

## THE IMPORTANCE OF SPIRITUALITY FOR ONCOLOGY PATIENTS: INTEGRATIVE REVIEW

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*Christiane Valéria Lamberti*

*Giulia Christie Lamberti Nery*

*Lucas Freitas Miranda*

*Rondineli Danilo Toso*

*Thiago Bousquet Barcellos*

*Maria Eduarda Melo de Rezende*

*Eduarda Soares Sarmiento da Costa*

*Lucas Galon de Almeida*

*Juliana Celga de Mendonça*

*Thais Celga de Mendonça*

*Raul Malini Praise*

*Michelle Garcia de Alcântara Ribond*

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**Abstract:** In the last decade, greater attention has been paid to the study of spirituality/religiosity as a coping strategy used by people with cancer, given its protective role against psychological morbidity, since each individual relates spirituality to the hope of surviving the disease. cancer. Therefore, this study aimed to identify how religiosity/spirituality influences patients undergoing cancer treatment. This is an integrative review of the literature, in the Medline, Lilacs, Bdenf databases, through the grouping of the following Health Science (DeCS) descriptors: oncology, Religion and Spirituality, together with the Boolean operator AND. 16 articles were identified. After reading these, 11 studies were identified that made up the selection, 5 of which were published by Medline, 5 by LILACS and 4 by BDEF. Data integration resulted in the frequency of data distributed into two categories: a) Religiosity/spirituality as a coping strategy in the face of illness and cancer treatment and b) The role of the health professional in religious/spiritual support during hospitalization. It is concluded that the recognition of spirituality-religiosity as a coping strategy and the identification of spiritual needs provide health professionals with a better scope of information for the care plan and for more comprehensive assistance.

**Keywords:** oncology, Religion; Spirituality

## INTRODUCTION

Cancer is a serious public health problem, especially in developing countries. It is considered one of the pathologies that causes the most fear and concern, especially due to the fact that it brings the perception of a debilitating, incurable and lethal disease, being stigmatized and feared by the patient, as well as by their family (SILVA et al., 2013).

Chemotherapy is the most common treatment in oncology. When it is administered, people can experience important physical and emotional changes,

such as weight loss, alopecia, pain, fatigue, apathy, among others. Added to prolonged hospitalization, all these factors generate stress and suffering, discomfort, triggering feelings of indignation, anguish, sadness and fear of death (GUERRERO et al., 2011; BRATEIBACH et al., 2013; SOUSA et al., 2017).

Facing these changes demands greater resilience from people with cancer and their families. In this sense, it is common to seek in spirituality a meaning for living this experience, since spirituality is part of human nature and must be revealed through individual experience and discoveries. Spirituality is different for each individual, and can appear as a life purpose, connection with a greater force/something, self-knowledge, among other forms (SILVA et al., 2020; SANTOS et al., 2017; RIBEIRO et al., 2019).

As for religion, in its Latin etymology, it means to reconnect, reestablish connection (GERONASSO; COELHO, 2012). Thus, it is observed that there is a distinction between religiosity and spirituality. Religiosity can be conceptualized as a set of beliefs connected to some religious establishment, practices or convictions, which are linked to a divine being, ratified by the practice of public religious rituals. When we talk about spirituality, it refers to individual activities, searching for meaning in life, an inner process that may or may not be associated with a religious search (SOCCI, 2006; FREIRE et al., 2017; SOUSA et al., 2017).

From this perspective, it is important for healthcare professionals to develop strategies that can contribute in some way to the well-being of patients. The nurse is the professional who is with the patient and family during the disease process, from diagnosis to rehabilitation, therefore, in their comprehensive care, the physical, social, psychological and spiritual aspects must be

addressed.

A greater understanding on the part of health professionals about religiosity/spirituality is capable of helping to improve clinical practice, improving the relationship between professional, patient and family/caregivers, providing support for their spiritual and religious practices, as well as strategies that generate self-confidence to face the disease and its treatment (GERONASSO; COELHO, 2012).

This study aimed to identify how religiosity/spirituality influences patients undergoing cancer treatment. That said, we sought to understand how patients diagnosed with cancer experience the process of acceptance and their feelings towards the disease, in order to answer the following question: How does religiosity/spirituality help in the treatment of cancer patients?

## **MATERIALS AND METHODS**

This is an integrative, descriptive literature review with a qualitative approach, whose theme was to evaluate how religiosity influences patients undergoing chemotherapy treatment for cancer.

The steps suggested by the literature were used to carry out an integrative review, divided into following steps: establishment of the hypothesis and objectives; establishment of inclusion and exclusion criteria for articles (sample selection); definition of the information to be extracted from the selected articles; analysis of results; discussion and presentation of results and the last stage consisted of presenting the review.

The question proposed to support this article was: How does religiosity/spirituality help in the treatment of cancer patients?

To compose the sample, articles found in the Virtual Health Library (VHL) were used. For greater effectiveness of the analysis, standardized descriptors were used in DeCS

(Health Science Descriptors): Oncology, Religion and Spirituality, together with the Boolean operator AND. The inclusion criteria were: articles that were in full and within the aforementioned database; in Portuguese, English and Spanish; published in the period between 2011 and 2021. The exclusion criteria were articles that were outside the thematic axis, repeated in the database, that were not available and that did not answer the research problem.

In the first stage, using the descriptors individually, 16,208 articles were found in the VHL database. We continued using the grouping of descriptors in pairs, totaling 1,552 articles. Finally, when grouping the descriptors into trios, we obtained 16 articles. After adding the filters with the inclusion criteria already mentioned, the search resulted in 16 articles. These, after careful reading in response to the research problem and exclusion criteria, resulted in a sample of 11 articles. The script was prepared with the following variables: Title of the article, authors/year of publication, journal, objectives, methods/types of research, main conclusions.

## **RESULTS AND DISCUSSION**

After classifying all the material, the data was organized, facilitating visualization and understanding of the material selection process, as shown in the flowchart in Figure 1.

Table 1 presents the specifications of each of the selected articles, describing the title of each article, the names of the authors and year of publication, the journal in which the article was published, the objective, method and/or type of research that was carried out to construct the article and the main conclusions.

After a thorough review of the articles, it was found that among the 11 (eleven) articles selected, 7 (seven) concluded on the importance of religiosity/spirituality as a strategy for coping with illness and 5 (five)

PERIODIC	AUTHOR/ YEAR	ARTICLE TITLE	GOALS	RESEARCH METHODS AND TYPES	KEY FINDINGS
<b>Rev. research. care. found. (Online)</b>	Santos, et al. (2019)	Spirituality and religion as resources for coping with breast cancer	Describe and understand how a patient with breast cancer used religiosity and spirituality as resources to face the disease.	Case report	Aspiritualityand religiosity are resources widely used amongpatientsoncology, as they provide a new meaning to the experience of illness andtreatment, modifying how thepeoplesee their trajectory, promotingsmallerwear and greater relief in difficult and stressful situations, such ascasestudied. It is important that, from training onwards, thenurselook at the individual as a biopsychosocial-spiritual being, seeking to understand their dimensions and provide better well-being
<b>Support Care Cancer</b>	Moosavi, et al. (2019)	Factors affecting spiritual care practices of oncology nurses: a qualitative study.	explore the barriers and facilitators that affect spiritual care practices byoncology nurses.	Prognostic study / Qualitative research	The results of this study emphasize the need to develop coherent spiritual care programs inhospitals and remove administrative barriers. The teaching of spiritual care in school nursing courses and continuing education programs for the training of health team members are necessary. Likewise, forming a spiritual care team with oncology nurses from the center and defining the roles and responsibilities of its members are essential. Hospital managers can also take productive steps by establishing a monitoring system and identifying needs and barriers to spiritual care in oncology settings.
<b>Rev. infirm. UFPE online</b>	Maciel, et al. (2018)	The condition of spirituality in oncology nursing care	analyze aspects relating tospirituality in nursing professionals who provide care to patients in palliative care.	Qualiquantita- tive study	The belief in being able to develop thespirituality during the care provided and the existence of interference from spirituality during this care provided by the Nursing team. Through studies of this nature, reflections are sought regarding the Nursing work process in the care of cancer patients in order to support mechanisms that can favor skills in the context of spirituality.
<b>Rev. Pesqui. (Univ. Fed. Estado Rio J., Online)</b>	Freire, et al. (2017)	Spiritual and religious assistance to cancer patients in the hospital context	To investigate howpatients diagnosed with cancer conceive religious/spiritual support in the hospital context.	Qualitative study	The results revealed that religiosity/spirituality is an important tactic in coping with cancer, considering that the patients interviewed reported the positive meaning of the support received, as faith provides a constructive way of thinking. Thus, it was possible to highlight the relevance of religious/spiritual support for cancer patients during hospital admission.
<b>SMAD, Rev. electronic mental health alcohol drugs</b>	Sousa, et al. (2017)	Religious/Spiritual Coping by People with Cancer Undergoing Che- motherapy: Integrative Literature Review	Identify the available scientific evidence about thereligious/spiritual coping used by people with cancer undergoing chemotherapy.	Systematic review	The recognition ofspirituality as a coping strategy and the identification of spiritual needs provide nursing professionals with a better scope of information for the care plan and for more comprehensive assistance.

<b>Cancer Nurs</b>	Nilmanat, et al. (2015)	Moving Beyond Suffering: The Experiences of Thai Persons with Advanced Cancer.	Explore how Thai people with advanced cancer move beyond suffering at the end of their life.	Observational study / Qualitative research	This study highlights the roles of religious faith and spirituality in helping Thai patients transcend suffering and move toward the end of life. IMPLICATIONS FOR PRACTICE Nurses need to be sensitive to their patients' religious beliefs and provide culturally appropriate care for them. Nursing interventions to maintain hope and connection must be promoted by respecting patients' expressions of hope and supporting the involvement of family members at the end of life.
<b>Rev. Esc. Enferm. USP</b>	Carvalho, et al. (2014)	Effectiveness of prayer in reducing anxiety in cancer patients	Assess the effect of prayer on anxiety of cancer patients undergoing chemotherapy treatment.	Experimental study.	Prayer proved to be an efficient strategy in reducing patient anxiety undergoing chemotherapy treatment.
<b>Oncol Nurs Forum</b>	Gaston-Johansson, et al. (2013)	The relationships among coping strategies, religious coping, and spirituality in African American women with breast cancer receiving chemotherapy.	Examine coping capacity, psychological distress, spiritual well-being, positive and negative religious coping, and coping strategies among African American (AA) women with breast cancer, and (b) explore the relationships between these variables to improve an already tested comprehensive intervention program coping strategy (CCSP) for AA women with breast cancer (CCSP-AA).	Qualitative study	Nurses need to work collaboratively with AA women to reinforce beneficial coping patterns and approaches. A personalized CCSP-AA for women with breast cancer administered by a nurse can be taught to help AA patients cope more effectively. AA women with breast cancer use more positive religious coping and experience less distress and greater spiritual well-being, but catastrophizing has a negative effect on spiritual well-being. Nurses need to reinforce positive coping patterns for AA women with cancer.
<b>Clin J Oncol Nurs</b>	Richardson, Penny. (2012)	Assessment and implementation of spirituality and religiosity in cancer care: effects on patient outcomes.	To evaluate the influence of spirituality in the treatment of cancer patients.	Controlled clinical trial / Diagnostic study / Observational study /	Spirituality is a unique component of holistic care. When treated appropriately, it can greatly influence positive patient outcomes throughout the cancer journey. Consequently, nurses must actively participate and incorporate the provision of spiritual care into each cancer patient's treatment plan, or at least be able to assess these needs and make sure they are being met.
<b>Oncol Nurs Forum</b>	Smith, et al. (2012)	How women with advanced cancer pray: a report from two focus groups.	Explore the meaning, function and focus of prayer for patients with advanced cancer and identify the effects of prayer in coping.	Qualitative study	The results support the prayer as a positive coping mechanism for women with advanced ovarian or lung cancer.
<b>Rev. HCPA &amp; Fac. Med. Univ. Fed. Rio Gd. southern</b>	Silva, Denis Iaros Silva da. (2011)	Meanings and practices of spirituality in the context of palliative care in adult cancer patients: [review]	Learn the meanings and practices of spirituality for adult cancer patients, nurses and families in the context of palliative care.	Systematic review	Spirituality is a unique component of holistic care. When treated appropriately, it can greatly influence positive patient outcomes throughout the cancer journey. Consequently, nurses must actively participate and incorporate the provision of spiritual care into each cancer patient's treatment plan, or at least be able to assess these needs and make sure they are being met.

Table 1 – Description of article variables, final version of the study (n= 11).

Source: prepared by the authors (2023)

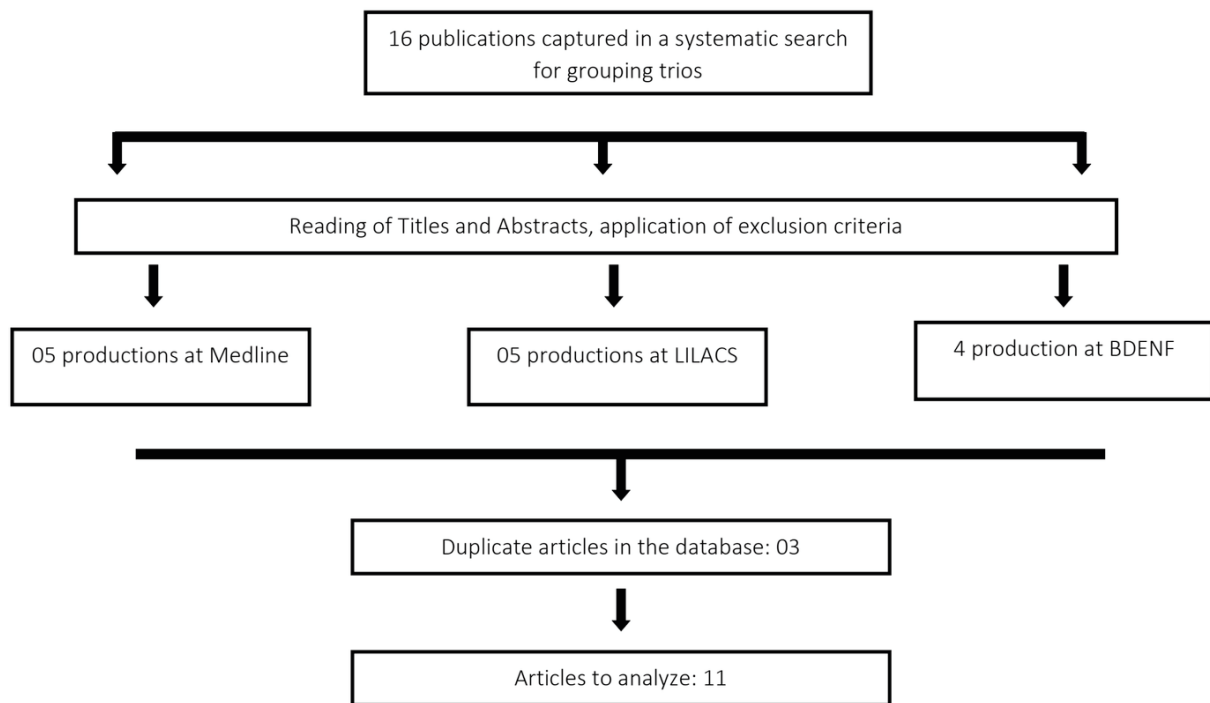


Figure 1 – Flowchart and procedures used to select articles. Source: Prepared by the author

articles revealed the importance of the role of nursing in religious/spiritual support during hospitalization.

Therefore, after a systematic analysis of the articles, it was necessary to include two thematic axes: Religiosity/spirituality as a coping strategy in the face of illness and cancer treatment and the role of nursing in religious/spiritual support during hospitalization.

### **RELIGIOSITY/SPIRITUALITY AS A COPING STRATEGY IN THE FACE OF ILLNESS AND CANCER TREATMENT**

In the last decade, greater attention has been paid to the study of spirituality/religiosity as a coping strategy used by people with cancer, given its protective role against psychological morbidity, since each individual relates spirituality to the hope of surviving the disease. cancer (SOUSA et al., 2017; BENITES et al., 217).

Some studies have demonstrated the existence of a relationship between religiosity

and spirituality, in quality of life and health, also highlighting the importance of spiritual and religious aspects in the process of rehabilitation or cure of the disease, involving chronic conditions (MESQUITA et al., 2013; CERVELIN et al., 215).

Religion or religiosity involves a set of practices, beliefs and languages that are guided by an accumulated tradition, with its own rituals, symbols, ceremonies and explanations regarding the meaning of life and death. As far as spirituality is concerned, it is universal and is not limited to just a religion, culture or a certain group of people, but rather involves intimate and personal values, which promotes personal growth and gives meaning to life, through reflection on experiences. lived. Therefore, spirituality enables contemplation and meditation on existential experiences, in addition to guiding the search for the meaning of life (SANTOS et al., 2017; FERREIRA et al., 2020).

The majority of the Brazilian population has spiritual and religious beliefs, since 90%

of Brazilians say they go to churches, services or other religious activities. Patients and their families faced with chronic or terminal illnesses rely on religious or spiritual beliefs as a way to face problems, seeking comfort, hope and strength at this stage. That said, religiosity and spirituality are of great value in caring for people, especially those without the possibility of cure (SILVA et al., 2020).

According to Ribeiro et al. (2019), the practice of prayers and attendance at religious meetings were considered important resources for obtaining help from God, which generates a source of support and strength to overcome difficulties and moments of weakness and despair. Religious coping and a positive view of God can be used to accept the disease and obtain advantages in dealing with cancer. Participation in religious rituals is associated with good physical and mental health.

For Ribeiro et al. (2019), spirituality has always been fundamental to life and in the process of coping with the disease. They report that the benefits of spirituality and religiosity were related to strength, tranquility and confidence, feelings that brought a significant difference in the way of dealing with situations experienced, seeking to cure the disease, improve adverse reactions and, mainly, spiritual well-being. The religious search must not be understood as a future perspective in positively facing difficulties arising from treatment and suffering, related to cancer, and not as a way to escape reality (RIBEIRO et al., 2019).

In view of what was observed, it was found that the occurrence of cancer intensifies the search for spirituality and religiosity as mechanisms for coping with illness and treatment, as well as a source of healing.

Furthermore, spirituality through prayer is beneficial in triggering relief from tension, increasing hope and helping to reduce anxiety (ZENEVICZ; MORIGUCHI; MADUREIRA,

2013). The implementation of spiritual care is a challenge and requires an understanding of spirituality in professional training and investments in research that enable the materialization of knowledge about this phenomenon, since religiosity/spirituality constitutes a strategy for patients facing the diagnosis of cancer, given the impact that the disease has on a person's life (NILMANAT, 2015; CARVALHO et al., 2014; FERREIRA et al., 2020).

It is important to mention that prayer was seen as effective in reducing anxiety in cancer patients undergoing chemotherapy treatment. However, it is necessary to evaluate the anxiety of these patients, especially those undergoing chemotherapy treatments. The implementation of interventions aimed at reducing anxiety can help the patient's adherence to treatment, providing greater well-being (NILMANAT, 2015).

Therefore, the importance of spaces dedicated to religious practices, in public and private health environments, is highlighted, as well as professionals who are sensitive and aware of the importance of integrating a greater understanding of spiritual needs into their professional practices and promoting greater access in the exercise of care, which aims to be comprehensive (RIBEIRO et al., 2019).

## **THE ROLE OF THE HEALTHCARE PROFESSIONAL IN RELIGIOUS/ SPIRITUAL SUPPORT DURING HOSPITALIZATION**

Currently, diseases with acute prognoses have a greater longevity due to advances in the health sector, which provides an increase in the population's life span. Palliative Care, currently and in the future, will be increasingly necessary as a model of care that addresses the end of life. However, not only the end of life, or the process of death and dying, but

the processes of illness, given the increased incidence of this periodicity in diseases (FRANCO et al., 2017).

The possibility of increasing the quality of life arises due to the relationship that Palliative Care has with the illness process, the process of death and dying, with the aim of rescuing the human dignity of the patient who has a diagnosis of imminent death, through a plan therapy that is based on the principles of bioethics, promoting the autonomy of the patient and/or family members. Therefore, the health professional has a fundamental role in palliative care (FRANCO et al., 2017).

Health professionals apply care strategies in their daily lives to cope with chronic conditions. They are responsible for evaluating the patient's quality of life, applying the systematization of care, using methods that reduce the patient's suffering related to treatment (ALMEIDA et al., 2020).

The health professional, as a member of a multidisciplinary team, needs to face finitude and death as part of the life cycle, which requires constant reflections on the end of life. However, in daily practice, difficulties are encountered in assisting patients in palliative care and their families, since death is seen as a failure, due to the fact that we always seek the patient's improvement and not the other way around (SILVA, 2021).

So, it is important that, since training, health professionals look at the individual as a biopsychosocial-spiritual being, seeking to understand their dimensions and provide better well-being.

Health professionals who provide care to cancer patients must dedicate themselves to understanding the dimensions and use of religiosity and spirituality in cancer management. In this sense, it is important that, from academic life onwards, professionals begin to look at the person and allow themselves to listen to the other

within themselves, understanding them as a unique being, because when the professional experiences these experiences, positive encounters and therapeutic approaches can be favored (RIBEIRO et al., 2019; MOOSAVI et al., 2018).

It is worth mentioning that it is necessary to include rituals and religious practices in the training and daily work of these professionals involved in the care of cancer patients and their support network. Religious practices serve as positive coping strategies for sick people, offering strength to follow their path.

Health professionals, as they are in direct contact with the patient, have the responsibility of offering a holistic view that contemplates, in the care process, the biological, psychological, social and spiritual dimensions of the human being. From this perspective, understanding the spirituality phenomenon is necessary to offer quality assistance (MACIEL et al., 2018).

The spiritual approach is increasingly valued in the area of health as it presents itself as a strong ally in coping with biological, social and emotional difficult moments, such as an illness. It is noteworthy, however, that there are difficulties in incorporating beliefs about religion and spirituality into patient care due to the fact that most health professionals do not receive training during their undergraduate studies to deal with the spiritual dimension of health and illness (MEDEIROS, 2017).

Given this, themes focused on the spiritual dimension of individuals, both patients and their families, and health professionals must be included in undergraduate curricula, providing experiences from the beginning of training (MACIEL et al., 2018).

We must also highlight that studies still demonstrate the need for quality care from both health professionals and health institutions. The WHO reports that patients with chronic diseases need greater support, in planned care and attention capable of



predicting their needs and not just biomedical interventions. They need integrated care that involves time, support in their communities, prevention or effective management of chronic conditions. Optimized treatment for chronic conditions requires a new healthcare system model (EVANGELISTA, et al., 2016; SILVA, et al., 2017).

## CONCLUSION

Initially, it is necessary to emphasize that the cancer patient must be seen as a whole, and that their religious/spiritual aspects must be understood, valued and considered for individualized and unique health care.

It must also be said that the study presents relevant contributions, considering that the health professional stands out due to

his greater proximity in the routine of the patient undergoing chemotherapy treatment, becoming a reference for establishing the bond of trust, thus facilitating the provision of spiritual support for these people who may be spiritually fragile.

It is also appropriate to mention the need to develop coherent spiritual care programs in hospitals and remove administrative barriers. Teaching spiritual care in nursing courses is necessary. Therefore, the formation of a multidisciplinary spiritual care team is essential.

Therefore, it remains to admit that the Hospital managers can also take productive steps by establishing a monitoring system and identifying needs and barriers to spiritual care in oncology settings.

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