

THE IMPORTANCE ATTRIBUTED TO SPIRITUALITY AS A COPING STRATEGY FOR ONCOLOGIC TREATMENT

A IMPORTÂNCIA ATRIBUÍDA À ESPIRITUALIDADE COMO ESTRATÉGIA DE ENFRENTAMENTO DO TRATAMENTO ONCOLÓGICO

LA IMPORTANCIA ATRIBUIDA A LA ESPIRITUALIDAD COMO ESTRATEGIA DE AFRONTAMIENTO DEL TRATAMIENTO ONCOLÓGICO

Gizélia da Gama Meira¹
Chrisne Santana Biondo²
Juliana Xavier Pinheiro da Cunha³
Emanuelle Caires Dias Araújo Nunes⁴

How to cite this article: Meira GG, Biondo CS, Cunha JXP, Nunes ECDA. The importance attributed to spirituality as a coping strategy for oncologic treatment. Rev. baiana enferm. 2023; 37: e43848

Objective: to understand the importance and spiritual experience of patients undergoing oncologic treatment. **Method:** qualitative, descriptive and exploratory study developed in a high complexity oncologic care unit in the southwest of Bahia. The collection took place in June 2019, through a guided interview, using a semi-structured script, with the final sample having 10 patients undergoing oncologic treatment. The interviews were transcribed and analyzed through the content analysis technique of Bardin. **Results:** the importance and benefits promoted by the use of spirituality during chemotherapy were evidenced. The need for a greater and better approach to spirituality by health professionals during care has been proven. **Final considerations:** in view of the difficulties encountered during oncologic treatment, spirituality becomes a beneficial strategy used by patients. Even so, the use of spiritual care as an instrument of care by health professionals is a challenge to be overcome.

Descriptors: Spirituality. Oncology. Religion. Health Care.

Objetivo: conhecer a importância e a experiência espiritual de pacientes em tratamento oncológico. Método: estudo qualitativo, descritivo e exploratório, desenvolvido em uma unidade de assistência de alta complexidade oncológica do sudoeste baiano. A coleta foi realizada em junho de 2019, por meio de entrevista guiada, mediante um roteiro semiestruturado, tendo a amostra final 10 pacientes em tratamento oncológico. As entrevistas foram transcritas e analisadas através da técnica de análise de conteúdo de Bardin. Resultados: evidenciou-se a importância e os benefícios promovidos pelo uso da espiritualidade durante a quimioterapia. Foi demonstrada a necessidade de uma maior e melhor abordagem da espiritualidade pelos profissionais de saúde durante a assistência. Considerações finais:

Corresponding Author: Gizélia da Gama Meira. giza_153@hotmail.com

¹ Federal University of Bahia, Salvador, BA, Brazil. <http://orcid.org/0000-0003-4948-1426>.

² Federal University of Bahia, Salvador, BA, Brazil. <http://orcid.org/0000-0002-0583-5491>.

³ Federal University of Bahia, Salvador, BA, Brazil. <http://orcid.org/0000-0002-3752-206X>.

⁴ Federal University of Bahia, Salvador, BA, Brazil. <http://orcid.org/0000-0002-0226-3619>.

diante das dificuldades encontradas durante o tratamento oncológico, a espiritualidade torna-se uma estratégia benéfica utilizada pelos pacientes. Ainda assim, o uso do cuidado espiritual como instrumento de assistência dos profissionais de saúde é um desafio a ser superado.

Descritores: Espiritualidade. Oncologia. Religião. Assistência à Saúde.

Objetivo: comprender la importancia y la vivencia espiritual de los pacientes sometidos a tratamiento oncológico. Método: estudio cualitativo, descriptivo y exploratorio desarrollado en una unidad de atención oncológica de alta complejidad en el suroeste de Babia. La recolección tuvo lugar en junio de 2019, mediante una entrevista guiada, utilizando un guión semiestructurado, con la muestra final de 10 pacientes en tratamiento oncológico. Las entrevistas fueron transcritas y analizadas mediante la técnica de análisis de contenido de Bardin. Resultados: se evidenciaron la importancia y los beneficios promovidos por el uso de la espiritualidad durante la quimioterapia. Se demostró la necesidad de un mayor y mejor abordaje de la espiritualidad por parte de los profesionales de salud durante la atención. Consideraciones finales: dadas las dificultades encontradas durante el tratamiento oncológico, la espiritualidad se convierte en una estrategia beneficiosa utilizada por los pacientes. Aun así, el uso de la atención espiritual como instrumento de ayuda por parte de los profesionales de la salud es un reto a ser superado.

Descriptorios: Espiritualidad. Oncología. Religión. Atención de Salud.

Introduction

There are several situations experienced by the individual where spirituality becomes more evident, among them we can mention the moment of cancer diagnosis. When this disease becomes known, the person experiences feelings such as sadness, fear and anguish, thus seeking ways to deal with and overcome this situation, whether by means of the support of family and friends, spirituality or religion. In view of this, it is considered that spirituality in the life of oncologic patients is of paramount importance, being significant for coping with the disease, especially during chemotherapy treatment⁽¹⁾.

In this sense, spirituality has its concept validated, constituting a human dimension that reflects how people interact with each other, expressing, through convictions and experiences, care for life, associated with faith in a higher being, which provides the individual with a subjective experience, transcending human nature². In contrast, religion is dogmatic, institutional and doctrinal, expressing itself through moments of rites and celebrations.³ Although there are divergences in the concept and in the way it is seen, both converge, since religion is a way to experience spirituality⁽²⁻³⁾. Accordingly, it is important to emphasize that religion should not be disregarded, since it adds individual values.

In this process of cancer diagnosis and treatment, the patient goes through moments ranging from the acceptance of the disease to adherence to the therapeutic process. Accordingly, it is relevant that the individual builds a support network together with his/her family and friends, in order to seek ways to re-signify, in a positive way, the adverse situations⁽⁴⁾.

Many nursing professionals recognize the importance of promoting a care practice that understands the spiritual dimension beyond the biological one, especially in view of the vulnerabilities faced by patients and their relatives in the face of a stressful period of treatment⁽⁵⁾.

In view of the above, we understand that the study of this theme is of great relevance in the field of health, especially for professionals, since it is expected that there is reflection on the need to consider the spiritual dimension of the oncologic patient. This should occur through the promotion of care actions where the physical, emotional and spiritual aspects are considered, with the aim of guaranteeing a humanized and integral care to the patient. In addition, the topic needs to be debated in the academic sphere, so that students are sensitized to deal with similar situations and can insert spirituality into professional practice.

Based on experiences in extension activities, observing how oncologic treatment weakens patients physically and psychologically, the following question arose: what is the importance and spiritual experience of patients undergoing oncologic treatment?

Therefore, the objective of this study was to know the importance of the spiritual experience of patients undergoing oncologic treatment.

Methodology

This is a descriptive and exploratory research, with a qualitative approach, developed in a unit of high complexity in oncology, located in the southwest of Bahia. The selection of participants occurred through a non-probabilistic convenience sampling, following the inclusion criteria of patients undergoing oncologic treatment at the collection site, males and females; diagnosed with cancer; who were at any stage of the disease; undergoing chemotherapy treatment during an interval of six months to two years, regardless of the municipality of residence. Patients under 18 years of age and those unable to verbalize responses were excluded.

Data collection took place in June 2019, through interviews guided by a semi-structured script, recorded digitally, with a cell phone, after authorization from the participant. The interviews were conducted by the main author, who established a relationship with the participants at the time of the study. A total of 10 individuals were interviewed, until data saturation, perceived from the repetition of information, with interviews lasting an average of 30 minutes and held in a reserved place, in the study setting, without dropouts or refusals to participate. The study participants expressed their consent by signing the Free and Informed Consent Form (FICF). In order to maintain anonymity, the participants were identified with flower codenames in Brazilian Portuguese.

During the interview, we used a script with sociodemographic information and the following questions: What is spirituality? What is the importance of spirituality in terms of coping

with the disease? Do you think it is important to be approached by the health team about spirituality? What do you do to exercise your spirituality: make prayers; listen to music; use relaxation techniques; take walks; or others?

The speeches were transcribed in full in Microsoft Word 2010 software, thus generating the data that were analyzed by a posteriori categorization, identifying the units of meanings, which were grouped into subcategories, which were later grouped into categories, as proposed by the content analysis technique of Bardin⁽⁶⁾.

Following this analysis, we established an overall logic between the communications, due to the diversity and differences of the conversation and dialog during the interviews, allowing the researchers to establish logical deductions and justifications in relation to the responses expressed by the participants, elucidating the groupings into categories⁽⁶⁾.

The ethical aspects were fully respected, according to Resolution 466/2012 of the National Health Council (CNS, as per its Portuguese acronym), and the present research was first forwarded to the Education and Research team of the research site and, after approval, forwarded to the Ethics and Research Committee of the Multidisciplinary Health Institute of the Federal University of Bahia (CEP-IMS-UFBA). It was approved under Opinion number 3.349.201 and CAAE 09189719.7.0000.5556, constituting a subproject of the research entitled "Spirituality in the process of coping with oncologic treatment". The method was based on the International Guide for the preparation of manuscripts named Consolidated Criteria for Reporting Qualitative Studies (COREQ).

Results

A total of 10 patients diagnosed with cancer participated in the study. The characterization of the participants showed that the majority were females 90%⁽⁹⁾, aged between 36 and 71 years and an average of 52 years. Regarding religious activity, 80%⁽⁸⁾ reported being religious, with 40%⁽⁴⁾ declaring themselves Catholics, 30%⁽³⁾

Evangelicals, 10% ⁽¹⁾ Spiritists and 20% ⁽²⁾ denied being followers of any religion.

Regarding the transportation of patients for treatment, it was observed that 30% ⁽³⁾ live in the municipality where the service is located and 70% ⁽⁷⁾ live in other cities.

Regarding the time of medical diagnosis of cancer, there was a variation of 6 months to 2 years. As for the sample, it was evidenced that the highest prevalence of tumor location was in the breast 50% ⁽⁵⁾, followed by the ovarian tumor 20% ⁽²⁰⁾, neoplasms in the cervix and prostate, as well as leukemia, these latter ones with 10% ⁽¹⁰⁾. In order to expose the data obtained in this study, three categories emerged, which served to support the development of the discussion of the theme in question and that reveal the importance attributed to spirituality by patients undergoing oncologic treatment: I – Conception about spirituality; II – Ways to exercise spirituality from the perspective of patients; and III – Importance of Spirituality in the context of oncologic treatment.

Category I: Conception about spirituality

When the participants were asked about spirituality and its definition, it was shown that most of them had difficulty in terms of conceptualizing it, but they reported the representation of the meaning of the term for themselves. From this perspective, two subcategories emerged: I – Meaning of spirituality, and II – Relationship between spirituality and religiosity.

Subcategory I: Meaning of spirituality

Although some patients have shown that they are not familiar with the meaning of spirituality, not knowing how to conceptualize it, they were able to report what this term would mean to them, as shown in the following excerpts:

[...] Spirituality, for me, has to do with the faith we have, with the good we do for others, right? [...] it means to have kindness in the heart, it means [...] to help others. (Rosa)

The way you treat your neighbor, the other human being, how you do good, the kindness, the support you give to

people, all people, it means to do good. It's the faith that you have. (Girassol)

I think we have the body, then we have the mind [...] we have the spirit, right? I think this word [...] has to do with our spirit. It means to take care of the body and take care of the spirit. (Tulipa)

Subcategory II: Relationship between spirituality and religiosity

Through the excerpts of the speeches of interviewees, it is notorious the association that they make between spirituality with religion.

So, pausing for thought, I think it's related to the religiosity that the person has, right? [...] I believe that, even if people don't go to church, they have spirituality, because they have their spiritual side [...]. (Lírio)

It's a matter of spirituality, right? I think it has to do with spiritism, right? It's that Chico Xavier said, I don't know, with religion. (Camélia)

Religion can help you a lot, but the most important thing is left aside, which is to live the faith, right? Spirituality [...] I consider myself a spiritual person, [...] even though I'm here, and I don't attend any church or religion. (Cravo)

Category II: Ways to exercise spirituality from the perspective of patients

During the interviews, patients were approached so that they could expose the instruments used to exercise spirituality during oncologic treatment, and therefore activities such as making prayers, doing meditation, reading and listening to music were observed, as evidenced in the following speeches:

I pray my 'dear', a lot, a lot in fact. I watch Father Marcelo's Mass on Rede Vida. Then, I pray the rosary. (Azaleia)

I like to read books, you know? Self-help books, Father Fábio de Melo's books. I read Augusto Cury too. (Lírio)

[...] I like to meditate, not always, but I like it. (Camélia)

I always turn on my little radio, and I like to listen to my 'rounds' of viola. [...] Those songs are from the time I was young. (Margarida)

Category III: Importance of spirituality in the context of oncologic treatment

This category [...] emerged due to the questioning of patients about the importance that they attributed to spirituality during their experiences

related to their oncologic treatment. Accordingly, two subcategories emerged: I – Spirituality strengthening hope for oncologic treatment; and II – Spirituality contributing to humanized care.

Subcategory I: Spirituality strengthening hope for oncologic treatment

[...] it gives me a lot of strength, because I need to be strong [...] continuing to have hope, because if I put my head down and give up on treatment, as many do, it won't work. (Girassol)

My spirituality gives me encouragement, strength, right, so that I want to continue treatment [...] but I also believe in healing, I believe in the treatment 'of doctors', right, that they give us. (Lírio)

[...] this disease is very hard, at first, we want to give up, drop everything, we think we will die, and that men will not 'know' how to heal, because I see how many people have died from this disease. (Margarida)

It's Spirituality. It makes me a better person. I manage to get out of Vila Mariana, even though I feel sick on the trip, I have already vomited [...] I fainted, I felt pain and dizziness, but I remain firm and strong in this battle. (Cravo)

Subcategory II: Spirituality contributing to humanized care

This subcategory refers to the importance of health professionals offering spiritual support to cancer patients, as evidenced in the following discourse:

Look! I think it's, see. I think it helps a lot, ok. Because we end up [...], just like when this happens, we end up getting down, right? So, when they show support and are sensitive, right? When talking, breaking the news, giving support, it helps the patient a lot. (Orquídea)

[...] I think so, right! Because the 'doctors', they 'pass' the treatment to us, right? [...] But our spiritual part also exists, right? [...] many professionals come to us 'give' the news, right? That we have cancer, but many don't care, they give us the news and that's it. But we are human [...]. They need to know how to talk, give the news. (Tulipa)

Discussion

In this study, it was observed that most patients live in other municipalities, which is why it is inferred that this factor may be associated with greater difficulties in terms of coping with oncologic treatment, since patients experience, during transportation, numerous side effects of

antineoplastic treatment that affect individuals with cancer, the physical and emotional wear and tear triggered by the trip to another city, in addition to the lack of financial resources to cover the expenses arising from transportation and food⁽⁷⁾.

Faced with the difficulties and challenges encountered due to illness and treatment, the search for coping strategies is recurrent among patients and their relatives. It was observed that many are faced with difficulties that go beyond the treatment itself, such as, for example, transportation, since many need to leave other municipalities to carry out the treatment. Because of this, they need to deal with physical and emotional wear and tear, relying on spirituality to face the moment.

Accordingly, thinking and talking about the theme of spirituality and what it means is still something new for many, when it was possible to observe that there is difficulty in terms of understanding its concept, being associated, in most cases, with religion. Nonetheless, it was evidenced that, when referring to the understanding of participant in relation to what spirituality would be, we noted that they could extract the meaning of the term. The main meanings of spirituality presented by the study participants include having faith, helping others and having kindness in the heart. The meaning of spirituality involves feelings of faith and meaning in life, with faith being considered immeasurable and untouchable, but which, however, is complacent in the life of the individual⁽⁸⁾.

Spirituality presents itself in countless ways, whether in the search for a meaning in existence, or in faith, in its creativity, aspirations, in short, it is about subjectivity, affectivity, emotions, individual attitudes, purposes and personal interpretations, being experienced according to the culture of each group⁽²⁾. In this sense, it can be manifested in several ways, whether through meditation, prayers, attending religious celebrations, relaxation activities, singing/listening to songs, physical activity, among other self-care activities that enhance the well-being of the individual.

One participant brought as a meaning of spirituality the transcendence of the body, i.e., the physical aspect, but, far beyond human matter, there are the spirit, the soul and the mind of its human, having approximation to the validated concept of spirituality, which evidences the transcendence of the human being.

Accordingly, the meaning attributed by the participant to spirituality is understood, associating it with the body-mind-soul trinomial, present in the Transpersonal Care Theory of Ph.D. nurse Jean Watson, where she addresses that care can be expressed and practiced in a transpersonal way, going beyond the physical and biological dimension⁽⁹⁾. With this, the certainty of the therapeutic response based solely and exclusively on the technical/scientific treatment of procedures, complementary tests and medicalization is overcome, diluting in the face of the demand for questions pertinent to the personal experiences of each one, which combine treatments with the emotional care of the patient.

In this follow-up, spirituality provides the individual with a subjective and independent experience, which is presented in a concrete way, through dogmas and rites held by a certain religion. Although they have different meanings, both can coexist together, since spirituality is manifested through religion⁽³⁾. In addition, it is considered that, depending on the culture, the exercise of religiosity approaches spirituality, since their experiences are strengthened, even though the difference in the understanding of the concept between the two terms is explicit⁽⁶⁾.

It is worth underlining that the perceptions of many individuals about spirituality are diversified. At times, spirituality is confused with a perception of religiosity and religion, and that spirituality can be realized through the rites and devotions of a religious belief⁽¹⁰⁾. This explanation can be proven in the reports of the participants of this study.

Both spirituality and religiosity are revealed as part of human needs, and thus contribute beneficially to the provision of emotional comfort and a sense of well-being⁽⁶⁾. Some of the

interviewed patients reported not attending any church and not being followers of any religion, but they stated that spirituality can be exercised regardless of the exercise of religiosity, which is in line with the concept of spirituality, since it refers to care for oneself and the other, not being associated only with the manifestation of religious dogmas.

Although found together, the terms “spirituality” and “religiosity” differ in meaning. At the core of each person and his/her feelings, there is human transcendence, manifested in his/her spirituality, which can be materialized in a religious belief. In other words, an existing reality, which is part of the life of the human being, being evidenced by the data of this study^(10,12).

As observed in the reports of the interviewed patients regarding the ways through which they express their spirituality, one of the instruments used is religiosity; most affirm that it occurs through prayers, since the act of praying becomes a means to achieve physical, mental and, especially, spiritual well-being. Prayer promotes feelings of strength, tranquility and well-being and is one of the ways that patients most often use to deal with a particularly distressing event. It is possible to notice a positive influence of spirituality-related actions, such as the act of making prayers⁽²²⁻²³⁾.

The study also pointed to other ways to express spirituality and, consequently, help to cope with illness. Through the interviews, it was found that each person is unique in his/her choices and seeks to do what most benefits him/her. It was also observed that reading self-help, religious and romance books is mentioned as a positive strategy in this phase of life.

In the researched databases, the use of music, relaxation techniques and prayer was found as a way to exercise spirituality, but it is highlighted that no studies were found mentioning the use of books as an instrument of exercising spirituality, being mentioned for the first time by the interviewees of this research.

One patient reported using meditation as a method to relax the mind and body. The use of relaxation techniques provides a decrease in

stress and anxiety levels and may favor a greater integration of body and psyche, which leads to a better coping with the disease⁽²⁴⁾.

Music was also used as a way to express spirituality at this time of life, because, according to the reports of those surveyed, music is extremely relevant to them, thus bringing numerous benefits. Music is considered a multidimensional, non-pharmacological therapy, easily accessible and applied that does not cause any aggravating effect on the clinical condition of the patient. It acts by reducing the levels of pain, anxiety and distress, in addition to distancing the focus of the individual from the disease to another direction⁽²⁵⁾.

One of the main instruments used by patients and relatives who go through oncologic illness is spirituality, which has become a possible path to quality of life in the process, in addition to contributing to adherence to the therapeutic process⁽¹³⁾. The presented reports show how present spirituality is in oncologic therapy and its importance in the process of illness and treatment. Accordingly, spirituality and religiosity contribute positively, since faith leads patients to gain strength, hope and optimism in the face of successful treatment⁽¹⁴⁾.

Corroborating the above, other studies have shown evidence that patients who rely on spiritual or religious beliefs have a recovery with a sense of hope, physical and emotional well-being, with reduced levels of depression. Therefore, spirituality can be a coping tool for patients facing cancer, thus promoting meaning to the health-disease process and revealing to be not only a personal coping strategy, but also of strength and behavioral control⁽¹⁵⁻¹⁶⁾.

The literature shows that religiosity and spirituality have been part of human culture for thousands of years and can be associated with the health-disease process, where many individuals undergoing illness reported being followers of a religion and that, after receiving the diagnosis of the disease, they relied on their beliefs, religion and faith⁽¹²⁾.

When faced with the process of illness, the individual faces numerous difficulties, ranging

from the moment of the appearance of signs and symptoms, diagnosis, until the accomplishment of treatment. Cancer and its entire therapeutic process can interfere with the search for quality of life, since the patient is faced with a variety of feelings, such as sadness, fear and distress in the face of the various phases of treatment of the disease. All these difficulties, added to the uncertainties about the healing and recovery, in addition to the absence of hope, lead the person and his/her family to seek strategies to deal with this situation⁽¹⁷⁾.

Given all the biopsychosocial implications caused by pathology and the difficulties encountered in treatment, the search for coping strategies becomes a resource to help and mitigate the suffering caused to the patient and his/her family members, thus becoming of paramount importance in this phase of life⁽¹⁸⁾.

In view of what has been evidenced, we can understand the countless feelings and emotions that patients go through during the illness process. The search for care can be marked by several trips to and from health services, given the need to travel between the city where they reside and the one where the treatment will be carried out⁽¹⁹⁾. As presented in this study, most patients required intercity travel for treatment, relying on faith and spirituality to overcome such adversities.

Another relevant fact mentioned by the participants is the importance of health professionals offering spiritual support and how they believe that it is extremely relevant to talk about spirituality during the offered care. The positive characteristics attributed to professionals who not only talk about spirituality, but also show and provide care with a spiritual approach are notorious, evidencing more humanizing attitudes and focused on integral care.

The offer of spiritual care exposes numerous benefits to the physical, mental and spiritual dimension, considering the patient in its entirety and not only as a body with pathology. With this, the offer of mechanistic care is transformed into a more humanized one⁽²⁰⁾.

It was also evidenced the absence of the approach of spirituality by many professionals, since the participants reported not having received spiritual care, adding that they considered such an approach important. Accordingly, the study highlights the importance of health teams talking and exercising spirituality during cancer care, but this is still a gap in patient care. In addition, it is imperative to approach spirituality in the academic environment, so that professionals know the importance of spiritual care during treatment and address this dimension, aiming at achieving integral health care.

A study proves that it is a great challenge for health professionals to care for an individual with cancer, since he/she is in a complex moment of life and demands care that considers the body-mind-spirit trinomial, and that not every health team is prepared to provide care that values the spiritual and biopsychosocial aspects⁽²¹⁾.

It is noteworthy that this research was limited by a small number of patients undergoing oncologic treatment, and that the obtained results are not a definitive understanding of the beneficial influence attributed to spirituality, which is why further studies with a larger sample are needed to elucidate the theme.

Nonetheless, with this study, it was possible to observe that the exercise of spirituality as a strategy is able to stimulate the individual to deal with his/her chemotherapy treatment in a positive way, thus directing the focus away from the difficulties in order to cultivate hope and overcome the challenges. The importance of spirituality and religiosity should be emphasized, since both provide feelings of faith, hope, perseverance and strength, in addition to favoring belief in treatment and health improvement. However, there is a need to sensitize the health team to develop care with a spiritual approach, since this approach between the professional and the patient generates bonds that help him/her in terms of coping with treatment.

Conclusion

The objective of analyzing the importance attributed to spirituality as a coping strategy for oncologic treatment was achieved based on the experiences reported by the interviewed patients. Accordingly, the study also allowed us to know the forms of spiritual experience lived by patients in terms of coping with oncologic treatment. Therefore, it was possible to evidence a lack, on the part of the patients, of a professional approach that contemplates interventionist practices focused on the spiritual dimension and not only on the physical dimension, implying in the integral care provided to the individual in oncologic treatment.

Discussions about this topic have been growing among academics and health professionals, but it has been proven from this study that the recognition of spirituality as a coping strategy by health professionals is still a challenge to be overcome. Accordingly, the results of this research may encourage reflection about the need to value the spiritual dimension of the patient, during the phase where he/she is, so that the health team provides care that considers the physical, emotional and spiritual aspects, as long as desired by the patient. Moreover, this study presents benefits for the academic sphere and for the vocational training, so that students can be sensitized about the relevance of addressing spirituality in professional practice.

Collaborations

1 – Project conception and planning: Gizélia da Gama Meira and Chrisne Santana Biondo;

2 – Data analysis and interpretation: Gizélia da Gama Meira and Chrisne Santana Biondo;

3 – Writing and/or critical review: Gizélia da Gama Meira, Chrisne Santana Biondo, Juliana Xavier Pinheiro da Cunha and Emanuelle Caires Dias Araújo Nunes;

4 – Approval of the final version: Gizélia da Gama Meira, Chrisne Santana Biondo, Juliana Xavier Pinheiro da Cunha and Emanuelle Caires Dias Araújo Nunes.

Conflicts of interest

There are no conflicts of interest.

Acknowledgements

We thank the extension project “Agrupamento Multidisciplinar de Acolhimento (AMA, as per its Portuguese acronym)”, of which the authors of this work were part. We also thank the patients who agreed to participate in this research.

References

1. Sousa FFPRD, Freitas SMFM, Farias AGS, Cunha MCSO, Araújo MFM, Veras VS. Enfrentamento religioso/espiritual em pessoas com câncer em quimioterapia: revisão integrativa da literatura. *SMAD, Rev. Eletrônica Saúde Mental Álcool Drog* 2017;13(1):45-51. doi: 10.11606/issn.1806-6976.
2. Silva MLM, Sanches GDJC, Gomes AMT, Yarid SD. Análise e validação do conceito de espiritualidade e sua aplicabilidade no cuidado em saúde. *Ciencia y Enfermería*. 2021 [acesso em 04 mar 2022]; 27:1-13. doi: <https://doi.org/10.29393/CE27-38AVMS40038>.
3. Boff L. *A águia e a galinha: uma metáfora da condição humana*. 52. ed. Petrópolis, RJ: Vozes; 2014.
4. Veras TLA, Junior EF, Carvalho PMG. Enfrentamento e resiliência de pacientes com câncer submetidos a tratamento quimioterápico. *Rev Interd* 2015 [acesso em 18 set. 2020]; 8(2):195-201. Disponível em: <https://revistainterdisciplinar.uninovafapi.edu.br/index.php/revinter/article/view/574>
5. Nunes ECDA, Santos HS, Dutra GA, Cunha JXP, Szyllit R. O cuidado da alma no contexto hospitalar de enfermagem: uma análise fundamentada no Cuidado Transpessoa. *Rev Esc Enferm USP* 2020;54:e03592. doi: <https://doi.org/10.1590/S1980-220X2018053403592>.
6. Bardin L. *Análise de conteúdo*. São Paulo: Edições 70; 2016.
7. Teston EF, Fukumori EFC, Benedetti GMS, Spigolon DN, Costa MAR, Marcon SS. Sentimentos e dificuldades vivenciadas por pacientes oncológicos ao longo dos itinerários diagnóstico e terapêutico. *Esc Anna Nery* 2018; 22(4):20180017. doi 10.1590/2177-9465-EAN-2018-0017
8. Alves JPS, Paula MFC. A Espiritualidade na Arte do Cuidar: experiência do idoso hospitalizado com câncer. *Revista Atas - Investigação Qualitativa em Saúde* 2016 [acesso em 18 set 2020]; 2. Disponível em: <https://proceedings.ciaiq.org/index.php/ciaiq2016/article/view/762>
9. Watson J. *Human caring science: a theory of nursing*. 2. ed. Ontario: Jones e Bartlett Learning; 2012.
10. Reginato V, Benedetto AC, Gallian DMC. Espiritualidade e saúde: uma experiência na graduação em medicina e enfermagem. *Revista Trabalho, Educação e Saúde* 2016; 14(1):237-255. Doi 10.1590/1981-7746-sip00100.
11. Tavares MM, Gomes AMT, Barbosa DJ, Rocha JCC, Bernardes MMR, Thiengo PCS. Espiritualidade e religiosidade no cotidiano da enfermagem hospitalar. *Rev. enferm. UFPE on line* 2018; 12(4):1097-1102. doi.org/10.5205/1981-8963-v12i4a235018p129-139-2018.
12. Canassa I, Ferret JCF. The influence of spirituality / religiosity in mental health of cancerpatients: A literature review. *Revista UNINGÁ REVIEW* 2016 [acesso em 18 set 2020]; 28(2). Disponível em: <http://revista.uninga.br/index.php/uningareviews/article/view/1864>.
13. Melo CF, Sampaio IS, Souza, DLA, Pinto NS. Correlation between religiousness, spirituality and quality of life: a review of literature. *Estudos e Pesquisas em Psicologia*, 2015 [acesso em 18 set. 2020];15 (2): 447-464. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1808-42812015000200002.
14. Fontes ES, Santos MCQ, Yarid SD, Gomes RM, Santos MLQ, Souza IA, et al. Espiritualidade/religiosidade dos familiares de usuários de crack como processo na recuperação. *Revista Eletrônica Acervo Saúde* 2018;19(19):194. doi 10.25248/reas.e194.2019.
15. Correia DS, Cavalcanti SL, Freitas DA, Oliveira BC, Tochetto TMDB. A importância da religiosidade/espiritualidade na perspectiva dos pacientes oncológicos. *Revista de Enfermagem UFPE* 2016;10 (8): 2895-2905. doi 10.5205/1981-8963-v10i8a11358p2895-2905-2016.
16. Pinto AC, Marchesini SM, Zugno PI, Zimmermann KG, Dagostin VS, MSoratto MT. The importance of spirituality in patients with câncer. *Revista Saúde.Com*. 2015 [acesso em 18 set 2020]; 11(2):114-122. Disponível em: <http://periodicos2.uesb.br/index.php/isc/article/view/351>.

17. Matos MR, Muniz RM, Barboza MCN, Viegas ADC, Rockembach JA, Lindemann LG. Representações sociais do processo de adoecimento dos pacientes oncológicos em cuidados paliativos no domicílio. *Rev. enferm. UFSM* 2017;7(3):1-13. doi 0.5902/2179769225801.
18. Pereira TB, Branco VLR. As estratégias de coping na promoção à saúde mental de pacientes oncológicos: uma revisão bibliográfica. *Revista Psicologia e Saúde* 2016;1(8). doi 10.20435/2177093X2016104.
19. Oliveira JMD, Reis JB, Silva RAD. Busca por cuidado oncológico: percepção de pacientes e familiares. *Rev. Enferm. UFPE on line* 2018;12(4):938-946. doi 10.5205/1981-8963-v12i4a231359p938-946-2018.
20. Harmuch C, Cavalcante MDMA, Zanoti-Jeronymo DV. Religion and spirituality in nursing teaching and care on students view: A review. *Revista Uningá [online]* 2019 [cited 2020 sep 18]; 56(2):243-254. Disponível em: <http://revista.uninga.br/index.php/uninga/article/view/938>.
21. Freire MEM, Vasconcelos MF, Silva TN, Oliveira KL. Assistência espiritual e religiosa a pacientes com câncer no contexto hospitalar. *Revista de Pesquisa: Cuidado é Fundamental Online*. 2017; 9(2): 356-362. doi 10.9789/2175-5361.2017.v9i2.356-362.
22. Worthington D, Deuster PA. Spiritual fitness: an essential component of human performance optimization. *J Spec Oper Med*. 2018 [acesso em 18 set. 2020]; 18(1):100-5. Disponível em: <https://pubmed.ncbi.nlm.nih.gov/29533442/>.
23. Arriera ICO, Thofern MB, Porto AR, Amestoy SC, Cardoso DH. Espiritualidade e o processo de morrer: reflexões de uma equipe interdisciplinar de cuidados paliativos. *Revista Enfermagem* 2016;34(2):137-147. doi 10.15446/av.enferm.v34n2.38144.
24. Lufiego CAF, Schneider RH, Bós AJG. Avaliação do estresse e ansiedade em pacientes quimioterápicos submetidos a relaxamento. *Psicologia, Saúde & Doenças* 2017;18(3):789-800. doi 10.15309/17psd180313.
25. Gökcek E, Kaydu A. The effects of music therapy in patients undergoing septorhinoplasty surgery under general anesthesia. *Braz J Otorhinolaryngol* 2020; 86(4):419-426. doi.org/10.1016/j.bjorl.2019.01.008

Received: May 2, 2021

Approved: June 20, 2023

Published: August 18, 2023



The Revista Baiana de Enfermagem use the Creative Commons license – Attribution -NonComercial 4.0 International.

<https://creativecommons.org/licenses/by-nc/4.0/>

This article is an Open Access distributed under the terms of the Creative Commons (CC BY-NC). This license lets others remix, adapt and create upon your work to non-commercial use, and although new works must give its due credit and can not be for comercial purposes, the users do not have to license such derivative works under the same terms.