

Spiritual and religious assistance to cancer patients in the hospital context

Freire, Maria Eliane Moreira; Vasconcelos, Monica Ferreira De; Silva, Terezinha Nunes Da; Oliveira, Karla De Lima

Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Freire, M. E. M., Vasconcelos, M. F. D., Silva, T. N. D., & Oliveira, . K. D. L. (2017). Spiritual and religious assistance to cancer patients in the hospital context. *Revista de Pesquisa: Cuidado é Fundamental Online*, 9(2), 356-362. <https://doi.org/10.9789/2175-5361.2017.v9i2.356-362>

Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier: <https://creativecommons.org/licenses/by-nc/4.0/deed.de>

Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more information see: <https://creativecommons.org/licenses/by-nc/4.0>

Assistência espiritual e religiosa a pacientes com câncer no contexto hospitalar

Spiritual and religious assistance to cancer patients in the hospital context

Asistencia espiritual y religiosa a pacientes con cáncer en el contexto del hospital

Maria Eliane Moreira Freire¹; Monica Ferreira De Vasconcelos²; Terezinha Nunes Da Silva³; Karla De Lima Oliveira⁴

How to quote this article:

Freire MEM; Vasconcelos MF; Silva TN; et al. Spiritual and religious assistance to cancer patients in the hospital context. Rev Fund Care Online. 2017 abr/jun; 9(2):356-362. DOI: <http://dx.doi.org/10.9789/2175-5361.2017.v9i2.356-362>

ABSTRACT

Objective: To investigate how patients with diagnosis of cancer conceive the religious/spiritual support in the hospital context. **Methods:** Exploratory study, with qualitative approach, conducted with patients affected by cancer, assisted in the Medical and Surgical Clinic of the University Hospital Lauro Wanderley (HULW/UFPB). **Results:** From the analysis of the qualitative data, after attentive readings of the speeches of the interviewed, the following thematic categories emerged: Category 1 - Meaning of the religious/spiritual support received during hospitalization; Category 2 - Promoters of the religious/spiritual support in the hospital environment; Category 3 - Participation in religious/spiritual activities during hospitalization. **Conclusion:** The results revealed that religiosity/spirituality is an important tactic in facing the oncologic disease, considering that the patients interviewed reported the positive meaning of the support received, because faith provides a constructive way of thinking. Thus, it was possible to evidence the relevance of the religious/spiritual support for oncologic patients during the hospital stay.

Descriptors: Spirituality; Religion; Cancer; Nursing.

¹ Nurse graduated from Federal University of Paraíba. Specialist in Hospital Administration (UNAERP) And Methodology of Higher Education (UNIPÉ), Master in Nursing by Universidade Federal da Paraíba. PhD in Fundamental Nursing Program Sciences from the School of Nursing of Ribeirão Preto (EERP/USP). Professor of the Department of Clinical Nursing, of the Center for Health Sciences, UFPB. Nurse at the University Hospital Lauro Wanderley.

² Nurse. Specialist in Family Health, Intensive Care and Palliative Care. Master in Nursing by Federal University of Paraíba.

³ Nurse. Specialist in Oncology. Masters student in Gerontology.

⁴ Nurse. Federal University of Paraíba.

RESUMO

Objetivo: Investigar como pacientes com diagnóstico de câncer concebem o apoio religioso/espiritual no contexto hospitalar. **Métodos:** Estudo exploratório, com abordagem qualitativa, realizado com pacientes acometidos por câncer, assistidos na Clínica Médica e Cirúrgica do Hospital Universitário Lauro Wanderley (HULW/UFPB). **Resultados:** Da análise dos dados qualitativos, depois das leituras atentas das falas dos entrevistados, emergiram as seguintes categorias temáticas: Categoria 1 - Significado do apoio religioso/espiritual recebido durante hospitalização; Categoria 2 - Promotores do apoio religioso/espiritual no ambiente hospitalar; Categoria 3 - Participação em atividades religiosas/espirituais durante hospitalização. **Conclusão:** Os resultados revelaram que a religiosidade/espiritualidade é uma tática importante no enfrentamento da doença oncológica, considerando que os pacientes entrevistados relataram o significado positivo do apoio recebido, pois a fé proporciona uma maneira de pensar construtiva. Assim, foi possível evidenciar a relevância do apoio religioso/espiritual para pacientes oncológicos durante a internação hospitalar.

Descritores: Espiritualidade; Religião; Câncer; Enfermagem.

RESUMEN

Objetivo: Investigar cómo los pacientes con diagnóstico de cáncer conciben el apoyo religioso/espiritual en el contexto del hospital. **Métodos:** Estudio exploratorio, con abordaje cualitativo, realizado con pacientes afectados por el cáncer, asistidos en la Clínica Médica y Quirúrgica del Hospital Universitário Lauro Wanderley (HULW/UFPB). **Resultados:** En el análisis de los datos cualitativos, después de atentas lecturas de las declaraciones de los entrevistados, surgirán las siguientes categorías temáticas: Categoría 1 - Significado del apoyo religioso/espiritual recibida durante la hospitalización; Categoría 2 - Los promotores del apoyo religioso/espiritual en el ambiente del hospital; Categoría 3 - Participación en las actividades religiosas/espirituales durante la hospitalización. **Conclusión:** Los resultados revelaron que la religiosidad/espiritualidad es una tática importante en el afrontamiento de la enfermedad oncológica, considerando que los enfermos entrevistados reportaron el significado positivo del apoyo recibido, pues la fe proporciona una manera de pensar constructiva. Así, fue posible evidenciar la relevancia del apoyo religioso/espiritual para los pacientes oncológicos durante la internación.

Descritores: Espiritualidad; Religión; Câncer; Enfermería.

INTRODUCTION

To assist a cancer patient is a great challenge for the multiprofessional team, considering that it is a complex situation that demands care for both the patient and his family, and requires attention due to its different dimensions, since it is a disease that reaches those involved, from the biopsychosocial aspects to their spirituality.

Cancer, according to INCA estimates,¹ is a disease whose incidence has been increasing considerably and standing out as a public health problem, both in relation to the control of registered cases and in prevention activities, socioeconomic situation and regional inequalities.² In Brazil, it was estimated that for the year 2014, with repercussions for 2015, it would have more than 576 thousand new cases of oncological diseases, which shows the scale of the problem. In Paraíba, estimates are that it reaches a level of about 7,620

new cases, of which 3,650 reach men, while 3,970 women should be affected by cancer.¹

In our society, oncological disease, despite having numerous forms of treatment, is still considered incurable and shows the proximity of death. Patients and their families, facing the hopelessness and suffering caused by the discovery of the disease, seek in spirituality a positive or negative meaning.²⁻³⁻⁴⁻⁵ Therefore, it is up to the health professional, particularly nursing, to understand and value the relationship between spirituality and the confrontation of cancer, according to the patient's perception, and support him as well as his relatives, connecting them with what gives them strength to continue facing the disease.⁶

To endure this phase of life, patients who are affected by cancer seek different ways to cope with it, among them, religiosity and spirituality, since these are the predominant strategies in the population diagnosed with oncological diseases.⁷ Religiosity can be understood by the relation of the individual to the religious institution and/or church or by some religious sect, which obeys a belief or practice of some public religious rituals proposed by a certain religion. Spirituality is defined as a characteristic of the individual, which can include belief in a God, and establish a spiritual connection of being with the cosmos and with other people. In this way, spirituality involves questions and reflections on the meaning and purpose of life, which transcends religion or religiosity.^{5,7}

Religiosity is used as a way to encourage hope for healing and to structure life during treatment. The possible benefits of religious beliefs, in some situations experienced in the expectation of death, are: relief of fear and uncertainties, coping and emotional comfort.⁸

Spirituality/religiosity, as a form of help in coping with oncological diseases, was considered important for patients in the Mesquita study,⁹ but the results showed that the subject is not addressed by the majority of professionals in the context of health and that the subjects of this research revealed that they would like to receive some spiritual care during their treatment. Regarding this aspect, it is emphasized that the influence of religiosity and spirituality on the quality of life of patients with cancer is extremely significant and that once the diagnosis is confirmed, this religiosity of the individual intensifies, with a view to improving the quality of life.⁵

Regarding the need for hospitalized patients to have religious/spiritual care, Law 9.982/2000 of the Federal Constitution of 1988, regulated by Decree No. 30,582/2009, establishes guidelines for religious services in private and public institutions, to offer religious services to patients, since they and/or their family members are in agreement.¹⁰

The importance of developing research on this theme is based on the understanding that patients should understand the meaning of spirituality/religiosity as a way of facing oncological diseases so that hospital institutions can plan and give more spiritual/religious support to these patients.

In this perspective, considering that the patient with cancer and hospitalized may present more affected psychospiritual needs, this article aims to investigate how patients with cancer diagnosis conceive religious/spiritual support in the hospital context. The relevance of religious/spiritual support to patients is emphasized, since the psychospiritual need is basic, a unique characteristic of man, and it is up to the nursing professional to identify or carry out this support, in order to assist the patient holistically.¹¹

METHODS

This is an exploratory study with a qualitative approach, carried out with patients diagnosed with cancer, assisted at the medical and surgical clinic of Lauro Wanderley University Hospital (HULW/UFPB). The inclusion criteria for selecting the sample were as follows: the patient should be hospitalized at the time of data collection; have a diagnosis of cancer, as recorded in a medical record; be over 18 years old; be aware, oriented and present favorable clinical conditions to respond to the items of the instrument of data collection. Thus, patients who did not present minimal cognitive conditions to participate in the study and who presented clinical interferences during the selection period were excluded.

Ethical observances were followed, according to Resolution 466/2012 of the National Health Council, and developed after approval of the Ethics and Research Committee (CEP) of the University Hospital Lauro Wanderley/UFPB, under the number CAAE 23017013.9.0000.5183. It is appropriate to mention that, in order to guarantee the anonymity of the participants, they have been codified, generally, from P01 to P25.

Patients were selected according to the principles of convenience sampling. Thus, those who were hospitalized in the service were chosen from November 2013 to February 2014, after their consent to participate through the Informed Consent Term. In order to collect data, recorded interviews were done using a script with questions related to the characterization of the participants, such as: age, sex, marital status, occupation, time of diagnosis, time of hospitalization, diagnosis and religion and data related to the objectives of the study. The responses were recorded, transcribed, and then analyzed.

With the saturation of the data - the moment that the perception of the facts and the verbalization of the participants begin to repeat themselves, without imminence of new facts - the collection of data was closed.¹² Subsequently, all speeches were transcribed in full, with the purpose of forming the corpus of the material. The data were analyzed qualitatively, using the technique of content analysis proposed by Bardin¹³, from the answers obtained in the interview. First, the transcriptions were read and the speeches that contained arguments regarding the interest of the research were selected. In order to understand the sense nuclei of the participants' responses, considering the frequency of data

that give significance to the analyzed object, the steps of preanalysis, material exploration, treatment of the obtained results and interpretation were followed.

RESULTS

Twenty-five patients with a diagnosis of cancer participated in the study, 14 (56%) males and 11 (44%) females, aged between 24 and 88 years and average age of 59 years. As for marital status, 15 (60%) were married; four (16%) single; three (12%), divorced; two (8%), widowed, and one (4%) in stable union. Among the participants, 24 (96%) reported being religious. Of these, 19 (76%) are Catholics, and five (20%) are Evangelicals; only one (4%) participant denied being a follower of any religion, and 19 (76%) said they are religious practitioners.

As for the medical diagnosis of cancer, the time ranged from one day to five years. As regards the location of the tumor, the following stand out: prostate (12%), intestine (4%), colorectal (4%), thyroid (12%), trachea (12%), the uterine cervix (4%), the ovary (8%), leukemia (8%), the stomach and intestine (12%), and lymphoma (4%). Regarding the participants' hospitalization time, it ranged from one to 38 days, until the time of the interview, with an average time of 9.5 days.

From the analysis of the qualitative data, after attentive readings of the interviewees' speeches, the following thematic categories emerged:

Category 1 - Meaning of religious/spiritual support received during hospitalization;

Category 2 - Promoters of religious/spiritual support in the hospital environment;

Category 3 - Participation in religious/spiritual activities during hospitalization.

DISCUSSION

Category 1 - Meaning of religious/spiritual support received during hospitalization

According to the patients' perception of the religious and spiritual support received during the hospitalization period, this support has a relevant meaning, since it promotes expressive effects. This category portrays the positive implications of this modality of care for the patients when inserted in the care, as conferred in these speeches:

"It had a lot of meaning, there was a very good, support like this is wonderful for people who are sick, gives a lot of strength, a lot of faith." (P08)

"The support is good, thank God (...)" (P09)

"I think it's good because there's a time when we're a little disillusioned, alone, then comes a person, prays, sings, then it gets better." (P10)

"I think it's really good, it improves everything." (P11)

"Faith is very important, you are at peace with your spirituality, and this is how I live." (P12)

"(...) gave me the strength to win. It is important, because sometimes you are a little shaken, alone and a religious support lifts you up." (P18)

"It's a word of faith, of hope, and that makes you more confident, you know." (P22)

"I think it's important, because for me the word of God is always welcome." (P24)

"I think it's very important because it's a time that we, as much as you want to be strong inside, feel fragile. You feel scared, you get nervous." (P25)

In this category, created from the content that integrates the speeches, it can be noted that the participants attribute positive characteristics to the religious support, when they affirm that this help gives strength to the patient to face the disease. This confirms the fact that the Brazilian people are known as religious and solidarity and awakens our vision for faith as an instrument of support in difficult times, which permeates confidence in health professionals and triggers hope in divine assistance. Faith in God is a feeling rooted in our culture, and the spiritual dimension occupies a prominent place in people's lives. Therefore it is imperative to know the spirituality of users when planning health care.²

The study emphasized that religiosity/spirituality helped patients and their caregivers to the extent that they had the confidence to face the moment. Another characteristic of the perceived faith was that it gives support and strength, which corroborates with the results obtained in the first category of this work.⁵ So, religious faith or spirituality help patients significantly to cope with the adversities of life when they feel better prepared. It is notorious, from the fragments of the lines that the search for religiosity is present in moments when they feel fragile and afraid of the future.

Regarding the importance that patients give to their spiritual dimension in the health-disease process and how they would like to receive necessary spiritual support, they seem to understand the relevance of the spiritual aspect in the elaboration of their therapeutic and care plan. However, it is noticed that the subject is still approached timidly by the care team.¹⁴

Religiousness communes with the idea that there is a supreme being that is used as a source of comfort, and the moment the patient assigns control to that being, fear and stress can be reduced.⁷ Religiousness provides hope, balance and empowerment, which propitiates the battle for life and calmness to accept the disease.³

The importance of faith can be expressed in a variety of ways. Patients pray for God to protect them, to enlighten the professionals who assist them and to give them strength to endure the ordeal; they thank God for the bed, the improvement shown and the family support received. It has been observed that clinging to faith produces beneficial effects in adjusting to disease. Thus, the study characterized the spiritual dimension as a constitutive element of the person, which uses prayer as an important and strategic way to ease the suffering coming from the disease.¹⁵ In this perspective, faith gives them an internal control of their emotions, gives a hopeful response in their vulnerabilities and, consequently, more comfort.

Category 2 - Promoters of religious /spiritual support in the hospital environment

In this category, the promoters of spiritual and religious care are shown in the place where patients are being assisted. The support is given by a multiprofessional team, in which the medical team and the nursing team stand out, as well as third parties, as volunteers, anonymous and passers-by, as evidenced in the speeches below:

"I got it from a doctor. (...) The support I received was good." (P01)

"I already got it from a nurse. It did very well the support I received. Each person who arrives here speaks a little of God, when the person is discouraged." (P02)

"I received from the nurses. Everyone who comes here speaks of God, gives some support." (P08)

"It came when I arrived, but I can not remember if it was a nurse or a doctor. She came chatted, gave support (...)" (P14)

"Yes. It was from the nursing area, but I do not know her name. She spoke a few words to me (...)" (P18)

"The support I received most here was from doctors and evangelicals who come to preach the word of God. It was good, I liked it, it helped me a lot." (P23)

"I received, yes. They come and pray. I have support from both sides. But I do not know who gave me this support, I

do not know anyone here. They come, they pray, they tell me to have faith that I'm going to get out of this. I really like to hear this." (P06)

The patients reported that the spiritual assistance promoted by health professionals is important and necessary, since it helps the process of acceptance of the disease. In this context, it is important to know the source of the spiritual support offered and what the meanings it arouses in patients. Spiritual support positively influences people's well-being and provides practitioners with an integral vision of health by approaching the subject in its different dimensions, surpassing the biomedical model, which focuses only on the physical aspect of the health-disease process and operates with a mechanistic conception of the body and its functions.¹⁶

Knowing that all human beings have a spiritual component, it can be emphasized that health professionals should establish this spiritual contact with the patient. But not everyone can answer the deep questions about suffering or lead them to find their help in their God. The figure of the chaplain is not always linked to the figure of the priest or the pastor, but to someone with the gift of mercy, qualified for it and who respects the will of the patient and the routines and limits of the hospital.¹⁷

A study carried out showed that the care of the spiritual dimension is carried out by representatives of religions, nursing assistants and volunteers. Some call this religious representative a chaplain. The nursing teams affirmed that the consultations are performed by them through conversations and prayers.¹⁸ This reinforces the great relevance of religiosity/spirituality to the human being, especially the need for spiritual and religious care to be added to treatments and therapies.¹⁸ It also points to religious and spiritual encouragement as a collaborator to choose the best therapy, the way to face the problem, to reduce anxiety and stress and to seek meaning for the current health situation.⁷

The spiritual support offered by health professionals is beneficial to the patient by participating in the team that assists him during the process of coping with the disease, together with the therapy, care and security of being welcomed. Patients want to be treated as people, not as diseases, and be observed as a whole, including physical, emotional, social, and spiritual aspects. Spirituality is recognized as a factor that contributes to improving the health and quality of life of many people. This concept is found in all cultures and societies.¹⁹

Patients reported that the spiritual care provided by health professionals is important and necessary because it assists in the process of acceptance of the disease. However, it also highlights the absence of promoters trained in religious/spiritual support.

Some authors affirm that religiosity is substantial for most patients, which is why these professionals need to know and value religious beliefs, since it is indispensable to include spiritual and/or religious support to understand

the integrality of caring.^{19,20,21} It is imperative that hospital institutions recognize spiritual/religious support as an essential element of comprehensive care for patients.

Category 3 - Participation in religious/spiritual activities during hospitalization

This category refers to the involvement of the research subjects in religious/spiritual activities promoted in the hospital during the period of their hospitalization, classified as restricted and unrestricted participation, as they were expressed. Some patients participate in religious practices inside and outside the wards. The restriction to participation in the ward is due to the fact of physical impossibilities, such as the postoperative condition. Some patients did not participate in religious activities, classified as either directly or actively, and indirectly or as a listener. This shows that most patients interviewed do not receive spiritual care for several reasons, among them: lack of information about religious activities promoted within the hospital; the indifference of some patients when they are approached or visited by some person of religious or incentive nature or because they have not received any invitation to participate. Another fact for the non adherence to religious practices was the short time of hospitalization. These facts are confirmed in these statements of the participants:

"I only take part in the visits, but I do not participate in any activity out there, because I'm having surgery. It would be good to have more visitors who spoke about God." (P02)

"I'm here in the bedroom. They come here read the bible, whoever wants to commune, they give, pray and that's it." (P10)

"I participate in the Mass on Saturday afternoons. They sometimes come here in the bedroom when I can not come down." (P08)

"Certainly, every Saturday has Mass and I participate." (P09)

"I do not participate in any activity here in the hospital." (P01)

"I still do not participate. I'm only now beginning in the religious path, you know? I started looking after I discovered the disease." (P05)

"I do not, because I'm not ready to walk. But if I was stronger I would attend the Mass." (P06)

"No, mãam ... I'd like to attend the Mass. There (... another hospital) when I 'was' with my wife, I always attended the Mass." (P19)

"No, because I arrived yesterday." (P21)

"No, it's the first time I've come here and I haven't been here for long." P25)

"I do not know any activity here, I do not know if it has it here." (P04)

"I've never been invited, I do not even know if there's any here." (P07)

"No, I just got here yesterday, I do not know if there is one, if there isn't. I would like to participate in some activity, yes." (P18)

It is noticeable that patients would like to receive some spiritual care offered by the hospital institution and/or health professionals. This assertion corroborates the data obtained in a study carried out by Mesquita.⁹

The creation of an interreligious space composed of accommodation for a group of people seated, identified as an ecumenical chapel, is already adopted in several institutions and guarantees the patient's right to privacy in his spiritual practices. In England, there are legal provisions that provide for the existence of chaplaincies in hospitals maintained with public resources. In the United States, despite the existence of another regime of relations between state and religions, chaplaincies are common. In Brazil, the coordinators of the Inter-religious Forum of the Conceição Hospitalar Group (GHC) have a dual conception of religious care: as a patient's right and as part of medical treatment.²²

As for the patients who claimed to be involved in religious/spiritual activity, they reported participating in religious visits conducted by volunteers, where prayers and spiritual comfort were made through reading the bible, and masses held within the hospital institution itself. The bible presents several passages in which prayer and touch were used successfully for healing and comfort of the sick. The Gospels record testimonies of Jesus' actions promoting complete well-being to people, as well as testifying in the acts of his followers the same disposition for care.²³

Thus, the objective of spiritual care is to give patients the opportunity to express their feelings of faith, peace and solidarity with others, consolidating the principles of participation, citizenship and humanization in hospital care. Faith, peace and solidarity appear as categories through which religious and spiritual discourse can be part of hospital care.²²

Corroborating the results obtained in this study, the results of which showed that few patients reported receiving some kind of religious/spiritual support during hospitalization, a study carried out with the objective of investigating how people with cancer who undergo chemotherapy treatment use this form of support found that only 16% of those interviewed had already received some kind of spiritual support. This author states that spiritual support is correlated with improved quality of life, but many patients do not have their spiritual needs met.⁹ Religious and spiritual beliefs play an important part in people's lives. People seek religiosity to motivate hope of healing and organize life during rehabilitation.²³⁻²⁴

The human being is composed of several dimensions, punctuated by Giumbelli²² as: biological, psychological, social and spiritual. He emphasizes that diseases reveal some imbalance between these dimensions and places spiritual care as an important factor in cultivating this constitutive dimension of the human being, and this contributes to the equilibrium that characterizes health status. In this conception, the diagnosis of the patient's health problems includes a kind of spiritual evaluation, which corresponds to a planning that contemplates, in the treatment, a spiritual care that the patient can or can not accept.

CONCLUSION

According to the results, it was concluded that religiosity/spirituality is a very important tactic in coping with oncological disease. This is justified because the patients interviewed reported the positive meaning of the support received, because faith provides a constructive way of thinking. Thus, it was possible to evidence the relevance of religious/spiritual support for cancer patients during hospitalization.

It was possible to verify that the minority of patients participate in religious activities within the institution, due to several factors, among them, the lack of information about the activities performed in the hospital environment. Religiosity/spirituality is a relevant element in the life of study participants and can not be neglected during the care provided. The results also revealed that the interviewed patients want a religious/spiritual support, whether promoted by the institution's health professionals or by volunteers, anonymous, third parties and passers-by. However, it was noted that few professionals promote this differentiated care, especially in the testimonies of doctors and nurses.

The limitations of the study are related to the sample, therefore, the results should not be generalized. However, this work brings contributions by providing subjective data verbalized by the patients that indicate the importance of including religious/spiritual support in the treatment of cancer patients and by understanding that religiosity and spirituality support cancer patients in the coping process of the disease.

The initiatives regarding the religious/spiritual support promoted in the institution are still incipient, as we observe in the results. Some participants of the research stated that, during hospitalization, they did not receive the assistance of a professional responsible for this type of support from the institution.

REFERENCES

1. INSTITUTO NACIONAL DE CÂNCER - INCA. Estimativa 2013: Incidência de câncer no Brasil / Coordenação Geral de Ações Estratégicas, Coordenação de Prevenção e Vigilância. Rio de Janeiro: INCA, 2012. Disponível em <<http://www.inca.gov.br>>. Acesso em: 04 de março de 2014.
2. Guerrero GP, Zago MMF, Sawada NO, Pinto MH. Relação entre espiritualidade e câncer: perspectiva do paciente. *Rev Bras Enferm*. 2011 jan/fev; 64(1):53-9.
3. Teixeira JJV, Lefèvre F. Significado da intervenção médica e da fé religiosa para o paciente idoso com câncer. *Rev Cienc Saúde Coletiva*. 2008 jul/ago; 13(4).
4. Gobatto CA, Araujo TCCF. Coping religioso-espiritual: reflexões e perspectivas para a atuação do psicólogo em oncologia. *Rev SBPH*. 2010 jun; 13(1).
5. Geronasso MCH, Coelho D. A influência da religiosidade/espiritualidade na qualidade de vida das pessoas com câncer. *Rev Saúde e Meio Ambiente*. 2012 jun;1(1).
6. Nascimento LC, Oliveira FCS, Moreno MF, Silva FM. Cuidado espiritual: componente essencial da prática da enfermeira pediátrica na oncologia. *Rev Acta Paul Enferm*. 2010 maio/jun; 23(3).
7. Fornazari SA, Ferreira RER. Religiosidade/Espiritualidade em Pacientes Oncológicos: Qualidade de Vida e Saúde. *Psicol Teor Pesqui*. 2010 abr/jun; 26(2):265-272.
8. Gobatto CA, Araujo TCCF. Religiosidade e espiritualidade em oncologia: concepções de profissionais da saúde. *Rev Psicol USP*. 2013 jan/abr; 24(1).
9. Mesquita AC, Chaves ECL, Avelino CCV, Nogueira DA, Panzini RG, Carvalho EC. A utilização do enfrentamento religioso/espiritual por pacientes com câncer em tratamento quimioterápico. *Rev Lat Am Enferm*. 2013 mar/abr; 21(2).
10. BRASIL. Lei nº 9.982, de 14 de julho de 2000. Diário Oficial da República Federativa do Brasil, Poder Executivo, Casa Civil, Brasília, DF, 17 jul. 2000.
11. Horta WA. O processo de enfermagem. São Paulo: EPU/EDUSP; 1979.
12. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: Hucitec, 2010.
13. Bardin L. Análise de Conteúdo. 70ª ed. Lisboa: 2009.
14. Zenevitz L, Moriguchi Y, Madureira VSF. A religiosidade no processo de viver envelhecendo. *Rev Esc Enferm USP*. 2013; 47(2): 433-9.
15. GOMES,GC; PINTANEL, AC; STRASBURG, AC; ERDMANNI, AL. O apoio social ao familiar cuidador durante a internação hospitalar da criança. *Rev Enferm UERJ*, Rio de Janeiro, 2011 jan/mar; 19(1):64-9. Disponível: <http://www.facenf.uerj.br/v19n1/v19n1a11.pdf>. Acesso: 21. Jun. 2014.
16. ALVES JS, JUNGES JR, LÓPEZ LC. A dimensão religiosa dos usuários na prática do atendimento à saúde: percepção dos profissionais da saúde. *O Mundo da Saúde*. 2010;34(4): 430-436.
17. VASSAO, E. Cuidado Paliativo / Coordenação Institucional de Reinaldo Ayer de Oliveira. São Paulo: Conselho Regional de Medicina do Estado de São Paulo, 2008.
18. Bousso RS, Serafim TS, Misko MD. Histórias de vida de familiares de crianças com doenças graves: relação entre religião, doença e morte. *Rev latino-am Enfermagem*. 2010 mar/apr; 18(2): 156-62.
19. Peres MFP, Arantes ACLQ, Lessa PS, Caous CA. A importância da integração da espiritualidade e da religiosidade no manejo da dor e dos cuidados paliativos. *Rev Psiq Clín*. 2007; 34(1): 82-7.
20. Abrão FMS, Góis ARS, Souza MSB, Araujo RA, Cartaxo CMB, Oliveira DC. Representações sociais de enfermeiros sobre a religiosidade ao cuidar de pacientes em processo de morte. *Rev Bras Enferm*. 2013 set/out; 66(5): 730-7.
21. Nascimento LC, Santos TFM, Oliveira FCS, Pan R, Flória-Santos M, Rocha SMM. Espiritualidade e religiosidade na perspectiva de enfermeiros. *Rev Texto Contexto Enferm*. 2013 jan/mar; 22(1): 52-60.
22. GIUMBELLI E. A religião em hospitais: espaços (inter) religiosos em Porto Alegre ou O(s) lugar(es) da(s) religião(ões) em um hospital. Trabalho apresentado na 28ª. Reunião Brasileira de Antropologia, realizada entre os dias 02 e 05 de julho de 2012, em São Paulo, SP, Brasil. Disponível: http://www.abant.org.br/conteudo/ANAIS/CD_Virtual_28_RBA/programacao/grupos_trabalho/artigos/gt58/Emerson%20Giumbelli.pdf. Acesso: 04. Mai. 2014.
23. Barbosa KA, Freitas MH. Religiosidade e atitude diante da morte em idosos sob cuidados paliativos. *Rev Kairós*. 2009 jan; 12(1): 113-134.
24. Costa DS. Espiritualidade: Um recurso importante na terapêutica do paciente oncológico. XI Congresso de Psico-Oncologia; 2010 sep 23-25; Rio de Janeiro, RJ.

Received on: 21/04/2015
Reviews required: 17/09/2015
Approved on: 19/09/2016
Published on: 10/04/2017

Author responsible for correspondence:

Terezinha Nunes da Silva

Endereço: Cidade Universitária, s/n - Castelo Branco

João Pessoa/PB

Email: vaskoncelos.vaskoncelos@hotmail.com

ZIP-code: 58051-900