenges of illness. Through their experiences, participants found meaning in helping and motivating others to stay strong and continue fighting.

The third major theme **Spiritual Coping Mechanisms** Participants actively engaged in various spiritual coping practices to manage emotional distress and navigate the challenges of radiation therapy. These practices helped them maintain hope, emotional stability, and meaning throughout their journey. It is supported by three sub-themes, including, (1) “Whisper of Hope”, (2) “ Letting Go into Hands”, (3) Seeking Light Amidst Uncertainty.

The subtheme **Whisper of Hope** Participants used prayer, church involvement, and other spiritual activities as important coping mechanisms during their cancer treatment journey. Through praying, attending fellowship and church activities, listening to worship songs, and reading the Bible, they found comfort, guidance, and emotional reassurance during difficult moments. These spiritual practices helped reduce fear and emotional distress while strengthening their faith, hope, and resilience. Their experiences showed that spirituality played a significant role in helping them emotionally cope with the challenges of cancer and radiation therapy.

The subtheme **Letting Go into Hands** Participants experienced acceptance and spiritual surrender as important ways of coping with suffering and uncertainty during their treatment journey. By entrusting their situation to God, they were able to find peace, hope, and reassurance despite fear and emotional distress. This surrender reflected their decision to trust in God’s plan rather than resist or control their circumstances. Their faith helped reduce anxiety and helplessness while strengthening their emotional resilience and ability to endure the challenges of treatment.

The subtheme **Seeking Light Amidst Uncertainty** Participants highlighted the important role of family, friends, and community support throughout their cancer treatment journey. Their loved ones provided emotional, financial, spiritual, and mental support, helping them feel less alone during difficult times. This strong support system helped reduce fear, isolation, and emotional exhaustion while strengthening their resilience and hope. The findings suggest that social support became a vital source of comfort and encouragement that helped participants endure the challenges of radiation therapy.

6. Conclusion

This study explored the lived experiences of cancer patients undergoing radiation therapy and revealed that fear and faith greatly influenced their spiritual coping mechanisms throughout their treatment journey. Participants experienced fear, uncertainty, emotional distress, and spiritual struggles before and during radiation therapy due to unfamiliarity with the procedure, fear of recurrence, physical exhaustion, and negative perceptions from others. Despite these challenges, participants gradually developed resilience and emotional strength through their faith in God, prayer, and acceptance of their situation.

The findings further showed that spirituality played a significant role in helping participants cope with the emotional and physical demands of cancer treatment. Through prayer, trust in God's plan, church involvement, and spiritual surrender, participants were able to find comfort, peace, hope, and reassurance amid suffering and uncertainty. Faith became a source of emotional strength that helped them endure treatment, remain hopeful, and maintain a positive mindset despite the possibility of recurrence and emotional exhaustion.

Moreover, the study highlighted the importance of family, friends, churchmates, and community support in strengthening participants' emotional and spiritual well-being. The encouragement, prayers, and assistance they received from their support systems helped lessen feelings of fear, loneliness, and helplessness throughout their journey. Participants also transformed their experiences of suffering into inspiration and encouragement for other cancer patients by sharing messages of hope, faith, perseverance, and trust in the treatment process.

Overall, the study concludes that spiritual coping mechanisms such as faith, prayer, surrender to God, and social support significantly helped cancer patients manage fear and emotional distress during radiation therapy. These experiences demonstrate that spirituality is not only a source of comfort but also an important factor in promoting emotional resilience, hope, and psychological well-being among cancer patients undergoing treatment.

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We would also like to convey our deepest thanks to our new research adviser Mr. Jericho Shermond T. Tottoc for willingly accepting the responsibility to guide us through the continuation and completion of this work. Your expertise, patience, and encouragement have been instrumental in refining our study and bringing it to its present form.

To our Dean, Ms. Gryn T. Salagma, we express our heartfelt gratitude and appreciation for the constant support and trust that help us find strength. To the Radiologic Technology Department of Colleges, thank you for the opportunity and providing us with the necessary resources and institutional support.

We would also kindly like to thank Ms. Marites Pagdilao and the panel members, Mr. Ryan Jay Mostoles and Dr. Rogelio Quiroga for their thoughtful evaluation and time.

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Special appreciation goes to our classmates and peers who participated in our surveys, interviews, and testing phases. Their willingness to contribute their time and thoughts added depth and authenticity to our work.

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9. Appendices

APPENDIX A Approval Sheet from the Research Ethics Committee



LC-REC Form #024
APPROVAL LETTER

REC Reference #: 2025-212

February 12, 2026

To: **Nathalee Rose Aquintey, Princess Ella Halaman, Edison Dacquel, Kleniel Dizon, Aaron Josh Galindo and Terence Norte**
LORMA Colleges, College of Radiologic Technology

Subject: Approval of the Research Study – “WALKING THROUGH FAITH AND FEAR: SPIRITUAL COPING MECHANISMS OF CANCER PATIENTS UNDERGONE RADIATION THERAPY” – by the Research Ethics Committee (REC).

Dear Researcher/s,

The Research Ethics Committee (REC) has reviewed your application to conduct the above-mentioned research study in the District Hospitals of La Union, LORMA Medical Center, and ITRMC with you as the Principal Investigators within a duration of February 12, 2026 to February 12, 2027.

The Following documents have been reviewed and approved:

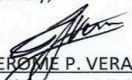
1. Endorsement of the Research Coordinator
2. Title and Statement of the Problem/Objective
3. Literature Review
4. Methods and Procedures
5. Population and Locale
6. Exclusion/Inclusion Criteria
7. Data Analysis
8. Ethical Considerations

We approve the study to be conducted in the presented form provided the following are integrated in the final research protocol:

1. In the Informed Consent Form, the procedures must be elaborated.
2. In the manuscript and ICF, indicate that the place of interview will be set by the participants. Should you go to a public place, e.g., Rovers Coffee, cite confidentiality protocol for the participants.

The institutional REC expects to be informed about the progress of the study, any revision in the protocol before implementation and participants’/respondents’ information/informed consent. Likewise, you are required to provide the Board a copy of the final report.

Yours Sincerely,



JEROME P. VERA, LPT
Chairman, LC-REC

10. Author(s) Biodata

Edison Dacquel, Kleniel Dizon, Aaron Josh Galindo, Terrence Norte, Nathalee Rose Aquintey, and Princess Ella Halaman are 3rd-year students enrolled in the Bachelor of Science in Radiologic Technology at LORMA Colleges. Together with their research adviser, Mr. Jericho Shermond T. Tottoc, they conducted a study exploring the “Walking Through Faith and Fear : Spiritual Coping Mechanisms of Cancer Patients Undergoing Radiation Therapy”. The group demonstrates strong commitment and dedication to their research endeavor, aiming to gain meaningful insights into clinical internship experiences and contribute to the advancement of radiologic technology education.