

MEANING OF GUIDED IMAGERY RELAXATION FOR PATIENTS UNDERGOING CANCER TREATMENT

SIGNIFICADO DO RELAXAMENTO COM VISUALIZAÇÃO GUIADA PARA O PACIENTE EM TRATAMENTO ONCOLÓGICO

SIGNIFICADO DE RELAJACIÓN CON VISUALIZACIÓN GUIADA PARA PACIENTES EN TRATAMIENTO ONCOLÓGICO

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Objective: to understand the meaning of guided imagery relaxation for the patient undergoing cancer treatment. **Method:** qualitative study performed with 11 patients undergoing cancer treatment, from January to March 2020. Sociodemographic and clinical questionnaires were applied in the form of an interview, followed by a complementary and alternative relaxation therapy session with guided imagery relaxation. The statements were recorded and submitted to content analysis, proposed by Bardin. **Results:** three categories were identified: Relaxation as a body and mind connection; Relaxation as an ally in the reduction of symptoms; and Relaxation as reinforcement of positive beliefs. **Final considerations:** guided imagery relaxation was meant by the cancer patient as a valid process in care and recovery.

Keywords: Cancer. Radiotherapy. Chemotherapy. Relaxation Therapy. Complementary Therapies.

Objetivo: compreender o significado do relaxamento com visualização guiada para o paciente em tratamento oncológico. Método: estudo qualitativo, realizado com 11 pacientes em tratamento oncológico, no período de janeiro a março de 2020. Foram aplicados questionários sociodemográfico e clínico, em forma de entrevista, seguidos de uma sessão de terapia complementar e alternativa de relaxamento com visualização guiada. Os depoimentos foram gravados e submetidos a análise de conteúdo, proposta por Bardin. Resultados: identificou-se três categorias: Relaxamento como elo corpo e mente; Relaxamento como aliado na redução dos sintomas; e Relaxamento como reforço de convicções positivas. Considerações finais: o relaxamento com visualização guiada foi significado pelo paciente oncológico como um processo válido na assistência e recuperação.

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Descriptores: Câncer. Radioterapia. Quimioterapia. Terapia de Relaxamento. Terapias Complementares.

Objetivo: comprender el significado de la relajación con visualización guiada para el paciente en tratamiento oncológico. Método: estudio cualitativo, realizado con 11 pacientes en tratamiento oncológico, de enero a marzo de 2020. Se aplicaron cuestionarios sociodemográficos y clínicos, en forma de entrevista, seguida de una sesión de terapia de relajación complementaria y alternativa con visualización guiada y sometido al análisis de contenido propuesto por Bardin. Resultados: se identificaron tres categorías: La relajación como vínculo entre el cuerpo y la mente; La relajación como aliada en la reducción de síntomas; y Relajación como refuerzo de creencias positivas. Consideraciones finales: la relajación con visualización guiada fue considerada por el paciente oncológico como un proceso válido en el cuidado y la recuperación.

Descritores: Câncer. Radioterapia. Quimioterapia. Terapia de relajación. Terapias complementarias.

Introduction

Cancer has always afflicted humans. Although for centuries its relative impact has been overshadowed by the early death of infectious diseases, it still represents one of the main causes of premature deaths in people between 30 and 69 years⁽¹⁾.

According to the World Health Organization (WHO), the high number of cancer cases occurs as a result of the demographic transition, whereby there is an increase in the number of elderly, a public susceptible to aging-related diseases. Among these diseases is cancer, which presents changes of epidemiological origin in which people are more exposed to carcinogenic factors. For global control, services that ensure accessibility with effective interventions for prevention, early detection and treatment are essential⁽²⁾.

Surgery, chemotherapy, radiotherapy or bone marrow transplantation can be cited as treatment methods for cancer patients. In many cases, it is necessary to combine more than one modality⁽²⁾. In addition to the complexity of the disease, another major challenge in coping with cancer is to deal with the side effects of treatment and possible psychological and emotional problems experienced by the patient. Several strategies are elaborated in order to alleviate such aspects, including integrative and complementary therapies. These are considered as evidence-based practices and a humanized care model centered on the integrality of the individual, used effectively in the improvement

of physical and emotional symptoms, seeking to stimulate natural mechanisms of disease prevention, health promotion and prevention⁽³⁾.

Integrative and Complementary Practices in Health (CIH) were institutionalized in the Unified Health System (SUS) in 2006, approved by the Ministry of Health Ordinance Office of the Minister (GM/MS) n. 971, of May 3, 2006⁽³⁾. The use of CIH has been incorporated into cancer treatment in order to alleviate side effects without replacing conventional treatment, it does not promise to treat the disease, but to help reduce the symptoms caused by treatments. This new approach considers the patient holistically (mind, body and spirit)⁽⁴⁻⁵⁾.

Among these therapies, relaxation with guided imagery relaxation is recommended, which consists of a technique that uses the power of the mind to form mental representations of objects, places or situations⁽⁶⁾. For cancer patients, this therapy seeks to help reduce pain, fatigue, anxiety, nausea, vomiting, among other adverse effects related to treatment⁽⁷⁻⁸⁾.

In addition to reducing side effects, guided imagery relaxation also helps in reducing fears and discomforts related to cancer and its treatment, and can increase the body's abilities in the natural fight against cancer, with increased activity of *Natural Killer* (NK) cells, T cells and other immunological mechanisms⁽⁹⁻¹⁰⁾.

It is important to add that guided imagery relaxation is based on the theory of mind-body connection that supports the premise that the

mind and body are inseparable and that all organs of the body communicate constantly with emotional responses, a theory applied in cancer patients in the year 1987⁽¹¹⁾.

Despite the growing evidence on the use of integrative therapies, especially mind-body therapies as effective care and support strategies during the treatment of cancer patients, guided imagery relaxation is not yet a practice offered by the Unified Health System (SUS).

Considering it is a low cost practice, with positive feedback from patients and can be applied by a trained professional, who may be even the professional who provides care, this research aims to understand the meaning of guided imagery relaxation for patients undergoing cancer treatment.

Method

A qualitative study with validity in the elaboration of specific deductions about an event. Patients participating in the study were selected by convenience, in which the researcher purposely selects those who meet the inclusion criteria⁽¹²⁾.

The study was carried out from January to March 2020 in an association of volunteers that assists patients in cancer treatment of a general hospital in southern Minas Gerais, offering coffee and lunch to cancer patients from the SUS network. It received consent from the institution where the research was carried out and approval from the Research Ethics Committee, under opinion no. 3,759,382, on December 11, 2019, in compliance with Resolution 466/12 of the National Health Council.

Inclusion criteria were patients aged 18 years or older, of both sexes, diagnosed with cancer, undergoing chemotherapy and/or radiotherapy in a general hospital located in southern Minas Gerais and attending the volunteer association. Patients who presented some difficulty in understanding the research and/or participating in the study and interviews, evaluated through simple questions, such as day of the week, date of birth, address and others, were excluded.

Thus, patients who were present at the research site for cancer treatment were approached. Those that fit the inclusion criteria were informed regarding the objectives and procedures and invited to participate in the relaxation session. Those who did not meet the inclusion criteria were also informed about the research objectives.

Patients who agreed to participate in complementary and alternative relaxation therapy with guided imagery relaxation, after clarifying the objectives of the research and signing of the Free and Informed Consent Form (TCLE), were individually referred to a private and quiet environment, positioned in a comfortable armchair, with a footrest, where the sociodemographic and clinical questionnaires were applied in an interview format. After, they were directed to close their eyes and start the relaxation process, led by a relaxing audio recording with guided imagery relaxation, produced by the Cancer Patient Support Center of Florianópolis, Santa Catarina, Brazil.

The guided imagery relaxation consists of verbal commands, lasting approximately 15 minutes per session, and involves a series of relaxation techniques, followed by visualization of images of nature, calmness and serenity.

The command initially asks the patient to position himself comfortably, visualizing in his mind the possible scenes that will be described, and perform breathing movements and head to toe relaxation. Next, it leads the participant to imagine that he is moving to a place where he feels safe and relaxed, and invited to imagine the form of cancer and white blood cells irrigating the area of the body, destroying cancer and invigorating his body. Later, it leads the patient to see a scene of something that he very much likes to do and that he was prevented from doing so because of the disease and once cured, he will be able to do it again, creating an expectation, a confidence that this will happen. In the follow-up, the command directs the patient to express gratitude to himself for having given this time to himself and his health, and asks him to continue living life. Finally, the participant is asked to return to the environment, move their

body and limbs slowly, and finally opening their eyes very slowly.

At the end of the relaxation session, two open questions appeared, aiming to understand the meaning of guided imagery relaxation for the patient undergoing cancer treatment: "How do you think that guided imagery relaxation can contribute to reducing the side effects of treatment?" "What was it like for you to participate in this moment of relaxation today?" The answers were audio-recorded and transcribed in full.

In order to improve the understanding of the data, demographic and clinical data were investigated. The study included the participation of 11 patients, 6 women and 5 men, aged between 44 and 79 years. As for schooling, 5 had incomplete elementary education. The prevalent professions were farmer for men and retired for women; the majority declared themselves as Catholic (10), and 5 of the 11 patients declared themselves to be married.

As for the clinical characteristics, the most prevalent type of cancer was prostate cancer for men, represented by three patients, and breast cancer for women, also represented by three patients. Seven patients were undergoing chemotherapy at the time of the interview, which was the type of treatment prevalent among the participants. Among the side effects, the most reported were weakness, fatigue and gastrointestinal tract symptoms.

Considering the objectives of the study, 26 speech clippings were selected, which allowed us to understand the perception of the cancer patient about complementary and alternative relaxation therapy with guided visualization in three units of meaning: relaxation as a link between body and mind, relaxation as an ally in the reduction of symptoms, and relaxation as reinforcement of positive beliefs.

For data analysis, the content analysis proposed by Bardin was used, which presents three fundamental phases: pre-analysis, exploration of the material and treatment of the results, inference and interpretation⁽¹³⁾.

The first phase, the pre-analysis, consists of an organization phase that involves a floating

reading, that is, a first contact with the documents that will be submitted to analysis, choice, formulation of hypotheses and objectives, elaboration of indicators that will guide the interpretation and preparation of the material. The choice of data to be analyzed adhered to the following rules: exhaustiveness, which means not leaving any of its elements out of the research, whatever the reasons; representativeness, in the case of selecting a very large number of data, and sampling is rigorous if the sample is a representative part of the initial universe. Regarding homogeneity, the documents retained must be homogeneous, comply with precise criteria of choice and not present too much uniqueness outside the criteria. Relevance means verifying whether the document source adequately corresponds to the objective raised by the analysis of what the study proposes.

In the second phase, the material was explored to choose the coding units. The codification corresponds to a transformation, carried out according to precise rules of the text, allowing to reach the representativeness of the content, which consists of the categorization that will base the discussion of the study. In the third phase of the process, results were processed, inference and interpretation based on the raw results, seeking to make them meaningful and valid. The process of interpretation must go beyond the content of the documents, as the researcher is interested in the hidden content, the meaning behind what is immediately apprehended.

To guarantee anonymity, fictitious names were assigned to all participants in the preparation of the article.

Results

Through the analysis of the participants' statements, it was possible to understand relaxation in three categories: Relaxation as link between body and mind, Relaxation as an ally in the reduction of symptoms, and Relaxation as reinforcement of positive beliefs.

Relaxing as a link between body and mind

The way participants constructed their narratives about the experience of the relaxation session reveals that these patients actually internalized therapy in order to bring positive contributions to dealing with the disease:

Relaxation helps a lot, for example that part of the speech about destroying the disease, it helps a lot, right! Because our subconscious works and I think it helps a lot [...] We believe in relaxation [...] (Magdalene).

I liked it a lot, it was good, great, I was able to relax, imagine [...] without a doubt I think it can help a lot, we follow the instructions, it seems that we open our brain a little, which can contribute a lot right, as if it were a remedy. (Juvenile).

I could imagine a waterfall, I felt the cancer disappear, I felt myself burn here. Oh! honestly, I've never felt that before. Virgin Mary, it was exciting! (Claudio).

The subconscious is full of resources that can be mobilized for personal growth and to improve health conditions. In these statements, the patients demonstrated how they were able to internalize the relaxation experienced.

I think one thing we have to put in mind is that we need those real words, right! Because we have to forget this problem, for the problem to go away [...] of course it is the medicine, but the mind itself helps us to get rid of the problem, that's what I think for me [...] so, the very beautiful words, we have to put them inside us, inside out brain, it commands everything. (Ailton).

I liked it, I relaxed well, I imagined my family everything, a place I like, peace, tranquility without pain, without disease. (Ricardo).

Through the patients' reports it was possible to understand their perceptions regarding the influence of mental processes on body processes.

Relaxation as an ally in reducing symptoms

A lot of stuff, isn't it? He said a lot there that I thought was good, cheers us up more! [...] I think it can help with the things that I feel! (Gilberto).

I feel it can contribute to help us in the sense that you won't even feel it has side effect [...] (Ana Maria).

I loved it! I think it could help to reduce the effects, it would help a lot. You know why? People who get very tense know? They are doing this kind of relaxation, the person relaxes, even for you to face the disease it would be easier. (Juliet).

The participants' manifestations in view of the experience of the guided imagery relaxation

session demonstrated it as something positive in body functions.

Relaxation as reinforcement of positive beliefs

I lost my husband with this disease five years ago [...] I keep thinking, like, at the end, it won't do any good! because it happened to him, but then the people say no, every case is a case and it won't happen to me [...] The first day of chemo I was really sick because I was afraid, if I had done the relaxation, it would have helped me! (Rosângela).

Relaxation made me get off the ground, out into the world, change to positive thinking [...] It certainly helps, because we get so focused on the disease that sometimes forget about living, you think you no longer have hopes, you don't have any more goals, you cannot do anything else in the long run, it seems that you have to do everything in today, not tomorrow or after, just today! That the person does not know what can happen tomorrow, this helps us to come back to ourselves [...] (Marilza).

I think that's how it gives us more strength to fight, and it's something I think is good for us. I'm going to do a transplant, so we have to be prepared for everything, so it's another force that helped me to face everything [...] I think it was very good, to help coping [...] (Magdalene).

It's very good, our God in heaven! I think so for the family of those who are doing radiotherapy, for those who are doing chemotherapy, even for those who are giving support, I think it helps a lot [...] I'm not going to get it into my head that the treatment is hurting. (Juliet).

I'll tell you, it's a very wonderful thing, it's a very good relaxation, it awakens people from many problems that sometimes, with the problem, we get discouraged with life, you know, so it's a wonderful thing, it awakens people's minds, it gives a lot of comfort [...] I ask God to help me to stay positive, because if it were not so, I would not be here [...] (Carlos).

We can't think about anything negative, because then the negative things come, and if we hear good stuff, think I'm going to do that, it's logical that we're going to get it, that's it! (Ailton).

I really enjoyed it! If everyone did it for the success of the treatment it would help a lot, both in chemo and radio, as well as in home treatment, because we need help, don't we! [...] I felt calm, relaxed, it was good! I think it helps the mind to think positively to give more courage and more determination. (Gilsa).

Discussion

The sociodemographic and clinical data of the participants converge with those found in the literature, in which the prevalent cancers were breast in women and prostate in men. The National Cancer Institute (INCA)⁽¹⁴⁾ shows that, in the triennium 2020-2022, there will

be 625 thousand new cases of cancer. Non-melanoma skin cancer will be the most frequent (177 thousand), followed by breast and prostate cancers, which will be represented by 66 thousand each.

As for education, five of the participants had only incomplete elementary education, which denotes low education among the participants. It is reported in the literature that low schooling may be related to a factor that makes access to quality information difficult, and it is observed that higher schooling is associated with greater knowledge of risk factors⁽¹⁵⁾.

In relation to religion, the majority (10) declared themselves as Catholic. Regarding marital status, the prevalent was married, 5 of 11 patients, corroborating studies conducted with patients undergoing cancer treatment⁽¹⁶⁻¹⁷⁾.

The most reported side effects by participants were weakness, fatigue and gastrointestinal tract symptoms. Fatigue is a highly debilitating symptom for oncological patients, reported as intense and severe tiredness, with greater durability than typical fatigue⁽¹⁸⁾.

It is added that chemotherapy treatment was the most prevalent among the participants, of great relevance for the cancer patient, however, likely to cause side effects, such as symptoms related to the gastrointestinal tract, such as nausea and vomiting, which are among the side effects most feared for patients undergoing this type of treatment⁽¹⁹⁾.

The use of mental, emotional and cognitive techniques can be useful as complementary methods in the treatment of cancer patients, because, as understood, the mind and body act together and affect each other continuously⁽²⁰⁾. It is reiterated that body-mind therapies are capable of strengthening the immune system, helping the body together with conventional therapies to fight cancer, improving life expectancy and contributing to the reduction of symptoms⁽¹¹⁾.

Integrative and complementary practices stand out for their wide use in cancer patients in reducing symptoms of fatigue, pain, depression, anxiety, nausea and vomiting and, consequently, there is a result in improved self-care and

health-related quality of life⁽²¹⁻²²⁾. Studies with other methodological designs have demonstrated the power of relaxation with guided visualization in patients undergoing chemotherapy and radiotherapy, with a reduction in various symptoms, such as pain, anxiety, fatigue and improved quality of life⁽²³⁾. There are indications that different positions regarding life, in general, may be associated with susceptibility to certain diseases, such as cancer⁽¹¹⁾.

The recognition of the benefits caused by integrative practices has increased, with relaxation with guided visualization, one of the nationally prominent mind-body therapies, among existing integrative and complementary therapies⁽⁷⁾. The report of positive thoughts, good feelings internalized through relaxation are proven by the literature as responsible for the contribution of increased defense cells. A study produced in 1999, which evaluated women with breast cancer through psychoneuroimmunology, found a correlation between the activity of Natural Killer (NK) cells, which act in the immune defense against metastases, and guided imagery relaxation, and it was found that these women had better coping with the disease.

The body and mind connection model is the standard in cancer development. However, this process can undergo an inversion through interventions, such as relaxation with guided visualization, which help cancer patients to create beliefs that their treatment is efficient and that their body's defenses are powerful⁽¹¹⁾.

Guided imagery relaxation has been demonstrated by several studies as effective in the management of various symptoms resulting from cancer and its treatment. A study showed that guided imaging relaxation improved the quality of life of patients during chemotherapy⁽⁵⁾.

In one study that evaluated the impact of guided imagery relaxation in breast cancer patients undergoing radiotherapy, there was a report of reduced perception of pain and improvement of symptoms of fatigue, insomnia and anxiety⁽⁷⁾.

In this way, guided imagery relaxation was also internalized by these patients as reinforcement

of positive beliefs. Thus, the relaxation session was able to modify these beliefs in a positive way, which reveals how people participate in both the creation and the recovery of the disease. Therefore, relaxation with guided visualization is a valuable instrument to strengthen the belief of these patients about their own ability to reduce symptoms and cure cancer⁽¹¹⁾.

The qualitative research method is presented as a limitation of the study, as it does not allow the exploration of results or present sociocultural specificities of a regional group.

The interpretations of the narratives bring important contributions to health care and demonstrate the relevance of including and offering relaxation sessions for cancer patients undergoing chemotherapy and radiotherapy treatment.

Final Considerations

It is understood from the reports that guided imagery relaxation was meant as a valid process to be replicated in the care and recovery of cancer patients undergoing treatment. The analysis and interpretation of information regarding the thoughts and feelings that occur during relaxation is valuable because they see how much this process can be experienced and bring positive returns throughout treatment.

Thus, a new outlook was provided, which consists in changing negative to positive beliefs, providing renewed hope and the desire for healing brought by relaxation, to create a new cycle. The importance of including this integrative practice into the SUS is emphasized, so that more and more patients can benefit.

Collaborations:

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2 - data analysis and interpretation: Sterline Therrier, Lais Reis Siqueira, Larissa Oliveira de Carvalho and Namie Okino Sawada;

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4 – approval of final version: Sterline Therrier, Lais Reis Siqueira, Larissa Oliveira de Carvalho, Zélia Marilda Rodrigues Resck and Namie Okino Sawada.

References

1. World Health Organization. World Cancer Report: Cancer Research for Cancer Prevention [Internet]. Lyon (FRA): International Agency for Research on Cancer; 2020 [cited 2022 Jan 21]. Available from: <https://www.iarc.who.int/featured-news/new-world-cancer-report/>
2. Instituto Nacional de Câncer. Tratamento do câncer [Internet]. Rio de Janeiro (RJ); 2019 [cited 2022 Jan 21]. Available from: <https://www.gov.br/inca/pt-br/assuntos/cancer/tratamento>
3. Brasil. Ministério da Saúde. Política Nacional de Práticas Integrativas e Complementares no SUS: Atitude de Ampliação de Acesso. 2a ed. [Internet]. Brasília (DF); 2015 [cited 2022 Feb 11]. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_praticas_integrativas_complementares_2ed.pdf
4. Costa AIS, Reis PED. Complementary techniques to control cancer symptoms. *Rev dor* 2014;15(1):61-4. DOI: 10.5935/1806-0013.20140014
5. Nicolussi AC, Sawada NO, Cardozo FMC, Paula JM. Relaxation with guided imagery and depression in patients with cancer undergoing chemotherapy. *Cogitare Enferm* [Internet] 2016 [cited 2022 Jan 9];21(4):1-10. Available from: <https://docs.bvsalud.org/biblioref/2017/04/833107/48208-191972-1-pb.pdf>
6. Charalambous A, Giannakopoulou M, Bozas E, Marcou Y, Kitsios P, Paikousis L. Guided imagery and progressive muscle relaxation as a cluster of symptoms management intervention in patients receiving chemotherapy: a randomized control trial. *PLoS One*. 2016;11(6):e0156911. DOI: 10.1371/journal.pone.0156911
7. Serra D, Parris CR, Carper E, Homel P, Fleishman SB, Harrison LB, et al. Outcomes of guided imagery in patients receiving radiation therapy for breast cancer. *Clin J Oncol Nurs*. 2012;16(6):617-23. DOI: 10.1188/12.CJON.617-623

8. Nicolussi AC, Cardozo FMC, Paula JM, Sawada NO. Relaxamento com imagem guiada e qualidade de vida relacionada à saúde de pacientes durante quimioterapia. *Rev enferm atenção saúde*. 2018;7(2):17-31. DOI: 10.18554/reas.v7i2.2130
9. Lengacher CA, Bennett MP, Gonzalez L, Gilvary D, Cox CE, Cantor A, et al. Immune Responses to Guided Imagery During Breast Cancer Treatment. *Biol Res Nurs*. 2008;9(3):205-14. DOI: <https://doi.org/10.1177/1099800407309374>
10. Eremin O, Walker MB, Simpson E, Heys SD, Ah-See AK, Andrew W, et al. Immuno-modulatory effects of relaxation training and guided imagery in women with locally advanced breast cancer undergoing multimodality therapy: a randomised controlled trial. *Breast*. 2009;18(1):17-25. DOI: 10.1016/j.breast.2008.09.002
11. Simonton OC, Simonton SM, Creighton JL. Com a vida de novo: uma abordagem de auto-ajuda para pacientes com câncer. Tradução de Costa HMA. São Paulo: Summus Editorial; 1987.
12. Polit DF, Bech CT. Fundamentos de Pesquisa em Enfermagem: Avaliação de Evidências para a Prática da Enfermagem. 9a ed. Tradução de Toledo MGFS. Porto Alegre: Artmed; 2019.
13. Bardin L. Análise de conteúdo. 70a ed. Tradução de Reto LA, Pinheiro A. São Paulo: Martins Fontes; 2011.
14. Instituto Nacional de Câncer José Alencar Gomes da Silva. Estimativa 2020: Incidência de câncer no Brasil [Internet] Rio de Janeiro; 2019 [cited 2022 Jan 22]. Available from: <https://www.inca.gov.br/noticias/brasil-tera-625-mil-novos-casos-de-cancer-cada-ano-do-trienio-2020-2022>
15. Bonotto GM, Mendoza-Sassi RA, Susin LRO. Conhecimento dos fatores de risco modificáveis para doença cardiovascular entre mulheres e seus fatores associados: um estudo de base populacional. *Ciênc saúde colet*. 2016;21(1):293-302. DOI: <https://doi.org/10.1590/1413-81232015211.07232015>
16. Avelar JMP, Nicolussi AC, Toneti BF, Sonobe HM, Sawada NO. Fadiga em pacientes com câncer de cabeça e pescoço em tratamento radioterápico: estudo prospectivo. *Rev Latino-Am Enfermagem*. 2019;27:e3168. DOI: <https://doi.org/10.1590/1518-8345.2813-3168>
17. Freire MEM, Vasconcelos MF, Silva TN, Oliveira KL. Assistência espiritual e religiosa a pacientes com câncer no contexto hospitalar. *R pesq cuid fundam online*. 2017;9(2):356-62. DOI: <https://doi.org/10.9789/21755361.2017.v9i2.356-362> Lipsett A, Barrett S, Haruna F, Mustian K, O'Donovan A. The impact of exercise during adjuvant radiotherapy for breast cancer on fatigue and quality of life: A systematic review and meta-analysis. *Breast*. 2017;32:144-55. DOI: 10.1016/j.breast.2017.02.002
18. Nurgali K, Jagoe RT, Abalo R. Editorial: Adverse Effects of Cancer Chemotherapy: Anything New to Improve Tolerance and Reduce Sequelae? *Front Pharmacol*. 2018;9:245. DOI: 10.3389/fphar.2018.00245
19. Alminhana IO, Noé SV. Saúde e espiritualidade: contribuições da psiconeuroimunologia e das técnicas mente-corpo para o tratamento do câncer. *Estudos Teológicos*. 2010;50(2):260-72. DOI: <http://dx.doi.org/10.22351/et.v50i2.101>
20. Leite PS, Marques IMM, Clementino CFL, Santos WS, Feitosa AC. Uso de práticas integrativas e complementares no paciente oncológico. *Id on Line Rev M Psic*. 2018;12:(40):39. DOI: <https://doi.org/10.14295/online.v12i40.1092>
21. Grant SJ, Hunter J, Seely D, Balneaves LG, Rossi E, Bao T. Integrative Oncology: International Perspectives. *Integr Cancer Ther*. 2019;18:1534735418823266. DOI: 10.1177/1534735418823266

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