Medical Sociological and Psycho-oncological care

WCD Ihsas Calligraphy Script

Dear reader,

This humble booklet consists of a clinical research study on different emotions that cancer patients may feel. The emotions are presented in a calligraphy format in Ihsaas Calligraphy Book.

This year, the Farah Saeed Team is participating in the World Cancer Day's theme: '*United by Unique,'* strengthening our collective commitment.

The aim is to inspire healthcare professionals, policy makers, and the public through stories of cancer patients on a general perspective and the importance of personalised care tailored to the needs of the patient.

These emotions are educational content for the general public rather than personalised to gain an insight into what cancer patients may portray on their journey.

It is a good opportunity to learn a few emotive words from another culture that can be expressed amongst patients, family, and friends.

Why Arabic?

Arabic is a language that can be traced back to centuries and has shaped culture, art, literature, medicine and all walks of lives.

We wanted to continue the legacy of our dear friend, Dr Farah Saeed (may Allah bless her soul) who was from an Arabic heritage.

The Ihsas Arabic Calligraphy is free to download from World Cancer Day website and on our own FST website:

https://www.worldcancerday.org/activities/world-cancer-day-2026

If you are looking for Arabic materials or in any other languages‹, World Cancer Day has created some posters free to download:

https://www.worldcancerday.org/materials?f%5Bmaterial_language_0%5D=mate

Best Regards,

The Farah Saeed Team.

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Al-Salama (Safety) – Diwani Script

The first Arabic term in the Diwani Arabic Calligraphy script is Safety.

Al Salama is the Arabic term for Safety.

Why is cancer patient safety important?

Patient care in cancer care involves preventing medical errors, harm, delayed diagnosis, late cancer referral pathways, and "*preventable psychological harm"* (PPH) during diagnosis and treatment.

For example, NG12 guidance when there are negative imaging results and monitoring signs.

Al Salama is about lowering risk during the three main avenues of cancer treatment: chemotherapy, radiotherapy and surgery.

Chemotherapy use chemicals to kill cancer cells.
Radiotherapy uses radiation to kill cancer cells.
Surgery is using tools to extract or take out the cancer.

Al Salama is about understanding people centred care in combination with clear communication is vital.

To overcome these limitations in clinical care, the need for safety netting whilst monitoring signs and symptoms is fundamental until test results is received.

What is safety netting?
Safety netting is a way of managing referrals, tests and treatment in healthcare.

Reports have stated that staff need to be in a work culture when performing errors unintentionally and learn from it through training and signpost resources.

The dose and limiting toxicity is vital when delivering treatment like chemotherapy, radiotherapy and immunotherapy. A procedure or checklist is needed to ensure patient safety.

Increase patient awareness of side effects of treatment.

Clear information when communicating with patients through the use of leaflets, guides, posters and resources. To engage patients during their clinical care.

Apply diagnostic techniques like low dose CT that are effective and manageable.

The NHS aims to create ongoing improvements in its framework and integrated systems to ensure patients and staff alike have the skills and opportunities to excel and improve.

Steps are not sudden but gradual.

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Al-Baqaa (Survival) – Al-Diwani Script

The second emotional phrase is survival in the Al Diwani Script.

Al Baqaa.

When considering the term cancer survival: it can be related to an emotional and clinical view that affects the patient, healthcare professional and caregivers.

Survival for a cancer patient is maximising their chances to survive to continue with their normal daily life and routine whether that is study, work or doing a sport or going on a holiday.

The ability to return back to their loved ones who are anxiously waiting for their recovery to make more memorable moments.

The ability to reach goals they have always planned to do before the diagnosis.

Every healthcare professional are eager to support cancer patients so they maximise their quality of life.

From a clinical perspective in cancer care, cancer survival is a way of being able to determine how effective cancer services are by being able to detect the cancer and whether they have access to the necessary treatment on time.

Cancer Research UK (2026) estimated that 1 in 2 people who are diagnosed with cancer combined in the United Kingdom(49.8%) survive for ten years or more. It is particularly high in females than males. This was predicted in 2018.

There are various factors that influences cancer survival such as age, gender, stage and grade at diagnosis, socioeconomic class, location of where the patient resides, other health conditions the patient has.

The formula of the risk factors is as follows, the OLDER the patient, the HIGHER the stage and grade caught LATE, the LOWER the socioeconomic class, residing in a MORE deprived area (more poverty) and a range of health conditions caught at a LATER stage --> LOWERs the survival rate.

Cancers detected at an EARLY stage INCREASES cancer survival rates.

However, risk does not mean causing of cancer and poor survival.

Some people have no risk factors, healthy lifestyle and still have cancer and poor survival rates.

Why does this occur?

Some cancers are harder to detect and harder to treat when found because of the site of the cancer. Key examples are glioblastoma multiforme (Brain cancers).

Other cancers can be detected early through screening, tumour biomarkers and other tests.

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Al- Amal (Hope) – Al-Diwani Script

The Arabic phrase for Hope is Amal.

Here, Amal is written in the Diwani script.

The definition of hope according to the Cambridge Dictionary is:

"To want something to happen or to be true, and usually have a good reason to think that it might "

This is the type of attitude that we hope to give cancer patients when giving a diagnosis or a treatment outcome.

This is the type of attitude that we hope to have as healthcare professionals and cancer researchers.

Hope does not disregard reality.
It is a supporting mechanism and an empowerment tool to hope for the better.

No matter what the outcome is, the aim is to have a positive attitude by going through every option possible in clinical care and finding a cure.

The aim is build resilience through care strategies and tailoring patient needs.

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Al-Quwa (Strength) Al-Diwani Script

The fourth Arabic emotive word in the Ihsas Calligraphy Book dedicated towards World Cancer Day's United by Unique theme for cancer patients is "Al-Quwa" meaning "Strength".

The Cambridge Dictionary defines strength as:

"The ability to do things that need a lot of physical or mental effort."

"The degree to which something is strong or powerful"

It does not necessarily mean the ability to control others or having the muscles but is about controlling oneself.

In cancer care, strength can be referred mental strength and physical strength.

Mental strength is strongly linked to emotion and perception (how we see things or perceive).

During cancer diagnosis and treatment, there is a whirlwind of emotions from shock, fear, overthrowing, scared, stress, depression and other forms.
However, strength is the ability to CONTROL and MANAGE emotional strength and lowering the anxiety scores.

It's the strength to accept difficult emotions.

It's the strength to overcome hurdles that is either created by past hurdles, negative mindset in you, negative mindset around you and negative mindset at you.

In cancer care, there are all shapes and forms, unexpectedly, expectedly from the excitement of being cancer free.
Some cases, cancers return.
Other cases losing a loved one.

The weight of cancer care or another trial can affect us to the core no matter how strong in our faith - it is a natural response by our sympathetic system. This is irrespective of age, gender and race/ethnicity.

However, through cancer care, every patient either creates strength or builds strength in order to continue because every person has the capacity to learn, endure and rebuild.

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Making the impossible possible.
To propel patients forward.
Having the mindset and mental fortitude for recovery.

Another type of strength provided by the NHS is muscle strength training which occurs post cancer therapy and diagnosis. Examples of therapy are: surgery, chemotherapy, radiotherapy, and targeted therapies. The reason is due to the side effects that make cancer patients become weaker and more challenging.

Side effects are signs and symptoms that appear to affect the body after treatment. For example, not feeling hungry, cannot sleep, tiredness, weakness and lack of motivation. This can affect the muscles and rate of movement.

Resistance training and nutritional support help improve survival and build muscle strength to enable optimism.

It's important defy the odds.
If you have a network, great.
If you don't have a network, great.
Strength is your friend, build it and trust it.

References

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The Royal Marsden NHS Foundation Trust (n.d) *Strength Training.* Available at: https://www.royalmarsden.nhs.uk/your-care/support-living-with-and-beyond-cancer/guidance-advice/staying-active/strength%20training (Accessed: 1st June 2026)

Al-Daaf (Weakness) Al-Diwani Script

The fifth emotive word and last phrase as part of the Al Diwani script is weakness.
The Arabic term is Al-Da-af.

This word is strongly associated with cancer care just like it's antonym strength.

The root cause of its existence in cancer patients is either the tumour or the treatment.

One of the way in how cancers cells cause weakness is its ability to trigger inflammation and can affect the muscles causing heavy limbs (arms and legs) increasing risk of falls and injury.

Chemotherapy and Radiotherapy can damage normal healthy cells besides cancer cells because is the dose is strong and toxic enough to kill and slow down the progression of cancer.

They also affect the blood components:

White blood cells normal role is to boost the immune system.
Red blood cells normal role is to carry oxygen around the body to cells to boost energy (respiration)
Platelets normal role is to stop excessive bleeding.

During cancer care, a side effect that tends to happen is the levels of these blood cell components fluctuate.

This can either cause inflammation if high white blood cells, risk of infection if low levels of white blood cells, bleeding and bruising if low platelets and anaemia if low red blood cells.

Weakness and tiredness is one of the major consequences.

All of these issues can be detectable via routine blood tests and can be repaired when additional medications are given to restore levels to normal range.

It's important to speak to your healthcare professional to discuss the cause. They will ask several questions about: a) what is the possible cause
b) length or period of time
c) type of activity done at the time
d) the level of physical activity
e) the type of diet.

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Al-Sabr (Patience) -Al-Thuluth Script

Al-Thuluth script is an Arabic Calligraphy style derived from the Kufic script that consists of curves and oblique lines.

It was developed by Ibn Muqlah Shirazi in the 11th century who originates from Persia.

From a healthcare perspective, one can care and plan as they wish but always have a window of patience.

"Patience is the ability to wait, or to continue doing something despite difficulties, or to suffer without complaining or becoming annoyed" according to the Cambridge Dictionary.

How many of you would you say, you are patient?

It is easy to say it and more easier to tell someone to have it.
But it takes a lot of experience rather than skill to do it.
Patience is not taught by books.
Patience is not taught by people.
It's life challenges and how we behave in cases faced unexpectedly or expectedly.

In cancer care, we focus on all the positive aspects even the outcome of holding onto a thin string like a clinical trial, scan after a treatment and hope there is a good outcome for the patient.

In cancer care, communication is fundamental and an empowerment tool to build a professional and caring connection and attitude towards their patients. This will then lead to a better understanding.

This could be emotions of patients from how they respond to treatment and detecting results and setbacks. Having or trying to be empathetic is key.

Anger is the enemy of patience.

Persistence to continue with a positive forward.

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Centerstone (n.d) Nine Principles of Practicing Patience. Available at https://centerstone.org/our-resources/health-wellness/9-principles-of-practicing-patience/ (Accessed: 8th June 2026)

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Al-Rahmah (Mercy) – Al-Thuluth Script

The Arabic term for Mercy is Al Rahmah.

This feeling of Mercy is something associated with spiritual existence and can refer to empathy towards patients especially in cancer care.

During moments of gratitude and contentment, we thank the Lord.

During moments of trials and tribulations like illness. It is considered as a test of our patience and our faith.

Around the world, there are so many religions. There are also those who do not have a religion.

However, one thing we all have something in common is when we experience any trials or tribulations especially health, most of us we return back to our faith no matter what it is.

Why?

Relief and mercy is found through patience, praying and supplicating (making dua)

However, I am a Muslim so what we believe is that it is a hidden opportunity of Allah (God) loving us and bringing us closer to him.

Hadiths are teachings and sayings of the Prophet Muhammad (peace be upon him) who even indicate this.

Narrated `Aisha (May Allah have mercy upon her) who was the wife of the Prophet (peace be upon him) and he said:

"No calamity befalls a Muslim but that Allah expiates some of his sins because of it, even though it were the prick he receives from a thorn."

[Hadith, Sahih al-Bukhari 5640]

Therefore the angels on the left erase the bad deeds. The angels in the right are instructed to write down all the good deeds the believer used to perform when they were in good health, even if they are unable to do so during their time of trial.

Therefore, this is an example of mercy.

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In Islam, we believe that God is the Most Merciful (Al Rahman) and the root word is (Al-Rahmah) and His Mercy encompasses all.

Al Rahmah also refers to how we treat others and interact with all living things.

Therefore, this could be those whom are unwell (inpatient and outpatient), the elderly view the divine and can extend to those to everyone, family, friends, neighbours, the poor around the world and even general public.

Showing compassion to patients is a prerequisite for receiving His Mercy and Mercy of others.

Abdullah ibn Amr (may Allah have mercy upon him) reported: The Messenger of Allah (peace and blessings be upon him) said,

"The merciful will be shown mercy by the Most Merciful. Be merciful to those on the earth, and the One in the heavens will have mercy upon you."

[Hadith, Sunan al-Tirmidhī 1924]

Therefore, cancer treatment is a type of mercy because it helps to eradicate all the cancer cells.

Pain management is a type of mercy because it helps to lessen the pain and side effects that inevitably occur post cancer treatment.

Compassion is a type of mercy because it is care given through
relationships based on empathy, respect and dignity.
It can also be described as intelligent kindness and is central to how people perceive their care.

It affects how patients respond to treatment, the staff and the healthcare systems function.

When compassion is supported, patients feel safe and valued.

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Al-Muruna (Resilience) – Al Thuluth Script

Resilience is defined as the ability to be happy again after facing or experiencing something difficult.

In cancer care, there are several avenues that resilience can be approached by:

Biological perspective: (gene, diet, lifestyle, environment)

Psychological perspective: positive optimism, patience and hope

Social perspective: support from loved ones

All these factors influence the patient's response to cope and adapt to changes that a cancer diagnosis can bring to affect.

On a broader medical sociological perspective, it may overarch the sociopolitical and healthcare system such as blinded inequity where resilience is a key contributor to defy against the odds.

During the initial stages of receiving diagnosis and undergoing treatment, it is considered a critical point where they experience change caused by disease whether that is spiritual, physical, psychological, social and existential changes imposed by cancer.

Every patient experience substantial stress about health, fear dependency, loss of autonomy, safety and even death that can cause long-term psychological outcome because a common picture that cancer illustrates is a life-threatening and traumatic disease especially with its sudden onset and uncontrollable nature.

So what do cancer patients generally do?

Every patient begins to drastically search for a new meaning in life, order, purpose and to make sense of what is happening but at different times, paces and types of support. This is strongly associated with their degree of spirituality or another form of faith that they adhere.

Collectively, the above is a conceptual model referred as meaning making as one begins to adapt and adjust to their cancer experience and
confront such life events and adversities.

This is achieved through "Post traumatic growth", "growth through adversity" "constructive confrontation" that works hand in hand with resilience by sprouting positive life changes as a result of such cases of stressful events such as cancer.

It is considered as an indirect and direct method of resilience to counteract and achieve through psychological adjustments such as optimism, hope and a sense of coherence.

Resilience can be measured using Connor–Davidson Resilience Scale whose basis where a patient's stress coping ability will be relevant when treating cancer patients.
Patients are scored on a 5 point Likert scale where higher scores indicate higher resilience.

On the other hand, post traumatic growth is not caused by the cancer itself but through the efforts and challenges in dealing with cancer as a demanding situation.

It is important that patient care cannot be generalised but is personalised as not all patients react to a cancer diagnosis or any adversities the same way, some are more resilient.

There are vast number of studies that have presented how though receiving a cancer diagnosis, many cancer patients perceive this as opportunity to grow, boost well-being that could be potentially associated with being able to cope with demands that inevitably can occur such as distress, depression, anxiety, fatigue and poor quality of life.

A conceptual framework has been designed where resilience and its association with growth post cancer diagnosis as direct pathway through personality traits and coping abilities
Indirect pathway concerns through alterations, redefining and finding sense in an individual’s oneself (+): increase; (−): decrease.

Overall, every cancer patient and survivors experience resilience and growth but factors may be distinctive or similar more or less to non-cancer patients. This may lead to several clinical implications assist in their recovery from the cancer experience.

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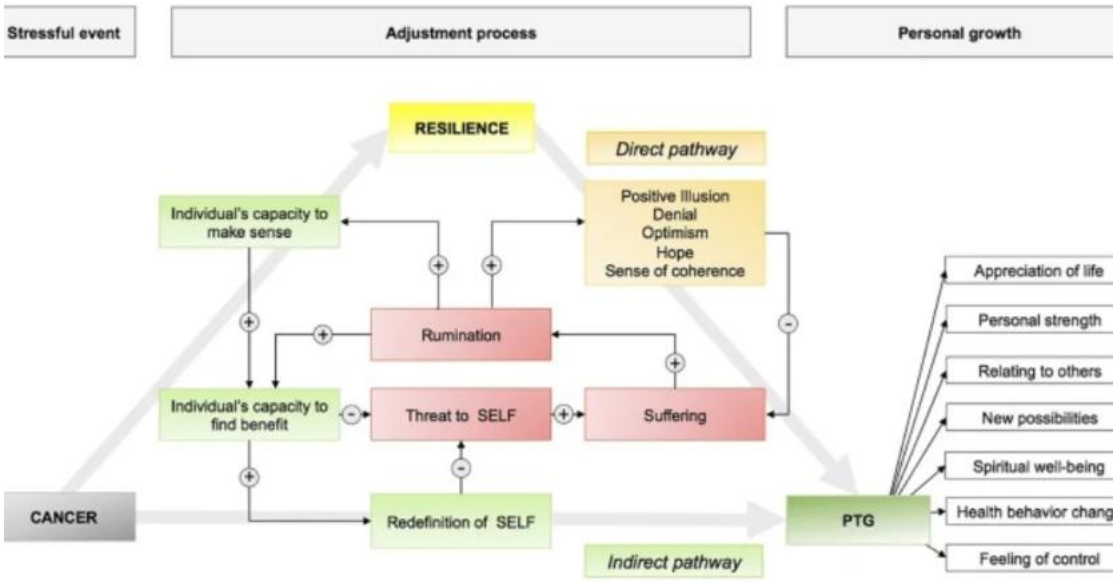

Figure 1: The factors that affect resilience

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Al-Tasamuh (Forgiveness) – Al-Thuluth Script

Forgiveness in Arabic means Al-Ta-sa-muh.

Forgiveness is an interesting emotion because one would ask what does a cancer patient need to forgive from, unless it is clinical negligence or poor patient care?

However, in the world of cancer, oncologists (cancer doctors) collaborate with psychologists as part of psycho-oncological care to manage cancer treatment without the need of pharmacological intervention.

For cancer patients, forgiveness can be divided into several angles with the aim of finding sukoon (inner peace) during a cancer diagnosis.

The first angle is forgiving oneself.

Patients letting go of anger, resentment and self-blame. It is associated with wellbeing and choices we make in our lifestyle that has contributed towards cancer whether that is high fat and carbohydrate diet, lack of exercise, alcohol consumption, exposure to toxic chemicals or even smoking or even not attending screening programmes.

It is also linked on focusing on the present and self-care.

Another type self-blame is how the human body responds to treatment, for instance, is the immune system responding?

Are the cell checkpoints working in the cell cycle?

Are the cancer cells sensitising to chemotherapy or radiotherapy?

Why are there side effects or blood cell count going High and low?

A high wellbeing score results in lower anxiety levels and a high tolerance for discomforts of treatment and focusing on finding various ways to eradicate the cancer cells.

Thus, forgiving oneself is stop self-criticising and find acceptance.

The second angle is forgiving others.

Relationships and how they change during diagnosis and treatment especially when changes are made to lifestyle, activities, hobbies, sports and other types of leisure time. Do people still remain the same before the cancer diagnosis and after diagnosis?

The idea of loneliness?

Do people distance themselves?

It could also be connected with lack of patient care and being hurt during different stages: diagnosis, treatment, survivorship, recurrence and other points of care.

However, a cancer patient can overcome the disappointment and TRY to show understanding toward them. This depends on how the relationship was like before the cancer diagnosis.

However, Cancer patients who have close relationships whether family or friends tend to be closer during hard times.

The third angle is forgiving situations

The idea of coping with situations like cancer or a genetic predisposition (carrier or have the condition) that increases risk of cancer where one has no control but only to monitor symptoms and clinical surveillance.

The idea is one becomes to understand and accept these situations by embedding gratitude and hope, strength and is linked to spirituality where they have low levels of anger, anxiety and depression.

How is forgiveness measured?

The Heartland Forgiveness Scale measures all three types above (self, others and situation). It contains 18 items with a 7-point response scale. A score of 18 to 54 suggests that one is unforgiving for oneself, others and situations.

A score of 55 to 89 suggest that there is an equal outcome for one to forgive and not forgive.

A score of 90 to 126 emphasise one is forgiving in all three types.

The Adult Dispositional Hope Scale measures hope that affects the thinking and behaviour. It consists of 12 statements with a 4-point Likert scale.

The link with faith is measured by two items with a 7-point Likert scale from don’t agree at all to strongly agree.

Emotional experience is measured using Positive and Negative Affect Schedule. The questionnaire contains 20 adjectives that describe either positive or negative experience.

There are also two unidimensional questionnaires.

The General Anxiety Disorder-7 questionnaire assesses the degree and severity of symptoms with anxiety.

Overall, the ability for cancer patients to forgive varies and there are several factors that contribute to the outcome.

A study revealed that gratitude and anxiety could explain 35.4% of the variance in forgiveness.

How a cancer patient perceives themselves, others and the world around them is a picture but if it is distorted or broken, they feel hurt or injustice and can influence their cognition, emotion and behaviour and is a predictor of forgiveness.

A person willing to forgive will change negative to positive or neutral reactions.

The idea of hope and gratitude is an assumption of increasing the likelihood to forgive. Following the Broaden and Build theory, new perceptions can occur and attitude towards life that is vital for the recovery from the disease of cancer.

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Al-Imaan (Faith) – Al – Thuluth Script

The last emotive phrase to be discussed in the Thuluth script is Faith.

The Arabic term for Faith is Al-Ee-man.

When we discuss about Faith, I think it is important to define the term and how it is different from religion and spirituality.

Faith refers to the beliefs held by someone who adheres to a system of religion or deity.

It also refers to whether you have full confidence in someone or a team.

On the other hand, religion is when there is a core system of beliefs that one believes in and often associated with sacred scriptures or texts that consists of teachings, guidance and values. It is commonly revealed by someone that is powerful beyond human nature e.g. a God.

Moreover, spirituality is the technique in how people connect to God
or something greater than oneself. It may not always be connected to religion but can be expressed through sounds, meditation, cultural rituals and community support.

A healthcare professional may have a religion or no religion.

A patient may have a religion or no religion.

Therefore in cancer care, doctor to patient communications are commonly professional, compassionate and a listening ear.

There are many studies that bring light into the role of religion or faith in how patients especially in cancer care.

One of the most common findings researchers have discovered is how cancer changes people and faith is a protective factor from distress, sadness and fear.

How a cancer patient adheres to their faith or something they believe is a strong predictor and determines the outcomes of challenges and negative life events.

Many cancer patients irrespective of their religion have something that binds them together and that is confronting the reality, reflect and understand the meaning of life and implications of disease.

It also serves as an open avenue on what to do next.

Faith can also direct us towards healing. Healing can be achieved through conventional therapy and pain management. Conversely, spiritual healing is also fundamental of the outcome.

Many healthcare professionals have come to realise that a medical cure is not always possible nor the only method for treatment.

Spiritual healing can heal the soul and provide deep comfort. Each patient can heal their soul and recognise key values in life and striving to apply the religious teachings or teachings of faith. This may also include facing uncertainties.

This can be in the form of prayer, supplications, remembrance of Lord and also rituals that may bring comfort, connection, solace in extended ways. In some patients it can remove them from isolation to consolation.

Thus, the medical-sociological perspective of a cancer patient combines spiritual, physical, emotional and social wellbeing and influences the philosophical orientation and how we experience cancer especially as the diagnosis crashes people's wellbeing down where we all come to realise our time is limited with or without cancer e.g. mortality

Thoughts come to existence at the back of our minds and then grow forward when something serious strikes and how well we are using our time productively and efficiently.

A typical thought would be questioning why has it happened and not understand how a loving God could allow cancer to happen especially if it occurs to a good person.

Some people have a form of cultural perspective where they consider it a punishment for wrong actions or character.

Others consider it a blessing because it expiates one's sins and brings us closer to the creator.

Other explanations have a more Liberal theological perspective where they consider the World imperfect and it is our task as part of human nature to correct it. In other words, a struggle like health is a shared obligation to help one another particularly when it comes to detection of cancer, cancer clinical trials, death and results.

It is a duty of every healthcare professional to respect and be empathetic for patients of all religions and no religions. A holistic needs assessment decides what priorities matters to a patient.

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Coping can impact positively and negatively to a patient.

To some patients, faith may enhance functional capacity, social interactions, confidence, improved quality of life, less depression, fatigue, less neuropathic pain and other positive outcomes.

On the other hand, faith, religion and spirituality may also have negative outcomes, for instance, spiritual struggle, anger with God and abandonment. All is associated with poor quality of life and psychological distress.

This may indicate to an extent a form of complexity between religious beliefs and wellbeing.

The importance of religion and faith in a cancer patient can measured. Amongst the key examples are:

Spiritual Well-Being Scale
Daily Spiritual Experience Scale
Depression and anxiety scale

This can help understand the patient(s).

Overall a holistic approach that combines physical, social, emotional and spiritual effects needs to be understood as part of people centred care and challenging diagnoses.

A Holistic Needs Assessment tool serves as a practical guide for healthcare professionals on understanding and supporting the diverse spiritual needs of cancer patients to enhance holistic, patient-centred care from any concerns to how their cancer experience may have impacted their faith or beliefs.

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Reliance (Tawakkul) – Kufi Script

We are now moving onto the third Calligraphy script titled Al Kufic in the World Cancer Day emotive Calligraphy Book for cancer patients titled "Ihsaas"

As the name suggests, it originates from the city of Kufa in Iraq in the 7th century.

It is considered the oldest Calligraphy script and is made of squares, rectangles and geometry.

The first phrase we will be reflecting on professionally is on "reliance" meaning Tawakkul in Arabic.

This emotive phrase has a number of directions that may affect a cancer patient.

Reliance on God

Cancer patients who have a faith, often rely on God and pray to him for a relief and mercy from the trial of health they are facing.

Reliance on healthcare professionals

From all the different specialities, I consider oncology as the one where everyone relies on each other the most from patient all the way to the higher up.

Why?

Cancer patients depend on healthcare professionals from initial diagnosis until treatment from managing symptoms to recovering from procedures and maintaining psychological wellbeing.

The complex medical decisions can be a challenge and rely on healthcare professionals to explain them in a way that is more similar to understand.

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Cancer patients rely on healthcare professionals to manage their treatment plans and monitor any toxicities and side effects.

Reliance on others

Something that often not discussed is the effect of change.

As patients undergo chemotherapy, radiotherapy and surgery, they become weaker and unable to move much and have to depend on their families and friends and other caregivers.

It is important to state that there is a BIG difference between the type of pain and effects on the quality of life experienced by cancer patients than the pain experienced by people with mobility of other health conditions such as in neurology, there is motor neurone disease that damages the nerves and affecting the muscles and movement.

In musculoskeletal disorders, there are various types of arthritis, some are caused by trauma and falls, wear and tear, degenerative conditions, autoimmune, other health conditions, drugs like diuretics etc

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On the other hand, cancer patients who rely on others is due to fatigue, weakness, muscle loss (sarcopenia), and nerve damage (neuropathy) caused by treatment. Thus, they carry mobility aids for balance, strength and lowering side effects.

Some reliance on others is due to the effects of certain types of cancer such as the bone. It is caused by conditions such as Paget's disease, genetic conditions, exposure to radiation and other risk factors.

Imagine being so strong and active prior the cancer diagnosis?

Healthcare professionals relying on each other.

Cancer treatment is commonly performed in an outpatient setting where there are short stays, fewer hospital admissions and ambulatory care.

Encounters with patients and healthcare professionals are brief.

The primary care (general practitioner) ,secondary care (hospitals) and tertiary care (specialised centres) aim to collaborate with one another to succeed an integrated care system.

Many keep each other updated through an electronic recorded system.

The risks of staff shortages and COVID has also had an impact on procedural delays and appropriate care.

The key dimensions of integrated care is to focus on patient-centredness, multidisciplinary collaboration, and optimal care coordination.

However, when it comes to clinical practice, there are some areas of improvement:
A research study revealed that some primary care providers do not have an in depth role in providing cancer care. Others reported that they consider they consider cancer care an integral role but lack ability to provide support to patients. Additional reports include that primary care providers viewed their role as supporting patient's health holistically needs rather than specifically cancers.

There has also been reports on limited communication between primary and secondary care providers on cancer care. i.e. 59% of cancer doctors do not discuss with primary care doctors who will follow up patients regarding cancer and other health issues which can affect the patient's trust and lack of continuity of care.

Overall, advances in cancer treatment, earlier diagnoses via screening and an increase in the ageing population is good outcomes, however to improve the reliance between healthcare providers require clear guidelines for provider roles during various phases of cancer care to maximise skillsets and become well-rounded to improve the quality and coordination of cancer

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Medical Sociological and Psycho-oncological care

WCD Ihsas Calligraphy Script

Positivity (Al-Ijabiya) – Kufi Script

The second phrase from the Kufic script series: Positivity. The Arabic term for this emotive is Al Eejabeya.

Positivity is defined as "*the practice, quality, or state of being optimistic, constructive, and focused on what is good in a given situation"*

As always, we relate each emotive expression to cancer care.

To have a sense of positivity is fundamental and healthcare professionals and caregivers are urged to cultivate a positive attitude in patients to allow them to manage their emotions effectively by facing cancer and cope with its challenges with resilience in a constructive manner to propel and boost their treatment outcomes.

Pessimism, on the other hand, is where patients have stress triggers that affect their thinking and consequently their mental and physical health.

A 2020 retrospective study discovered there is a positive correlational relationship between optimism and the quality of life in cancer patients.

Positive attitude is not only about emotive expressions and social connections, it refers to partaking actively in treatment plans and cooperating with their healthcare professionals.

A positive mindset can be adjusted by releasing stress through practices like exercise, deep breathing and meditation so the patients wellbeing is uplifted.
Patients undergo a whirlwind of emotions that naturally occur. A positive mindset will accept the changes and with hope can discover more ways for treatment, for instance, clinical trials.

On the contrary, overly positivity can sometimes add pressure to the patient. Support requires sincerity and realism to help patients to seek confidence even if there are limited options. To be able to make their decisions about their own health and life with normalcy.

In medical sociology, there is positivist perspective that have an objective view and depend on experimental data, numbers and factual information rather than feelings to gain a universal and nomological approach.

Interpretivists on the other hand consider emotions and connect individuals to their actions. This approach enables healthcare professionals to be more empathetic, reason and ignite dialogue to understand human behaviour.

Interpretivism is socially constructed where facts are created by society rather than nature.

Medical Sociological and Psycho-oncological care

WCD Ihsas Calligraphy Script

One of the theoretical models that connects positivity with cancer care is the PERMA model (Positive emotions, Engagement, Relationships, Meaning and Accomplishments). It was developed by Martin Seligman whose goal was to encourage personal growth, sustain happiness, enhance resilience and improve wellbeing.

Fostering positive emotions can prevent negative concepts in patients by allowing them to spend time with people they care about, doing hobbies and creativity to take their mind of tests and treatment, listen to inspirational people and motivational speeches and allowing them to reflect and seek gratitude of aspects that have been going well whether it's in their cancer journey, achievements, family and friends or other aspects that is going well.

To be able to have a sense of positivity is to live in the present moment. The past can deter and think what if and so on. Ifs and buts won't help. It's what is the patient(s) planning to do NOW.
How is the patient going to be active and engaged even if its little activity?

How will they overcome the setbacks in treatment?
What relationships are going well and if all aspects are well, they need to be on board to support their journey?
Does the patient have a meaning in life? How is their level of spirituality if so? Does it bring them more positivity?
What gives them meaning in life?

Accomplishments refers to achievements. What does the patient hope to achieve? What is their goal? Are they working towards their goal? The aim is to build and master an endeavour - to help support the patient to recovery even if there is little hope, maximise quality of life.

There is always another chance.

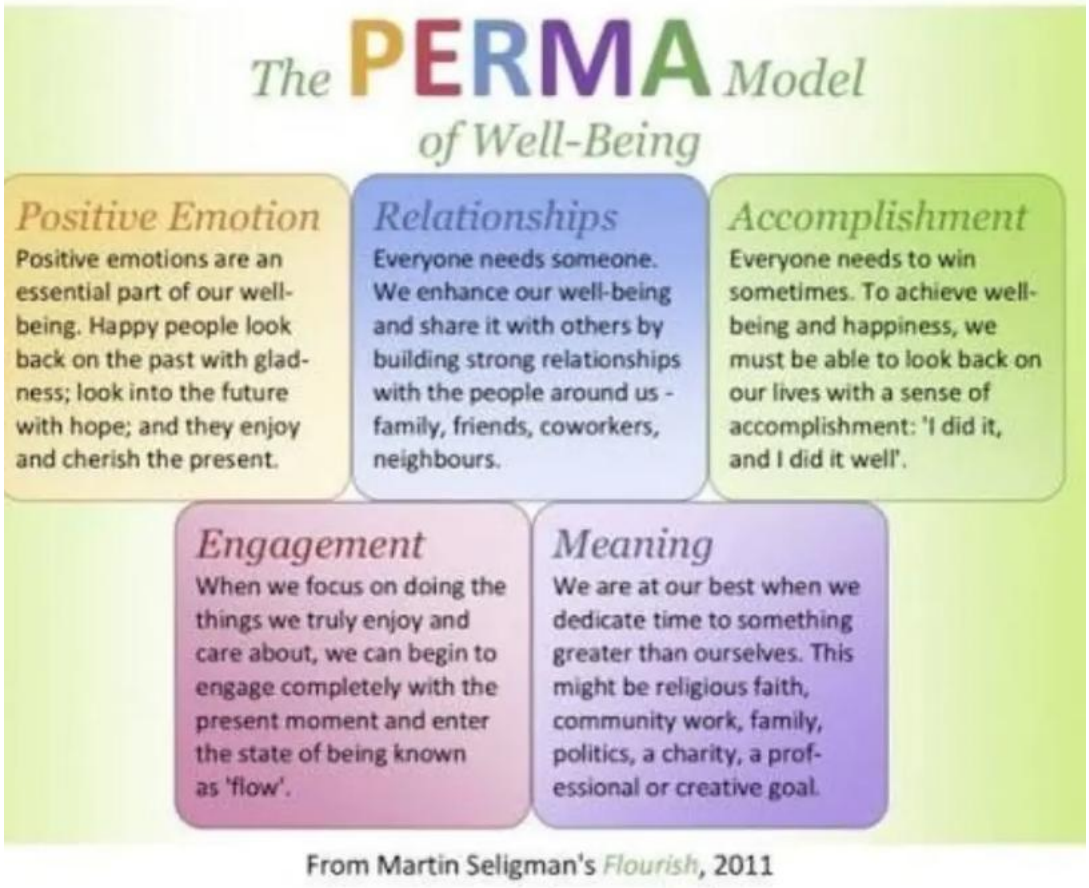

Figure 2: The Perma Model

Figure 3: Quotes about feeling positive

Medical Sociological and Psycho-oncological care

WCD Ihsas Calligraphy Script

Al-Khawf (Fear) – Kufi Script

It is inevitable to fear for a loved one and/or patient being diagnosed by cancer.

NHS England (2022) reported that six in ten people (56%) consider a cancer diagnosis is their biggest fear than heart disease and COVID-19.

Examples of situations where people may experience "fear" or "worry" with cancer care could be possibly one or more the following:

Death- NHS England (2022) indicated that this was the biggest cancer fear.

Fear of relying on family and friends - NHS England (2022) reported that over a third (37%) are worried about being a burden on family and friends.

Fear of the side effects of treatment - NHS England (2022) revealed that 36% of patients are worried about the impact of chemotherapy or other treatments.

Symptoms experienced- NHS England (2022) indicated that more people are getting checked for cancer (512,110) in one year between December 2020 and December 2021. The likely reason is to place their mind at ease where any symptoms they are worried about can be checked without delay.
On the other hand, 42% of patients implied they would ignore symptoms, wait for any changes, seek answers online or speaking to family and friends before seeking medical assistance.

Other potential causes for fear or worry are:

You have a general blood/urine/scan test for something else and then you end up being diagnosed.
The fear of waiting for results before and/or after treatment.
The fear of cancer coming back
The fear of what options may be available following diagnosis
The fear of having a relative with or passed away from cancer and then you may end up having it.
Fear of being under the knife/operation
Fear for a relative to have cancer when multiple poor lifestyle options appear.

And so on...

But have we clearly defined what fear is?

At many time points, fear is said in cases when it is just worry and anxiety.

Fear is a fast response to an immediate threat whereas worry is a thought about a possible negative outcome.

Moreover, Ecancer (2026) revealed that a previous study evaluated 46 studies from 13 countries and found that 59% of cancer survivors experience and patients experience a "moderate level" of fear of cancer recurrence whereas 19% have "high levels of fear".

Fear of cancer recurrence (FCR) is defined as “fear, worry, or concern relating to the possibility that cancer will come back or progress.”

This indicates how patients' physical and emotional being may be affected either at the start or after the treatment ends.

It may not only have an effect on the cancer patients but also their caregivers. Shi et al. (2023) indicated that female under 45 are
predictors of high FCR in patients.

This may have a culturally associated as Shi et al. (2023) noted in Asian countries where family values are vital. The FCR psychology may affect the cancer patient and their relatives in both parties and not just a unidirectional way who love them.

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Figure 4: Differentiating between fear and anxiety

Al-Sadma (Shock) – Kufi Script
The next term to discuss is "shock" in relation to cancer care.

Shock in medicine can be classified as an emotional expression or it can be clinically related where the blood pressure in blood vessels called arteries become low to supply blood to the tissues.

Blood is carried to the tissues because it contains oxygen, proteins, hormones, antibodies and other molecules that support the functioning of the tissue.

Amongst the causes of the reduction in blood flow is the following:
Anaphlactic shock - severe reaction to allergy
Bacteraemic shock/Septic shock - the source is bacteria and toxic chemicals released (toxins)
Cardiogenic - the source is the heart where there is failure in circulation in the peripheral system (blood system that goes to the limbs [arms and legs])
Drug-associated - overdose of opioids and barbiturates
Neurogenic - the source is emotional shock due to a personal event.

Cardiogenic and Septic shock is a life-threatening complication in cancer patients.

The other type of shock is the result of initially hearing a cancer diagnosis. A cancer patient, relatives, friends or colleagues may feel numb and any information is said is a form of a "blank mode" where information given is not understood because the brain is trying to process what has happened.

Talking about cancer is hard.
Not talking about cancer is also hard.

Both reactions are considered "normal"

Shock is where cancer patients absorb new realities and process the implications of the disease.
Even after when the cancer treatment has ended, many assume you will be "back to normal" however, in majority of the cases, it is adapting to the "new normal" where patients adjust where necessary.

Shock and Denial are the initial reaction following a cancer diagnosis. They form part of a curve model called the "Stages of Grief". It was developed by Swiss psychiatrist Elizabeth Kubler-Ross whose aim was to assist patients in palliative care to deal with bereavement and death. However, it is now applied for a wide range of applications: pandemics like COVID, work, leadership and even a useful tool in medicine like cancer diagnosis and trauma.

The curve consists of five compartments.
During the resistance phase there is:
1) Shock and Denial. "This cannot be happening"
2) Anger and Frustration - This is where awareness and challenges become deep and clear. "Who is to be blamed?"
3) Bargaining and Reflection: This is where the cancer patients "fights" internally to regain stability, control of what they are able to and have a meaning
4) Depression or Sadness: As the cancer patient reflects, they may feel loss in terms of time, motivation and recognise that things have changed "I am too sad to do anything"

Thereafter, is the acceptance phase:
1) Explore: The cancer patient aims to explore and find ways to adapt as they recognised the changes that may occur
2) Decision: To be decisive is where they gain confidence of giving it a go through experimentation and then commit to embrace the new reality.
3) Integration: This may involve adopting change to the mindset and action cementing new behaviour.

Just like life itself, the curve model is not something rigid, fixed and progressive but it is is fluid, uneven, flexible and unpredictable. Cancer patients' reactions are not simultaneous across board but rather some experience all emotions. Others experience some of the emotions. There are also patients who experience none of these emotions. The emotions may overlap, recur, unfold, uneven, cyclical and other distinctive patterns. This illustrates the variability of human adaptation to change and loss.

Following the cancer diagnosis, during the cancer journey and the aftermath, the cancer patient faces setbacks, new challenges and changes that reawaken some of the earlier emotions.

Cancer oncologists ongoingly aim to try and not focus just on the clinical conceptual knowledge nor the research that is involved in the clinical trials to bench methods but it also incorporates the most fundamental part that allows cancer patients to respond effectively in treatment is the psycho-oncological care of patients where there is a mix of emotions from shock, fear, sadness, confusion, anger and guilt may arise.

Patience and compassionate care are vital as a response to transformation, uncertainty of what to occur and loss.

Cancer patients processing shock is the initial step to healing.

Cancer is not the end.

Helping cancer patients to accept this is a process.

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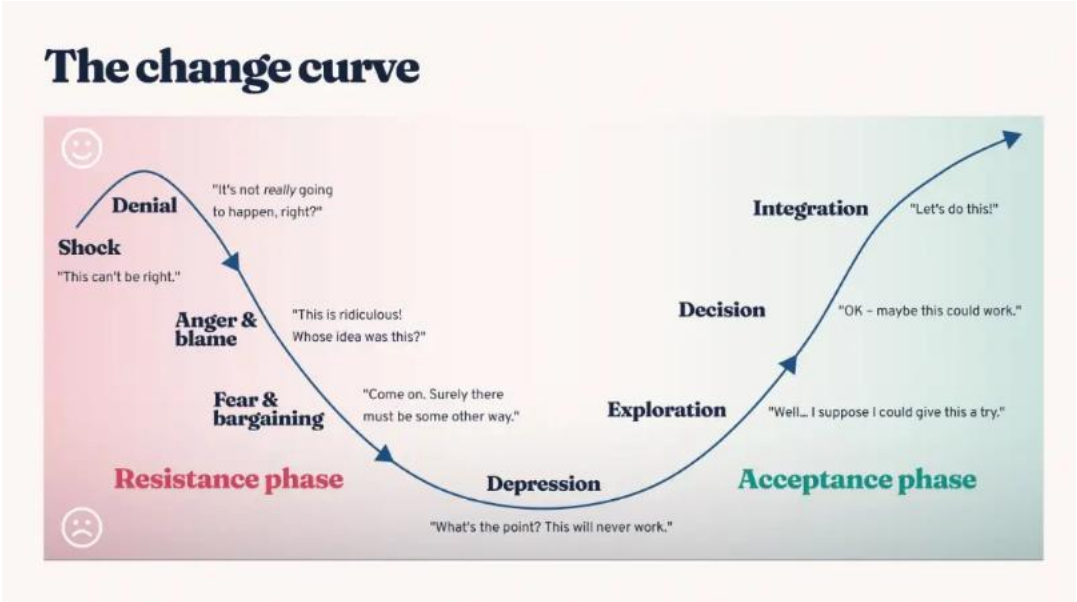

Figure 5: The change of grief and sadness to acceptance.

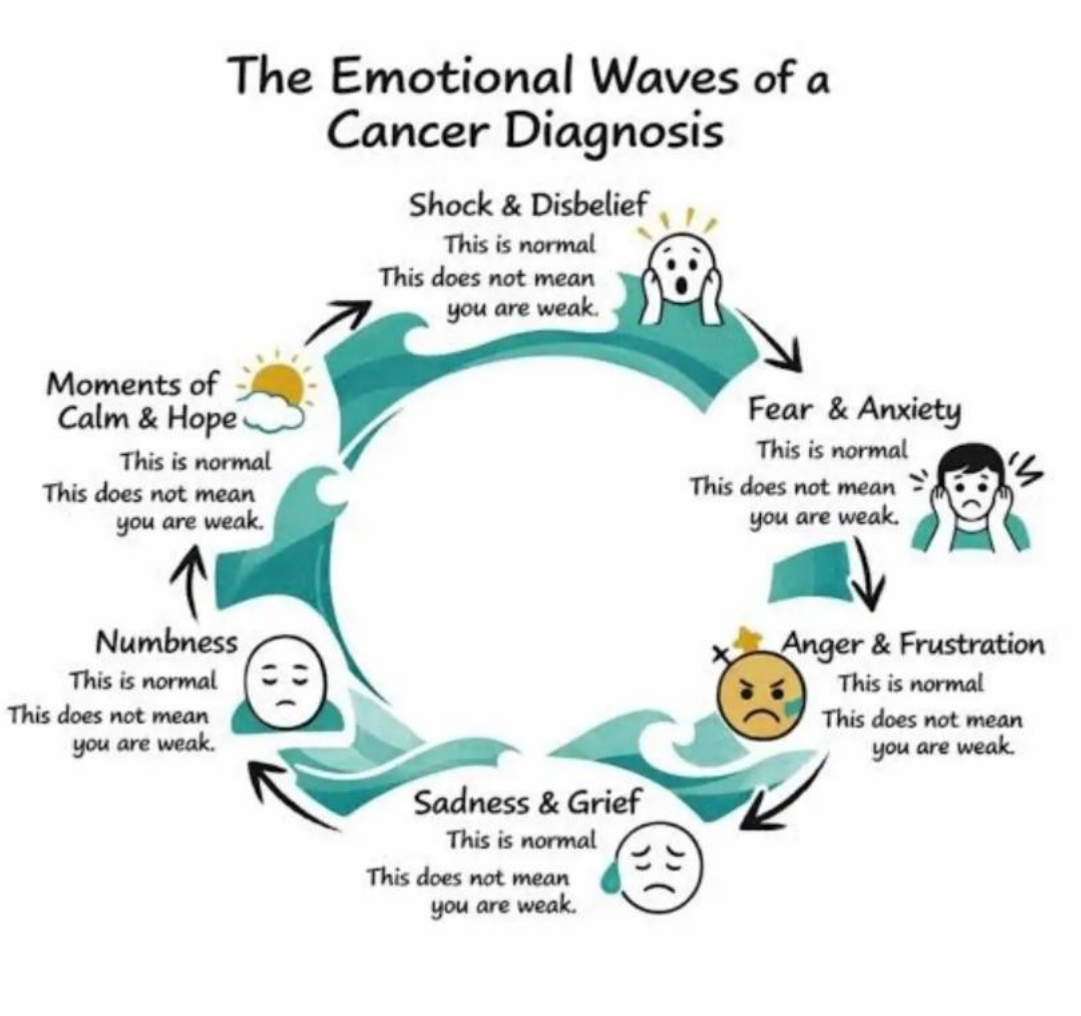

Figure 6: The fluctuating emotions that cancer patients may feel.

Medical Sociological and Psycho-oncological care

WCD Ihsas Calligraphy Script

Al-Salam (Peace) – Kufi Script

The world around you become light when inside you become peace.

Every cancer patient is trying to find "peace" in the "piece" they have left. The "piece" whose aim is to eradicate any negativity and hope for the good

Trying to be calm and finding comfort is "peaceful."

Every patient deserves "peace"

One thing I learnt today, you got to create the "peace".

I hope comfort and "peace" reaches far and wide

Al-Restless (Al-Qalq) – Al-Nastaliq script

The subsequent emotion in this series was "restlessness"

Restlessness is defined as "continuously moving" or "manifesting unrest especially of the mind".

In medicine, Restlessness can undergo several avenues.

Clinically, it may refer to "terminal restlessness" or "terminal agitation" where patients in palliative care or last stages become agitated due to pain, incontinence, urinary retention, environment and sepsis.

Healthcare professionals also feel restlessness due to the inability to make the patient comfortable and the concept of opiophobia. This is where they fear to administer opioid in cancer patients.

Opioid is a group of drugs derived from opium and is commonly prescribed to relieve pain by depressing the central nervous system.

Research have also said that they feared it may cause poor pain control and difficulty to understand the difference between pain and agitation, and they fear it may hasten death.

However, the restlessness that is discussed in the Calligraphy Book is the emotional side of restlessness that may experience in cancer patients.

Emotional restlessness is common and the root cause is the fear, anxiety and distress over cancer itself where physically it may relate to not being able to sit still or the side effects it causes post treatment like chemotherapy, radiotherapy, surgery and immunotherapy.

Caregivers also experience this when seeing their loved one having cancer.

This can be linked to Polyvagal theory that relates to the structure and function of the two efferent branches of the vagus cranial nerve, found in the medulla oblongata in the brain.

The two branches that determine the behavioural strategy are:

ventral vagus (safe, mindful, connected, positivity)

Dorsal (shutdown, hopeless, numb, depressed)

There is also the sympathetic nerve that has the fight and flight response fear, anxiety, panic

and restlessness where they struggle to find the baseline of calm.

In cancer care, it could depend on the environment (healthcare environment), cause (waiting for results whether it is a test/procedure or treatment, process of treatment, atmosphere, side effects of medication etc)

Neuroception can be applied to the human nervous system, whereby cognition without awareness triggers a reaction in the body.

Co-regulation is when the caregiver or the healthcare professional becomes the "other person" and help the cancer patient feel safe and regulated and can help to de-activate and the autonomic nervous system once it is in distress. However, this varies with each individual where some require more time and effort to reach this outcome.

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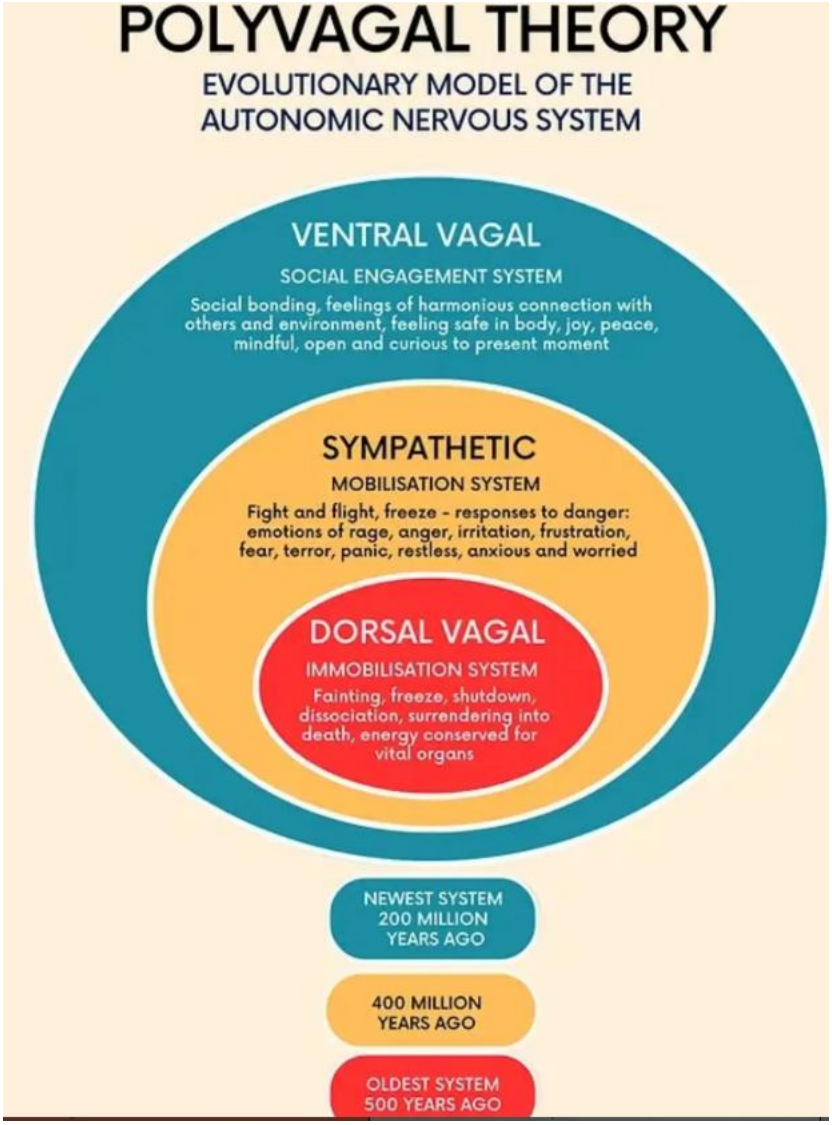

Figure 7: The polyvagal theory.

Medical Sociological and Psycho-oncological care

WCD Ihsas Calligraphy Script

Al-Alam (Pain) – Al Nastaliq

Pain is one of the most common symptoms cancer patients experience besides fatigue and emotional distress.

It can be due to the injury, cancer, side effects of treatment or multiple factors.

Pain may occur if the cancer presses on the tissue, nerves, bone or organ and may stop it functioning appropriately.

Pain may appear due to Surgery or radiotherapy or chemotherapy causing tissue or nerve damage.

Pain may appear due to damage to the nerve infiltration of the nerve roots by tumour, or damage to nerve roots (radiculopathy) or groups of nerve roots (plexopathy) due to tumour masses or treatment complication like chemotherapy is called peripheral neuropathy.

Many cancer patients tend to worry when a new pain arise with whether cancer is coming back or getting worse.

Some people with advanced cancer have more severe pain.

Some experience pain during tests and procedures.

Some cancer patients experience pain after treatment.

It is vital the healthcare professional (GP) is aware about any new pain or symptom.

The statistics speaks for itself.

Did you know that 53% of cancer patients experience pain from diagnosis through survivorship or end of life.

Did you know that 20% to 40% of survivors reporting pain?

Did you know that 38% of cancer survivors suffer from mood disorders and other psychosocial/psycho-oncological responses associated with cancer pain?

Did you know that younger people are more likely to have cancer pain and pain flares than older people?

Did you middle-aged patients with recurrence report the highest levels of symptom distress, depression, and anxiety across time points?

One of the complications of pain management is communication where cancer patients fear that pain indicates disease progression or recurrence.

Some cancer patients do not want to appear weak.

Some patients do not wish to disturb their care providers in primary and secondary services.

Some patients think they do not wish to appear to be seeking drugs, or not believing something can be done to relieve cancer pain.

Types of pain
There are different types of pain:

1) *Acute pain*: This is where it is sudden and sharp that last days to several weeks. This could be due to surgery, broken bone or fracture or infection. Acute pain can be evaded when cause of pain is treated or area is healed.

2) *Chronic pain:* This type of pain occurs if acute pain has not been resolved. It is more long term and is caused by the cancer, side effects of treatment or a prolonged or late effect of treatment.

3) *Phantom pain:* This is also called persistent pain especially when there is a surgical removal of a part of a body. It causes distinctive pain sensations and may improve with time.

4) *Referred pain*: This is when pain from part of a body affects a different part in the same body. This is because the same nerves are executing pain signals to the brain via the same nerves.

The brain confuses them and thinks the pain is coming from a different place.

5) *Nerve pain*: This is where there is nerve damage or pain caused by pressure on the nerves where the area may feel nervy, sensitive like burning, tingling, stabbing or numb.

6) *Soft tissue and bone pain*: This type of pressure or damage to muscles or organs or bone causing difficulty to move.

7) *Breakthrough pain*: This is where cancer patients feel sudden pain though painkillers are

prescribed. Some cancer patients may be treated with short-acting painkiller. Other cancer patients take both long and short active painkillers.

How to determine the type of pain?

How long the pain is?
What makes it better or worse?
What part is affected or where it started?
Is there more than one area affected?
What was done that triggered and made it worse or better?
The nature of pain?

Is it somatic I.e. localised and persistent where there is cancer growth (metastasis) or inflammation?

Is it visceral where it is poorly localised, variable intensity and have additional symptoms like feeling sick, smooth muscle spasm, damage to lymph in the stomach (abdominal lymphadenopathy) or liver capsular stretch or another area affecting the visceral?

Is the pain neuropathic where there is a shooting or burning pain or compression on a spinal nerve root?

Pain assessment is vital and it helps doctors determine which painkillers is recommended to control the pain to help improve the quality of life during cancer treatment and the aftermath.

The emotional pain and social disruption that comes with the clinical pain and cancer diagnosis can be influenced in the way doctors present the diagnosis, history of pain, support outside the healthcare environment, personal control over life, optimism, and personality style.

The use of relaxation techniques helps cancer patients in lowering its intensity by reducing tension and how to bypass the perception and interpretation of pain signals.

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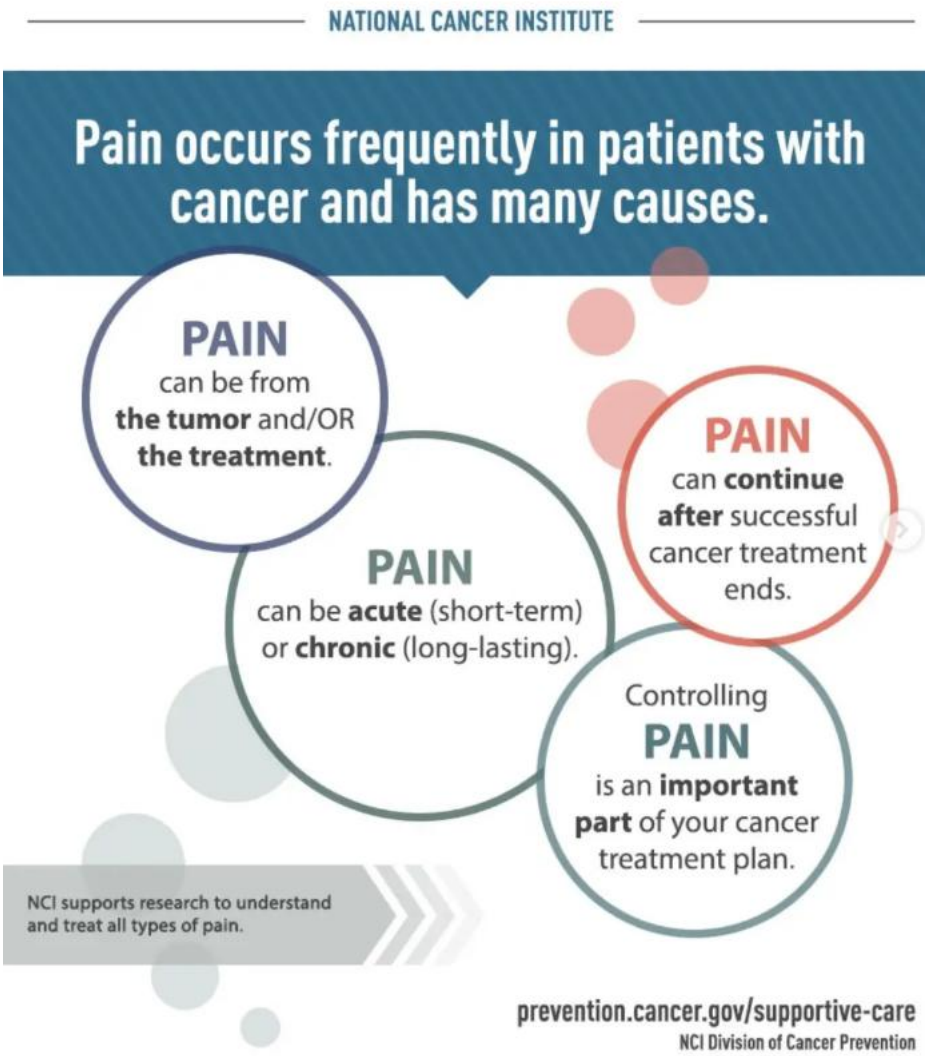

Figure 8: The perspectives of pain in cancer care

Figure 9: The causes and how to navigate pain

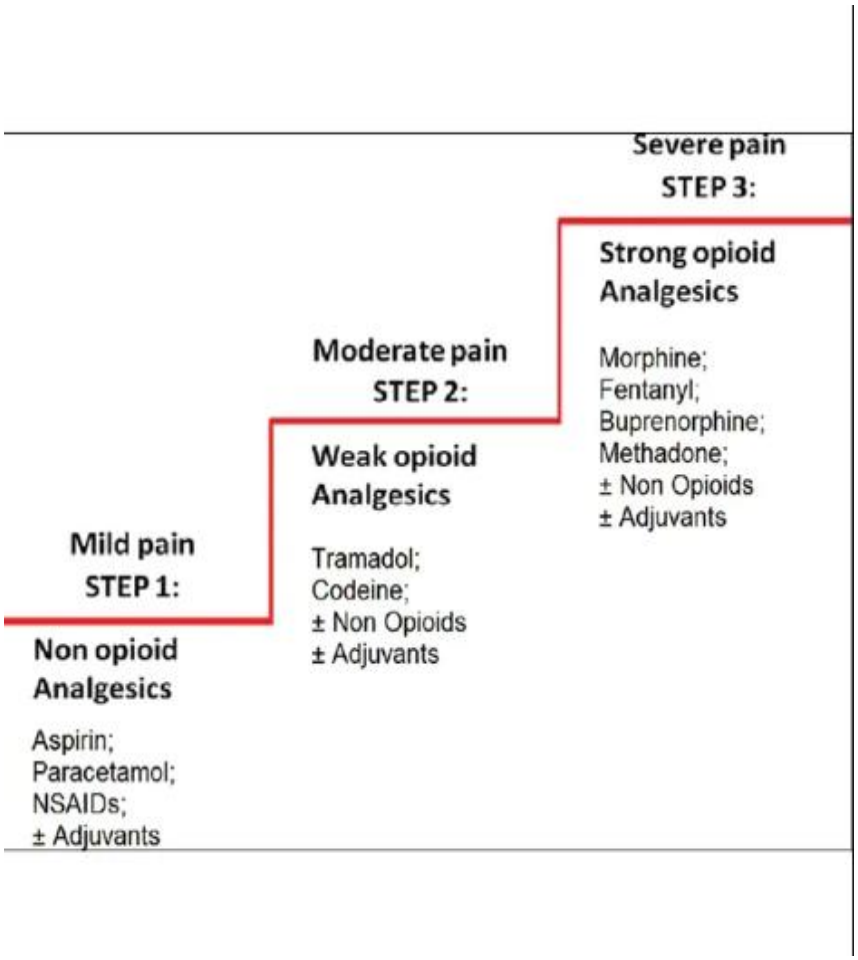

Figure 10: The step ladder on pharmacological management of pain

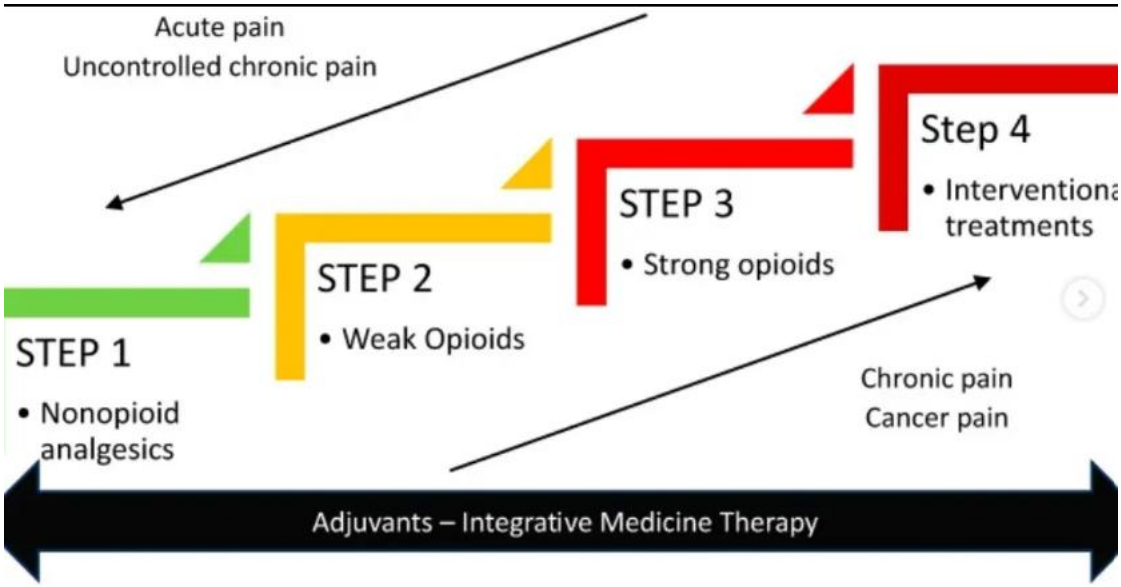

Figure 11: An alternative presentation on how to navigate pain

Figure 12: Methods on how to relax the mind

Figure 13: An Islamic perspective on how to embrace mindfulness

Medical Sociological and Psycho-oncological care

WCD Ihsas Calligraphy Script

Al-Ihteram (Respect) – Al-Nastaliq Script

The subsequent emotion in patient cancer care is Respect.

This principle is embedded within healthcare services and improve the quality of care especially cancer care at all times when receiving care and treatment.

When receiving a diagnosis or treatment, it is not something that is a smooth journey. It is a life time-point where there is a whirlwind of emotions, decisions and actions to be made on clinical treatment as well as life events: work, study and relationships.

Worry, fear and anxiety are common symptoms that may appear where worry is the negative thoughts that may appear repetitively or frequently to an extent especially on what is going to happen next.

On the other hand, anxiety is an emotional response on something threatening that may appear next especially in cases like cancer.

Cancer diagnosis can potentially destroy hopes and can cause where there is fear of death, changes in roles, the environment, lack of control, dependence and changes in social communications.

Therefore, respect is fundamental and to achieve this requires a form of understanding on the following:

Patient's dignity

This is not about just being able to recognise or know the intrinsic worth of every patient regardless of their health status, social circumstances or what makes them different I.e. gender, race, ethnicity, religion, disability etc but also individual, regardless of how to treat them compassionately, empathetically and with kindness. Every person has distinctive values and beliefs and is integral in personalised care. This not only enhances the quality of care but gives the patient empowerment to make their own decisions in their care plan.

Cultural Diversity

This is integral in cancer care.

We live in a world where there is a blend of cultures, religions and practices. Thus, respecting one another helps facilitate inclusive practice and most important helps to tailor patient needs.

Privacy

This is also an important aspect of cancer care.

Cancer patients should be given when they need it and want it.

Equality is part of practice of care - patients are treated equally.

Support, independence and communal atmospheric environment.

Trust

This is integral in respect. If respect is present, maintenance of trust can be established between patients and healthcare providers. It leads to open dialogue, collaboration and adherence to clinical treatment plans.

Respecting Patient autonomy and decision making is a right for all who have the mental capacity to make voluntary, informed decisions about their own medical care.

Decision making itself is a complex non-linear process that is affected by what the patient knows about their health, their background, past experiences, their ability to deal with emotion and personality traits.

There is a dual approach in patient care when respecting emotions: categorical and dimensional.

Categorical approach to emotions focuses on fear, sadness, happiness, shock and worry.

Dimensional approach to emotion is about the negative and positive affect or connection that varies from unpleasant to pleasant or calm to becoming excited.

This depends on the activation of different parts of the brain that affect attention, memory, cognition and perception.

If it is a bottom-up pathway, respect as an emotion is sparked by a stimulus.

In contrast, if it is a top-bottom when it is influenced based on knowledge and experience.

One of the models of onco-psychology is linked to Richard Lazarus and Susan Folkman's transactional model in 1984 that supports the top-down approach where an event like cancer can trigger emotion and the need of respect and space.

The theory asserts that an event by itself is not a stressor. Instead, the event is considered to be a stressor only after a person has appraised it as harmful e.g. Cancer.

Cancer may appear as a I.e. catastrophe where the patient inevitably increases the size of the

issue due to beliefs and ability to cope with cancer disease itself.

According to Lazarus and Folkman, the three types of appraisals are primary appraisal, secondary appraisal, and reappraisal.

In primary appraisal, a cancer patient may see cancer as a challenge or threat. If the demands or effects of cancer is greater, the individual may perceive the situation as threatening. Therefore, the cancer diagnosis is a stressor. However, if the demand or effects of cancer is less, the situation may be considered a challenge. Therefore, the cancer is not a stressor.

In the secondary appraisal, cancer patients evaluate their own ability to deal with the disease as the stressor and analyse which coping mechanisms would be most effective. This is where the cancer patient fights back, builds their positive wellbeing through being active, doing things they enjoy, supportive care from friends and family and not giving up.

Therefore, they are avoiding any negativity and accepting the cancer diagnosis.

Reappraisal is when this whole scenario is repeated, evaluated on how to improve and make things better by changing their perception as a cancer patient.

Through the ups and downs of clinical tests, procedures, treatment, cancer may appear as a challenge, but over time with a built in confidence and a respectful caring approach professionally and personally, the cancer as a stressor appear "harmless" though the cancer patient battles the physical pains and side effects of treatment like surgery, radiotherapy, chemotherapy and immunotherapy. On the other hand, the emotional aspect is strong.

Every cancer patient yearns to be cancer free.

Overall, respect is key in cancer care and the appraisal and reappraisal process linking to cancer can lead to either problem-focused coping where the cancer patient deals with the cancer directly and its effects by having a positive mindset that this is cancer and I will deal with it until every cancer cell will leave or die

OR emotion-focused coping to remove or minimise the effects of cancer and worry of the future through relaxation techniques and finding ways on how to manage everything.

A diagnosis of cancer shapes a patient's ability to feel, process, move and behave.

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Figure 14: The principles of dignity in patient care

Figure 15: The respect model

Figure 16: A summary of phrases that relate to respect

Medical Sociological and Psycho-oncological care

WCD Ihsas Calligraphy Script

Al-Ra-ayah (Care) – Al-Nastaliq script

The emotion term found in the Ihsas Calligraphy book series is Care.

Care is pivotal and what drives every service on every walk of life on this amazing planet.

It can range from caring of the environment, caring of patients, caring of students, caring of society, caring of family, caring of friends, caring of neighbours, caring of plants, caring of animals, caring of the law and many other types of care.

However, within the healthcare environment, the type of care can be domestic/domiciliary that ensures the wards and operating room are viral and bacterial free.

It could be the care of the office staff that ensures book of appointments, letters, calls and reports are sent.

It could be the care of nursing that is associated with the daily personal care, symptoms, bedding medications.

It could be the care of the doctors organising the tests, results and finding the best clinical treatment.

It could be the care of the allied healthcare professionals that are the backbone in try to facilitate in producing the test results and support patients were necessary.

It could be the medical engineers that provide care through ensuring all the technology and systems are working.

It could also be the care of the security to ensure the healthcare environment is safe to work in.

There are lots of types of care provided from the higher up to the bottom of the ladder.

However...*what is care?*
Care is both a noun and verb. It is about giving concern and attention to the patient, families/caregivers whether through word or action and caring for someone's well-being.

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There are several branches of Care as a gentle reminder for all:

1) *Compassion:*
No matter what type of care, the basis should be done with empathy, kindness and dignity. This will help build patient-centred communication (PCC) and trust.

2) *Competence*

This is vital where information given, said and clinical examinations/tests/procedures performed is done with care, effectively and safely.

3) *Confidence:*

This comes with time and experience. When the healthcare professional assures the patient, this helps to let the patient feel safe that they are receiving the right level of care that begins from basic care till the appropriate specialised care.

4) *Conscience.*

It takes a human to be conscience with morals, manners and ethical care to be fair and honest.

5) *Commitment:*

This is how committed are the healthcare professionals in learning, listening, improving, acknowledging, taking accountability and fighting back each day to improve the quality of care.

6) *Courage:*

This is how strong are you to do the right thing and save every patient till the last second.

7) *Communication.*

Clear and clarity.

The quality of care is directly proportional to achieving goals and the right healthcare outcomes. Evidence-based care practice helps to achieve universal health coverage through its effectiveness, avoiding harm to people for whom the care is intended and ensure that care is given tailored to the patients' needs and values.

To understand the quality of care, the World Health Organisation has placed emphasis on lowering waiting times and delays, ensure care is equitable on account of gender, ethnicity, geographic location, and socio-economic status. There is also emphasis of integrated care and

efficiency to the umbrella of health services and maximising the use of resources and avoiding waste.

Care is not only about patients but also care on the sincere doctors, nurses and staff who adhere to what care means and follow the Hippocratic Oath by action. It's not the size of the building but the quality of care for all is what makes a healthcare service efficient.

When we think of the theme of World Cancer Day on people-centred care which is about the broader view by looking at the health needs of whole communities and populations across their entire lifespan.

Patient-Centred Care (PCC) and Person-centred care are just as important but are amplified by the number of people in society to make it communal, national, international and global and beyond the clinical environment. The health of every person is important. Their experience
Their wellbeing. Their comfort.
The needs of the patients and not just the needs of the service.

From communicating to making clinical decisions, empowering both the patients and professionals.

Previous research studies indicates that the quality of care is association on the length of time of knowing the patient, exchange of information, knowledge and perceptions of care coordination.

There was a recent study who examined the importance of patient-centred communication (PCC) and is recognized by the National Academy of Medicine as an important component of quality of care (QOC).

They discovered that as the patient population becomes more diverse, options available, there is a dire need to continuously improve assessment, presentation and implementation and adherence to treatment and determine behavioural change.

This is irrespective whether it is primary, secondary and tertiary.

Thus, the better the PCC is, the better quality of care, the more people feel confident in trust and cancer-related information they received from their doctors.

Some global healthcare organizations provide patients with online access to their electronic medical records (EMRs) with the aim of increasing engagement and supporting role for patients in cancer care. On the other hand, according to the study, EMRs did not help improve

the impact of PCC on patients' outcomes in their study.

People-centred care, patient-centred care and person-centred care in cancer care is about bonding with the patient.

Cancer patients experience a change socially, physically, emotionally and psychologically. Care and support from healthcare professionals helps patients with uncertainty and could improve the quality of cancer care and patients' trust in doctors.
Giving clear and understandable explanations, spending enough time with the patients and chance to ask questions improve health outcomes.

On the contrary, PCC did not improve self-efficacy nor technology had an impact.

One of the medical models of care is Swanson's theory developed by Dr Kristen Swanson.

The theory entails five categories and relates to the connection between the patient and a healthcare professional whether a nurse or doctor to give holistic care.

The five categories are maintaining belief, knowing, being with, doing for, and enabling.

These five categories helps to empower, support and care for cancer patients.

A) *Maintaining Belief.* This is about the cancer patient gaining belief/faith in the patient's ability to get better.

B) *Knowing* focuses on actively listening to understand the signs, symptoms, needs and experiences.

C) *Being With*. This is a type of care where comfort and emotional support is given by being there for the cancer patient especially after a test or procedure by staying by the patient's side throughout the process, offering a reassuring presence, holding the patient's hand, and providing words of comfort.

D) *Doing For*. This is providing physical care and assistance where needed.

E) *Enabling.* Empowering the cancer patient to engage in their own care, decision making, patient autonomy and independence to ensure a personalised, morally and culturally sensitive care delivery.

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Figure 17: The 6 Cs of Health and Social Care

Figure 18: The factors that influence patient-centred care

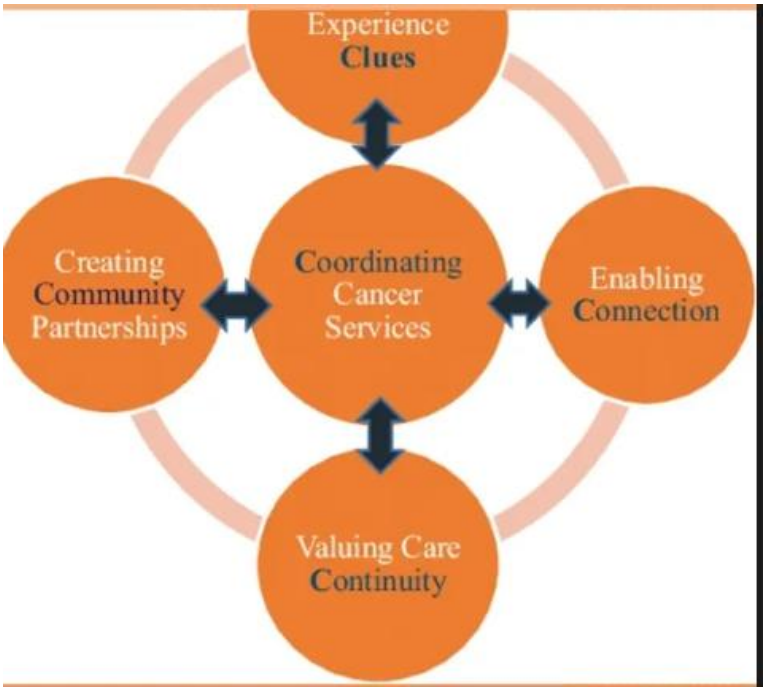

Figure 19: An alternative presentation of factors that influence care

TABLE 5-2 Swanson's Theory of Caring (Swanson, 1991)

Caring Process	Definitions	Subdimensions
Knowing	Striving to understand an event as it has meaning in the life of the other	Avoiding assumptions Centering on the one cared for Assessing thoroughly Seeking clues to clarify the event Engaging the self or both
Being with	Being emotionally present to the other	Being there Conveying ability Sharing feelings Not burdening
Doing for	Doing for the other as he or she would do for self if it were at all possible	Comforting Anticipating Performing skillfully Protecting Preserving dignity
Enabling	Facilitating the other's passage through life transitions (e.g., birth, death) and unfamiliar events	Informing/explaining Supporting/allowing Focusing Generating alternatives Validating/giving feedback
Maintaining belief	Sustaining faith in the other's capacity to get through an event or transition and face a future with meaning	Believing in/holding in esteem Maintaining a hope-filled attitude Offering realistic optimism "Going the distance"

Figure 20: The Swanson Model of Care 1991

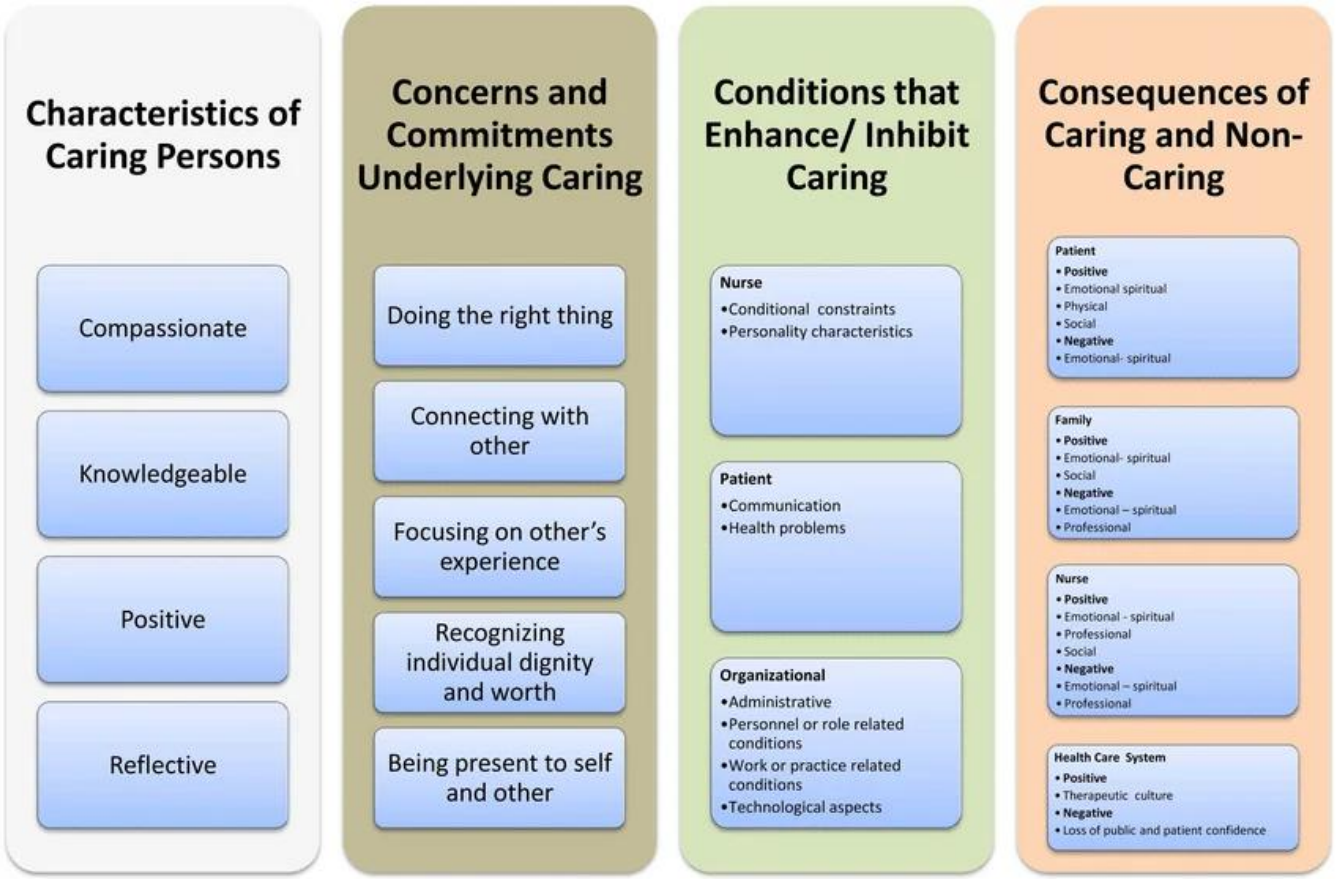

Figure 21: The concept of care (Kalfoss and Owe Cand, 2016)

Figure 22: Phrases that associate with care

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Al-Hayat (Life) – Al-Nastaliq script

The subsequent term we are going to discuss the subsequent term of "Life".

What is life?
What is the fuel that drives life?
Why do we exist?

To understand life isn't something that is straightforward but complex.

We all view life differently and is influenced by how we feel, think and perform action on a daily basis.

In biology we are taught that we are made from thousands of cells; the smallest unit of life. Through movement, nutrients and homeostasis (internal stability) we are able to maintain our energy, grow and repair.

As living things, we begin as a fertilised egg containing information and are in constant developmental changes over time.

From a philosophical perspective, every religion instils a notion of a good life that is achieved through practical codes of conduct where we all engage in a positive way in search of meaning with depth and purpose and ultimately tranquillity.

This can be subdivided into three:

A) *Subjective quality.*
This refers to how good each cancer patient feels they have had.

Every patient evaluates how they observe their diagnosis, life itself they experienced so far and his or her feelings.

B) *The existential quality of life* is an in-depth way on how every patient have a deeper nature and deserve to be respected such as faith and culture.

C) *The objective quality* is how a person's life is □received by the outside world to adapt, respect and value.

When having a cancer diagnosis, many patients tend to adapt to the situation to achieve the necessary "hope" and "satisfaction" and "acceptance" of this "life challenge" and to improve their wellbeing.

The cancer experience may hinder to believe that life is meaningful because of the anguish and pain of understanding the reason why do they have to experience “pain” “death” and cancer appears as a form of “injustice” with a fluctuation of fear, confusion and calmness.

Other cancer patients view their diagnosis where they able to find positive meanings which leads to better wellbeing scores. This may be linked to their spiritual side or life experience and resilience.

A relevant model is Crystal Park’s Meaning Making Model that consists of two components: global and situational. Global meaning making is about global beliefs and general concepts to interpret world experience. On the other hand, situational making meaning is about the context or event itself. When there is no complementary fusion between the situational meaning and a patient’s global meaning. This is where negative emotions arise which triggers meaning-making methods or efforts to reach the equilibrium needed to lower discrepancy and restore the concept of a meaningful life process. This depends on the order of their goals and subjective perceptions of meaning, coherence, purpose.

To find connections and patterns that help them make sense of the new information or challenge and assimilate it into existing structures.

Cancer creates a whirlwind life where it is an ultimate push for strength and resilience and faith to prosper.

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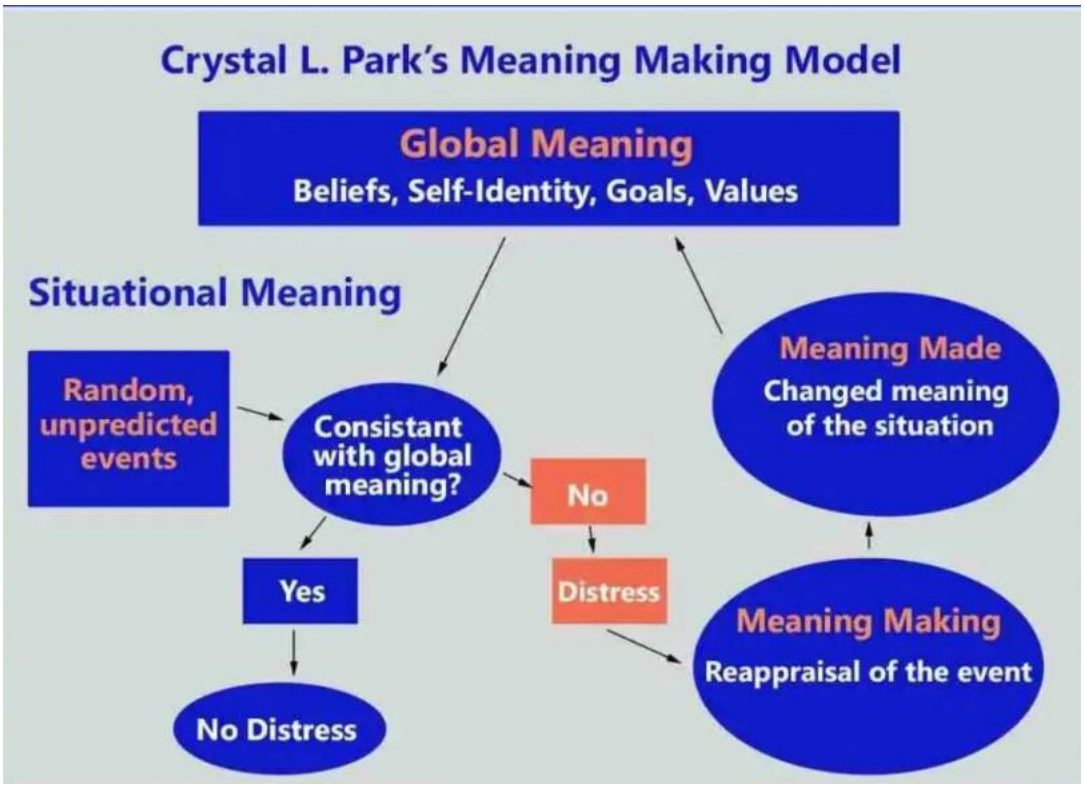

Figure 23: The Crystal Making Model of Meaning

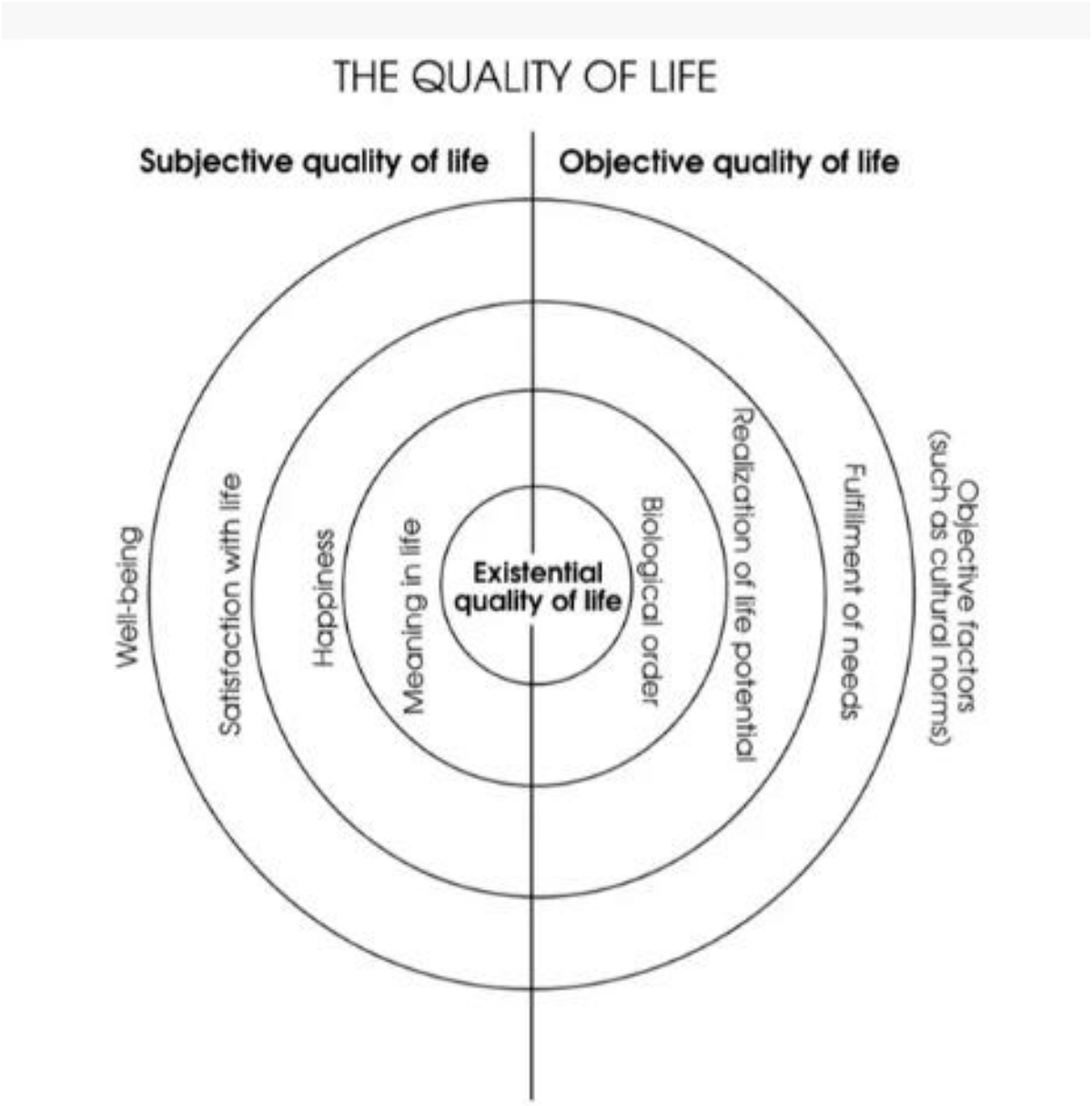

Figure 24: The integrative theory of the quality of life. A person can be compared to a green apple with red additions. The green represents subjectivity whereas red illustrates objectivity at the surface of an individual's existence. There is a hidden nucleus that connotates humanity's inner depth. A combination of this image with humanity as a multilayered structure, for instance, an onion can be situated between the surface and the nucleus. The taxonomy underlying the quality-of-life analysis can then be established. There are satisfaction, harmony, wellbeing, meaning and deep concord between the surface of life and its inexpressible depth.

Figure 25: A prayer for cancer patients worldwide.

Al-Waqi (Reality) – Al-Battar Script

We are now moving onto the Al-Battar script.

Facing the reality of cancer is one of the most challenging experiences.
A change in the whole personal and professional system to adapt is something that leads to acceptance.

It is estimated that by 2040, the number of patients will increase to 29.9 million despite the ongoing role of health authorities to increase cancer awareness.

The concept of reality is now being applied in healthcare.

Extended reality techniques consists of physical and virtual environments and is subdivided into virtual, augmented and mixed. Virtual reality uses a form of computer model to make a digital environment. Augmented reality overlays digital elements in the real world to increase perception. Mixed combines both formats. Health technology has helped to lower anxiety scores, increase patient engagement to adhere to treatment protocols and improve quality of life.

There are significant number of studies presented in the following source that displays how it helps to support cancer patients during diagnosis and treatment and improve outcomes.

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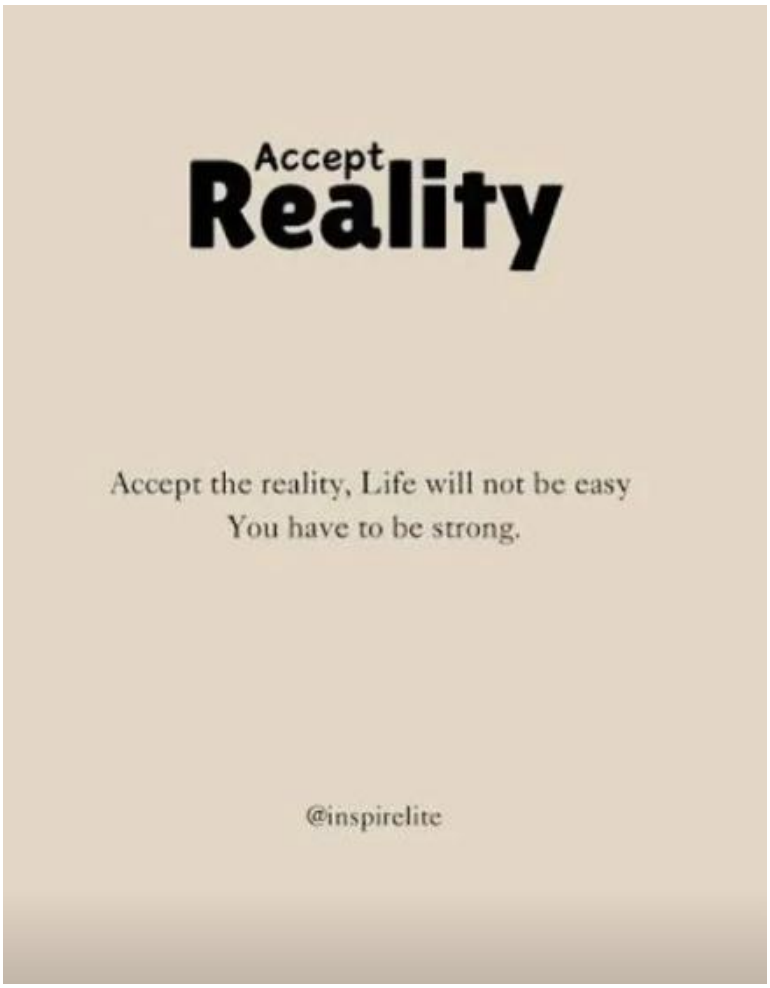

Figure 26: An inspiring quote on the importance of reality

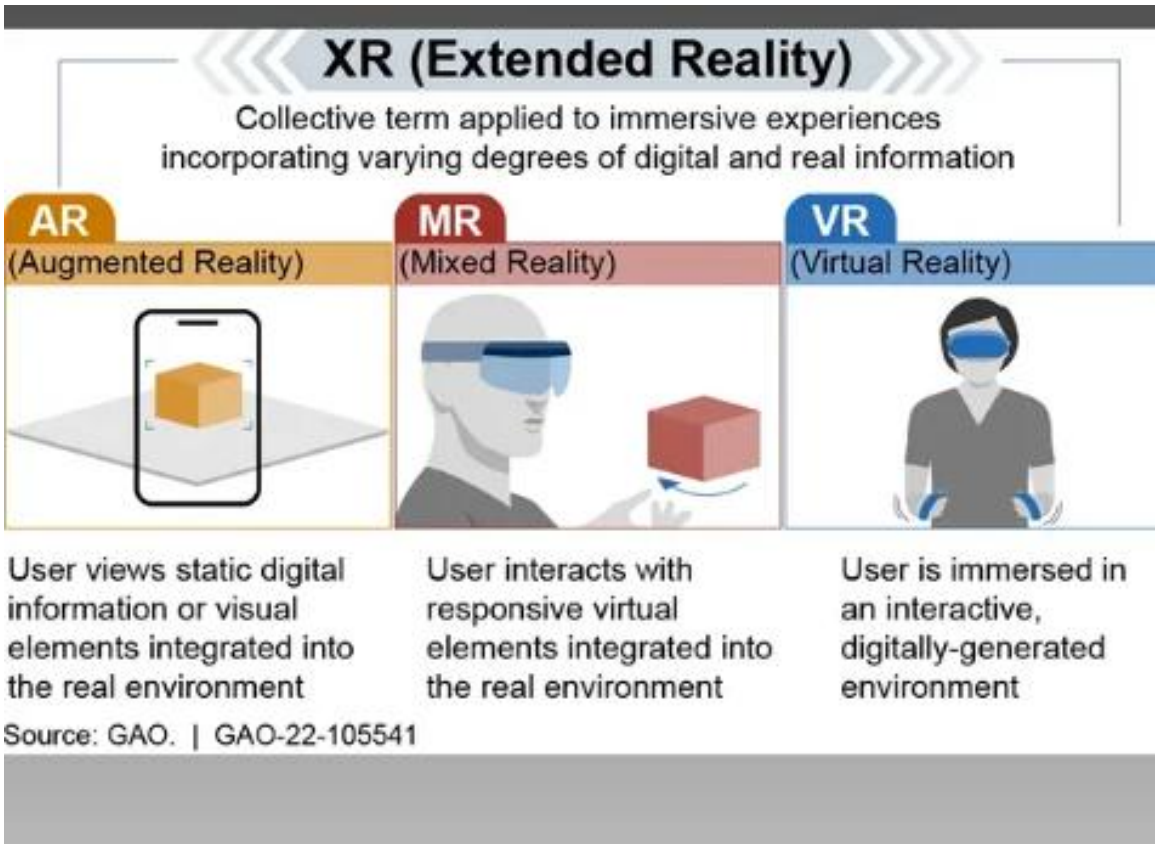

Figure 27: The types and impact of extended reality

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Al-Kafah (Struggles) Al-Battar Script

Here in the Al Battar Arabic Calligraphy script is Al Kafah meaning is “struggle”.

Struggle or it's plural Struggles, what does it mean to *you?*

In cancer medicine, MacMillan Support has announced that more than a quarter of people (29%) with cancer in the UK struggle and has various angles: physical, emotional, practical and economical concerns.

A recent article published in Pulse announced that in the past year, it is estimated 107,000 cancer patients have waited more than 62 days to initiate treatment in 2025.

These delays have become routine and the most common reason is limited workforce shortage.

However, healthcare professionals are not the only ones who struggle.

It is the dear patients who the services are for.

In psycho-oncology care, cancer is a journey that begins from the process of being diagnosed, the treatment and the aftermath when treatment ends.
Many assume cancer survivors go back to their life like nothing happened. They also face their "struggles".

One of the pivotal struggles faced by cancer patients is "emotional". The nature of being diagnosed, how intense the treatment is, coping with the side effects and how their body system responds, effect on relations, depending on others, and a change and sense in life.

For instance, the ongoing questions of uncertainty about tests, results or remission/recurrence. Suppression of emotion to avoid worry.

Furthermore, in many cultures, cancer has become a stigma where they have a form of concept about illness.

The struggles faced by cancer patients and their caregivers can affect their energy and can lead to several negative behaviours for instance they may miss their appointments, poor adherence to treatment or disengaged from supportive care.

It is important that healthcare professionals have a form of understanding, cope, patience, positivity and steadiness to help patients understand what to expect and be aware of their

emotional ups and downs
Clear. Compassion. Consistency. Empathy

Patients need to feel they are being validated rather than forced positivity.

A structural way can be designed to help cancer patients gain sense of control, help avoid worst thoughts where every symptom means "bad" and to support through their anxiety and procedural fear.

Supportive care in cancer patients is vital where connecting with others who have similar experiences lowers isolation.

Complementary medicine helps overcome struggles and provide emotional balance such as art, music, writing, spiritual prayer, acupuncture and gentle exercises.

The way to overcome struggles can be presented to as "transtheoretical model" where it consists of stages to help cancer patients change their behaviour. It was developed by James Prochaska and Carlo DiClemente.

The key aspect is it is a gradual process where it begins from no change in "precontemplation" to contemplation and preparation for a positive change.

Health is what you make it.

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Figure 28: The iceberg

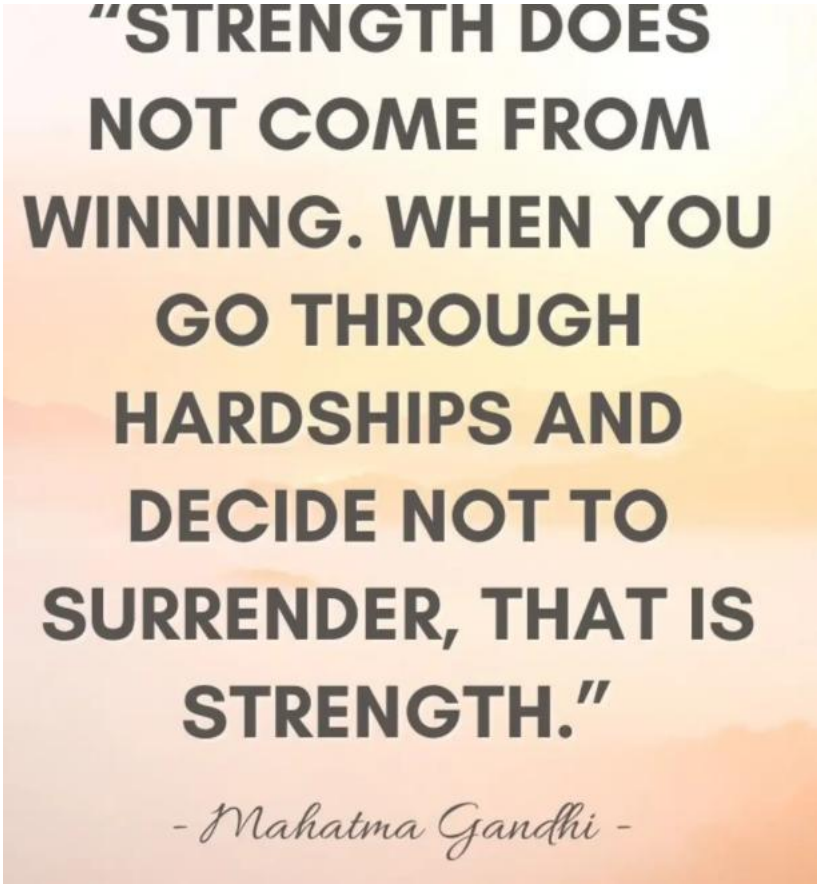

Figure 29: An inspiring quote on strength

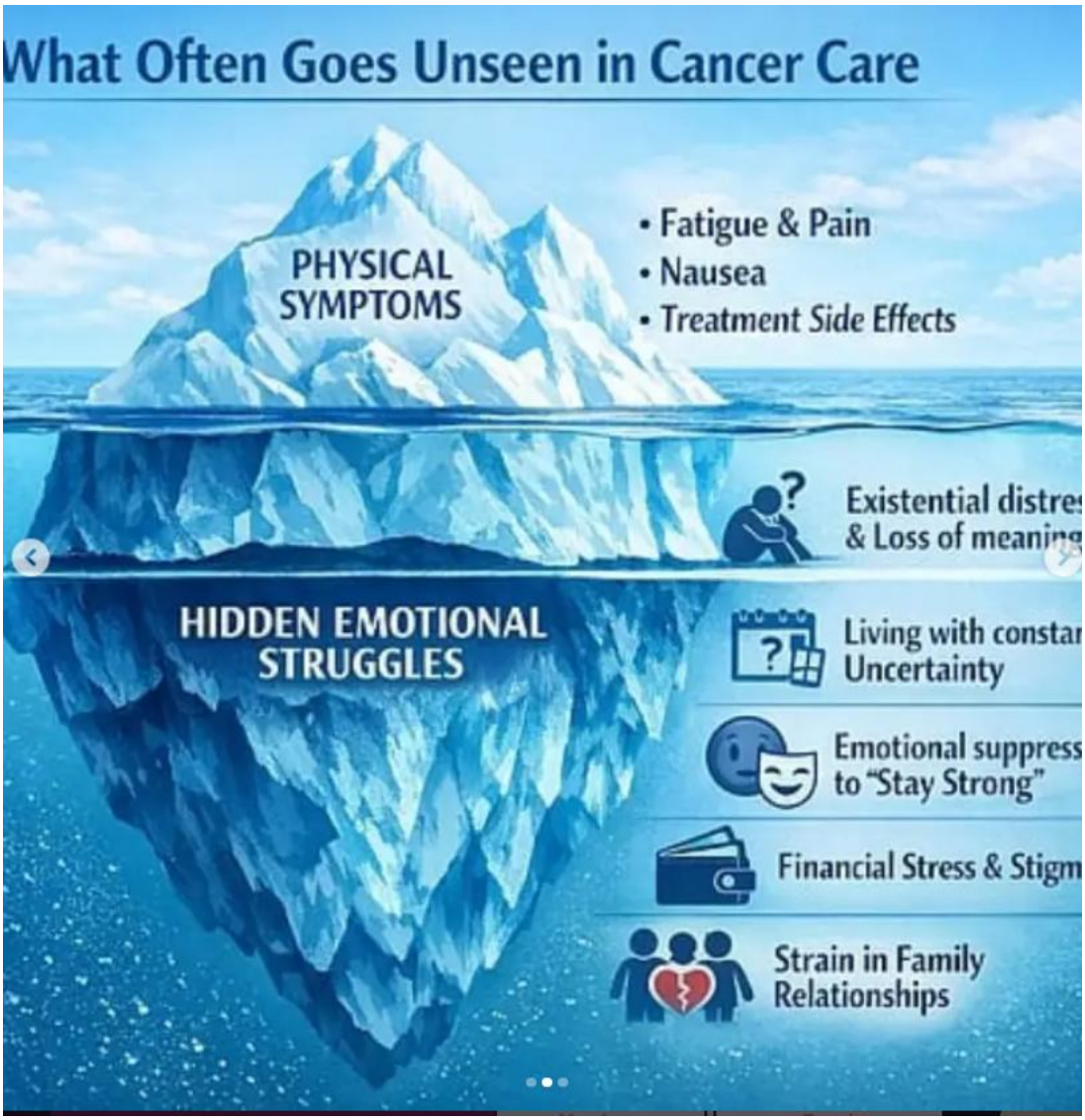

Figure 30: Physical symptoms and hidden emotional struggles

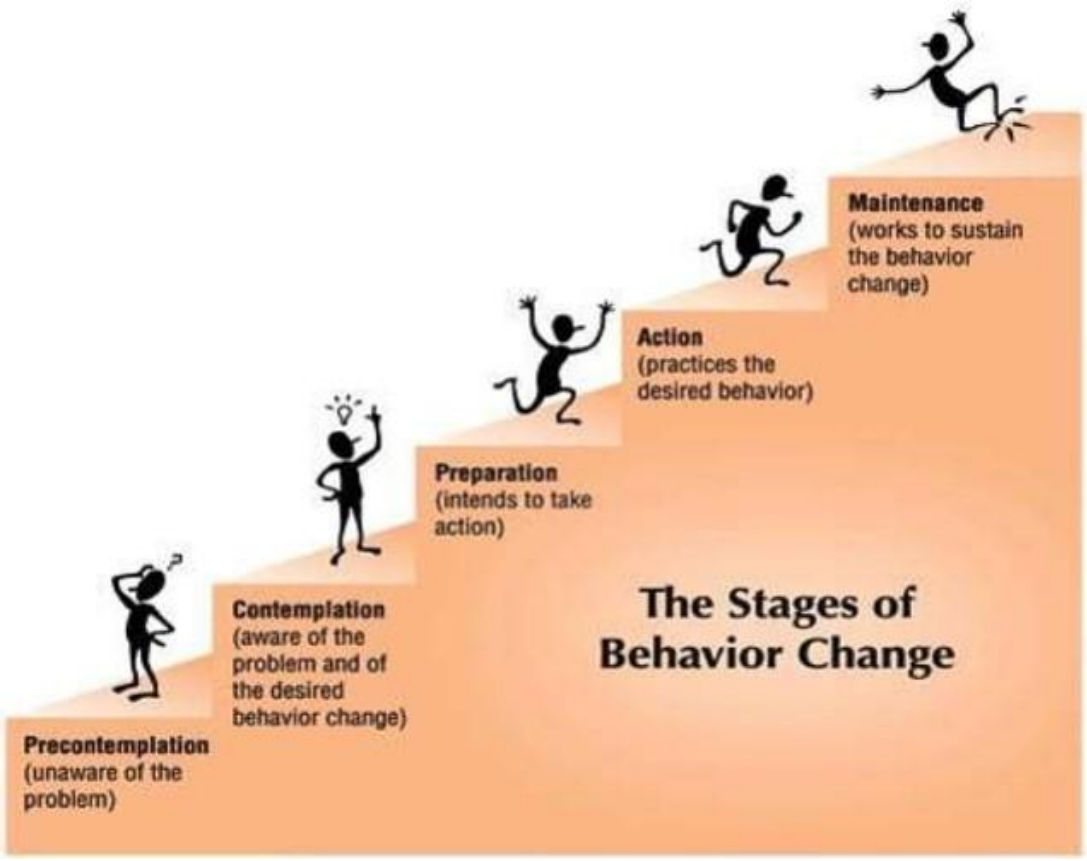

Figure 31: The transtheoretical model on health behaviour

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WCD Ihsas Calligraphy Script

Al Hob (Love)

Theoretically, we all become attached and committed to things and people we are committed to and love.

In life, this concept in love appears in different shapes, forms and varies with context and is not universally identical.

However, in relevance we are referring to the love that cancer patients feel and also healthcare professionals.

Being in the field of cancer, is more than a job, it's passion, its love. It's what motivates you to get up, find ways, overcome challenges and make sure you do the best you can.

The theme of World Cancer Day is about people centred care. It’s not just the clinical practice but the wider aspects that influences the clinical outcomes of the patient.

Love in cancer care is when family care givers and friends support their peer through listening, positive motivation and patience as they cope with the agony of chemotherapy, surgery and radiotherapy.

Using a medical sociological model, a social-constructionist view of love, we can establish that being strong during adversity like cancer, patience through uncertainty and resilience with every fall back is what strengthens the cancer patient in their healing and recovery especially from its family, sibling, spouse and friends.

Love, gratitude, humility, wisdom and spirituality are constructs that have the ability to uplevel human connection and ultimate transformation in their vision and mission and perception on Cancer care.

There are many respected researchers have made research on love and its definition and impact.
Some are the following:

Aristotelian hedonic and eudaimonia happiness and wellness.

Emotional vs. physical vs. intellectual love (Benoit, 1955),

Genuine vs. pseudo love (Fromm, 1956)

Being love vs. deficiency love (Maslow, 1962)

Love vs. liking (Rubin, 1970)

Romantic vs. conjugal love (Driscoll et al., 1972),

Compassionate vs. passionate love (Berscheid & Walster, 1978)

Love in patient care is critical because the aftermath is them having a positive adherence and being on the road to recovery after beating cancer.

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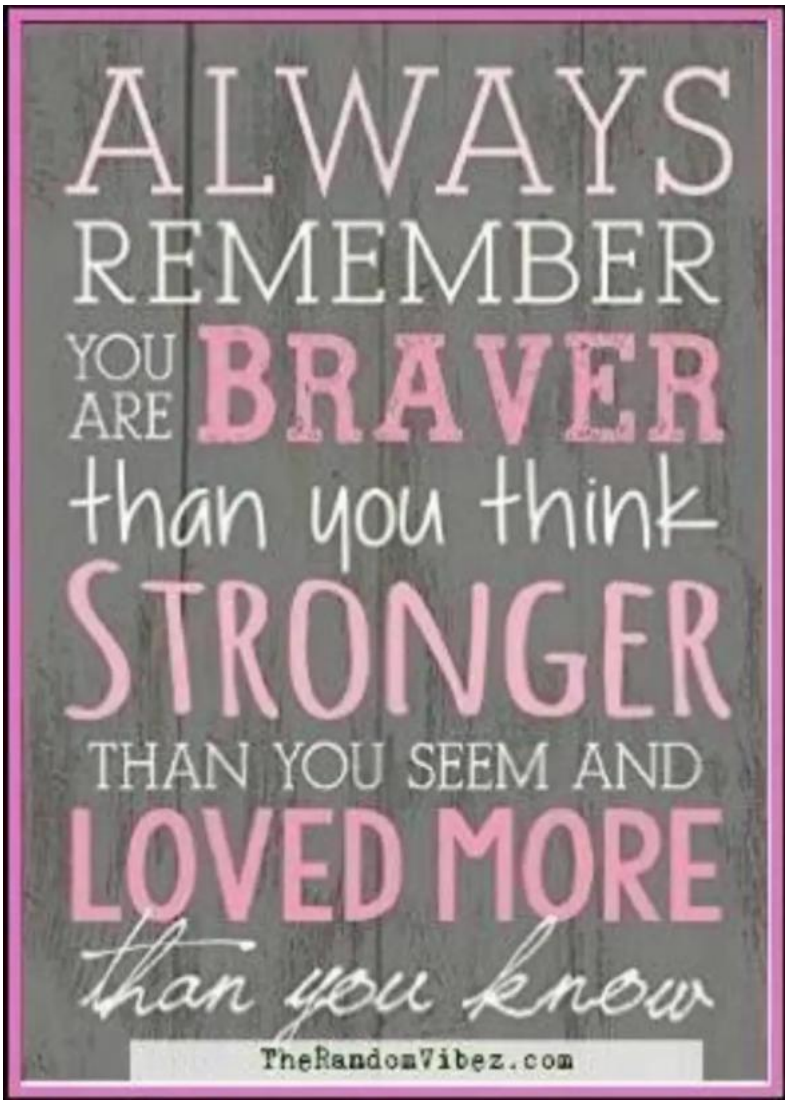

Figure 32: An inspiring quote on strength

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Freshness – Al-Battar Script

The last phrase of the Arabic Calligraphy book is "Freshness" in cancer patients.

There are no specific emotions that cancer patients may have. Some cancer patients may experience some of these emotions, most of these emotions and other cancer patients may have never experienced any of these emotions.

The emotions in this calligraphy book are also not "personalised" but is "generalised" based on clinical research studies that found cancer patients experienced such emotions.

Whenever a healthcare professional discusses the clinical aspect of cancer diagnosis and treatment. They also take care of the emotional effect of what is being said and how it's being said.

Why?

There is a broad range of psychological symptoms, that fluctuates between positive and negative emotions and is beyond the physical manifestations or symptoms of cancer.

This could be about the cancer, symptoms, worry about recurrence after being cancer free and the impact on the quality-of-life pre, during and post cancer.

All of these are factors that contribute to the likelihood of adherence to cancer treatment.

Clinical researchers have indicated that there is a triad conceptual framework that facilitates cancer patients on their journey and resilience regardless whether they have a positive mindset (optimist) or a negative mindset (pessimist):

1) Identifying emotions

2) Identifying how to regulate these emotions.

3) Identifying support

One of the relevant models that help navigate cancer patients to have a fresh concept is Gross's process model.

This model is defined as the following:

"The process by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions"

Therefore, emotions felt by cancer patients, positive or negative is elicited by both internal and external stimuli.

Cancer should never be a hindrance though there are side effects of cancer treatment and is beyond describable and only the cancer patients would know.

The aim is to help them believe they can overcome this.

Every time a test is coming whether a scan or a blood test.

There is a high probability of anticipatory anxiety in cancer patients that often leads to negative "what-if" contexts.

The aim is for them to instil or be instilled with positivity and reframe to a hopeful mindset that the levels will be normal and the scans will show a deduction of the cancer size rather than allowing them to think of the worse.

It's important for cancer patients to not stop in making goals, plans and think about the future rather than be revolved about the diagnosis.

Some of the changes felt by cancer patients is not always physical or emotional but there is change that is linked to spirituality and existential in nature. Thus, a cancer patient may even question their meaning of life and what actually matters.

People who have faith focused will automatically turn to their beliefs to instil positivity and Freshness.

Other patients may not have a belief; they will meditate and do things that make them happy whether it's through an activity or something that has creativity.

Can a negative attitude lead to a positive attitude to gain a fresh view?

In order to give an insight into this question. It is important to differentiate between positive and negative attitudes.

Recent clinical research has established that approaches and coping mechanisms to deal with adversity differ between an optimist and a pessimist which influences the "fresh mission".

Winston Churchill's himself said *"a pessimist sees the difficulty in every opportunity; an optimist sees the opportunity in every difficulty."*

A positive attitude is embedded with factors such as positivity, optimism, motivation and ease to achieve positive cancer outcomes and can also boost antibody production, better immune response, physical health, protect against harmful behaviours, prevent chronic disease, longevity, and help people cope following troubling news.

Optimists can also recover from disappointments quicker than pessimist and see the positive.

Optimists have a stronger sense of gratitude and feel more energized and pleasant sensations.

How can a cancer patient change from negative to positive mindset?

Through studies of changing explanatory styles, optimism can be learnt.

Health may be considered as a "problem" or "challenge" however it can be taught through seeing things fresh with a balanced view, develop a growth mindset, and even reinvent a patient to a positive one.

The inner monologues can sometimes cause cancer patients have a negative thought or track towards negativity.

Affirmation of oneself is to explain that this is just a hurdle or wave and can be overcome.

It is important to slow down the thoughts.

Cancer as a disease and the difficult moments have lessons to teach and transforms and teaches skills.

It's important to embrace the change, but it can also be difficult to accept. Adjusting your perspective can help you overcome the fear, stress, and anxiety of change and approach it with excitement instead and take care of yourself.

Surrounding yourself with positive people helps to instil Freshness because when one expresses an emotion, it is likely to influence others through emotional contagion.

Freshness is not a point or a place, it's a mindset that has a vision, mission and journey of hope.

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Figure 33: An inspiring quote on freshness

Figure 34: An alternative inspiring quote on freshness

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WCD Ihsas Calligraphy Script

Summary

Cancer is a disease that is reported to be a major health concern worldwide, where 10 million people pass away each year and over 40% is preventable through modifiable lifestyle risk factors and routine screening. More than 70% occur in low- to middle-income countries.

The aim of the World Cancer Day theme titled “United by Unique” is to raise the importance of “people-centred care,” which focuses on the patient as more than a disease. A patient as a whole person, families, and wider community. It aims to embrace difference and how each patient is “unique” in their own way, and care, needs, and values should be “personalised”.

Ihsaas Arabic Calligraphy book aims to connect faith, culture, and art to foster understanding in clinical care practice. Arabic is a language with historical and cultural importance that spans centuries, and through its artistic shapes and forms, studies have revealed that it has helped patients and their well-being. Inclusivity was instilled because an insight into the history of different art calligraphic styles was discussed. There were also transliteration and translation to help healthcare professionals and the general public understand different emotions that cancer patients may feel or not feel during their cancer journey. These emotions are based on clinical research, psychological and medical sociological studies that have shown that these emotions have been experienced.

The emotions may not only influence patients but also their caregivers and healthcare professionals, whose focus and goal are to ensure that patients overcome this dreadful disease of cancer, improve adherence to diagnosis and treatments, and boost survival rates.

Overall, our brain consists of integrating centres that interact with one another and can influence motivation, positive well-being, energy, and consciousness, which in turn influence behaviour and adherence to patient-centred goals. Embracing creativity, art, understanding, and being active can help engage people and communities. These initiatives are online because they will help connect people to such resources and boost cancer awareness.

World Cancer Day promotes people-centred, inclusive, and compassionate care. www.worldcancer.org

Thank you, everyone!

Medical Sociological and Psycho-oncological care

WCD Ihsas Calligraphy Script