

The Influence of Spirituality and Religiosity in Acceptance of the Disease and Treatment of Oncologic Patients: an Integrative Literature Review

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A Influência da Espiritualidade e da Religiosidade na Aceitação da Doença e no Tratamento de Pacientes Oncológicos: Revisão Integrativa da Literatura

La Influencia de la Espiritualidad y la Religiosidad en la Aceptación de Enfermedad y Tratamiento de Pacientes con Cáncer: una Revisión Integradora de Literatura

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Abstract

Introduction: Religiosity and spirituality are unique factors in human health. They are helpful in dealing with cancer in its natural course. **Objective:** Analyze the national and international scientific publications involving the themes of Spirituality and Religiosity in Cancer Patients. **Method:** Integrative literature review that searched SciELO, MEDLINE and EBSCO databases for articles published between January 2009 and January 2019, in Portuguese and in English, about the influence of spirituality and religiosity in cancer patients. **Results:** Eight articles reported the influence of religiosity and spirituality from the moment of cancer diagnosis through acceptance of the treatment. 10 articles reported that both serve as support, chance of facing life and death differently and to improve the patient's quality of life and well-being. Religiosity and spirituality help patients with the consequences of cancer and will influence their life and lifestyle during and after treatment. Moreover, they constitute a strategy that legitimizes and mitigates uncertainty about moral, personal and social issues related to the chronic oncological condition. **Conclusion:** Attachment to spirituality and religiosity positively influences the biopsychosocial health of cancer patients. Moreover, patients endowed with spirituality and religiosity may have better acceptance of cancer treatment, in addition of greater hope and positiveness during the course of the disease.

Key words: Spirituality; Religion and Medicine; Medical Oncology; Review.

Resumo

Introdução: A religiosidade e a espiritualidade são fatores ímpares na saúde do ser humano. Elas servem de auxílio para lidar com o câncer em seu processo de história natural. **Objetivo:** Analisar a produção científica nacional e internacional, acerca dos temas espiritualidade, religiosidade e pacientes oncológicos. **Método:** Revisão integrativa de literatura sobre a influência da espiritualidade e da religiosidade em pacientes oncológicos, nas bases de dados SciELO, MEDLINE e EBSCO e nos idiomas português e inglês, que buscou artigos publicados entre janeiro de 2009 a janeiro de 2019. **Resultados:** Oito artigos relataram a influência da religiosidade e da espiritualidade desde o momento do diagnóstico do câncer até a aceitação do tratamento. Dez artigos relataram que ambas servem como apoio, chance de encarar a vida e a morte de forma diferentes e de melhorar a qualidade de vida e bem-estar do paciente. A religiosidade e a espiritualidade ajudam os pacientes com as consequências do câncer e influenciarão a sua vida e o seu modo de viver durante o tratamento. Além disso, constituem uma estratégia que legitima e ameniza a incerteza diante das questões de caráter moral, pessoal e social, relativas à condição oncológica crônica. **Conclusão:** O apego à espiritualidade e à religiosidade influencia positivamente na saúde biopsicossocial do paciente com câncer. Ademais, pacientes dotados de espiritualidade e religiosidade podem apresentar melhor maior aceitação do câncer do tratamento, além de maior esperança e positividade no decorrer da doença.

Palavras-chave: Espiritualidade; Religião e Medicina; Oncologia; Revisão.

Resumen

Introducción: La religiosidad y la espiritualidad son factores únicos en la salud humana. Son útiles para tratar el cáncer en su proceso de historia natural. **Objetivo:** Analizar la producción científica nacional e internacional, sobre los temas Espiritualidad, Religiosidad y Pacientes con cáncer. **Método:** Revisión bibliográfica integradora sobre la influencia de la espiritualidad y la religión en pacientes con cáncer en las bases de datos SciELO, MEDLINE y EBSCO, en idiomas portugués e inglés, quienes buscaron artículos publicados entre enero de 2009 y enero de 2019. **Resultados:** Ocho de los artículos informaron la influencia de la religiosidad y la espiritualidad desde el momento del diagnóstico del cáncer hasta la aceptación del tratamiento. Diez artículos informaron que ambos sirven como apoyo, una oportunidad para enfrentar la vida y la muerte de manera diferente y para mejorar la calidad de vida y el bienestar del paciente. La religiosidad y la espiritualidad ayudan a los pacientes con las consecuencias del cáncer e influirán en su vida y estilo de vida durante el tratamiento. Además, constituyen una estrategia que legitima y mitiga la incertidumbre frente a cuestiones morales, personales y sociales relacionadas con la condición oncológica crónica. **Conclusion:** Attachment to spirituality and religiosity positively influences the biopsychosocial health of cancer patients. Moreover, patients with spirituality and religiosity may have better acceptance of cancer treatment, and greater hope and positivity during the course of the disease.

Palabras clave: Espiritualidad; Religió y Medicina; Oncología Médica; Revisión.

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INTRODUCTION

Spirituality is related to the feeling of transcendency, elevation, sublimity, religious or mystic activity, and religiosity involves the natural tendency towards religious feelings and sacred things¹. Both are singular factors for the promotion, prevention and recovery of health. They bear influence over the quality of life to the extent of reducing the utilization of health services and contribute to maintain a healthy lifestyle of the most compromised individuals².

According to history, the essence of spirituality is proto-Christianity, even if understood as an explicit confession of the experience of a certain faith, structured in a set of rituals and orchestrated into a concrete way of living. The Pythagoreans, six centuries Before Christ (BC) and the Vedas, Brahmanism followers, Hinduists and Shintoism followers, three thousand years BC already lived the spirituality, even if they did not nominate it as such³.

Within the context of cancer, a group of more than 100 diseases that have in common the uncontrolled growth of cells invading tissues and organs⁴, it is seen that the social stigma, the association with death, diagnosis and treatment create fear in the individuals and may lead to suffering, pain, concern with self-image and loss of sexual arousal, productive capacity and body weight⁵.

Spirituality and religiosity can help to cope with cancer in its natural course process. Studies show that both influenced positively the quality of life of the patient with cancer⁵. They can surface after the diagnosis of the disease when life appears to be meaningless leading the patient to pursue something to make it humanely meaningful or may be present since before the diagnosis with great influence in the life and culture of the individuals and be a source of strength and hope during diagnosis and treatment⁶.

Religiosity and spirituality can complement each other⁷, despite involving different aspects. In Brazil, 94% of the individuals claim they are religious, making it the second most religious country in the world, a significant figure to try to understand how religiosity affects persons, particularly the oncologic patients⁸.

Based in this presentation and with the purpose of deepen within the content of spirituality and religiosity in oncologic patients, the present study aimed to analyze the national and international scientific production about spirituality, religiosity and oncologic patients.

METHOD

The present study consists in an integrative review of the literature about the influence of spirituality and religiosity in accepting the disease and treatment of oncologic patients. For the review, stages were followed

as definition of the theme, elaboration of the research question, establishment of search criteria of the literature, definition of the information extracted from articles, analysis and interpretation of the results, identification of the themes and nucleus of meaning and synthesis of the discussion comparing with the literature investigated.

The study was guided by the following steering questions: "How does the attachment to spirituality/ religiosity influence the cure of cancer? What are the differences during the disease among patients with and without spiritual and religious support?". Articles of the databases Scientific Electronic Library Online (SciELO), Medical Literature Analysis and Retrieval System Online (MEDLINE) and EBSCO Information Services were selected. The search performed was based in the Medical Subject Headings (MeSH) and in the Descriptors of Sciences of Health (DeCS), with the following descriptors: "cancer" or "neoplasms" and "spirituality" or "religiosity".

All the study investigators conducted the selection between February and June 2019 independently and later they met to compare the sample selected, discuss the discrepancies and reach a consensus about the articles included in the study. For this, it was constructed a table with the results containing the title, year of publication, type of article, language of publication and keywords.

As inclusion criteria, original articles, review of the literature and case reports addressing the themes spirituality, religiosity and oncologic patients were considered; they should also allow full access to the content published in Portuguese and in English between January 2009 and January 2019. Articles that failed to address the themes spirituality and/or religiosity together, articles that addressed aspects of spirituality and/or religiosity in diseases other than cancer and duplicate articles in the database were excluded.

RESULTS

In total, 200 articles were found, whose titles and abstracts published were read. After thorough reading of the publications, 163 articles were not utilized because of exclusion criteria. Therefore, 37 articles were analyzed in the present study (Figure 1).

Table 1 presents the evidences from the articles included in this integrative review.

DISCUSSION

Spirituality is a phenomenon interconnecting traditional roots and culture, merges body and mind and gives purpose, strength and faith during the journey of cancer⁹. Spiritual development is important because

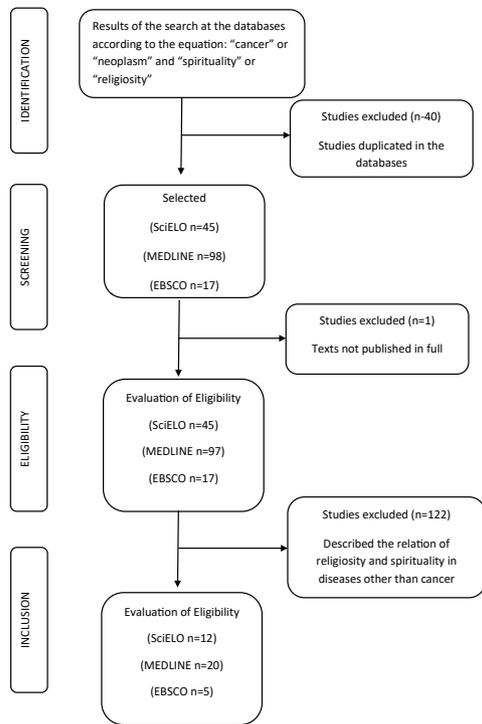


Figure 1. Flowchart of selection of studies. Patos de Minas, MG, Brazil, 2019

is already a part of an irreducible dimension of any individual, regardless of its spiritual, cultural, religious identification or otherwise¹⁰.

Several Brazilian and North American studies showed that spirituality and religiosity help patients to cope with distress from infirmities as cancer^{8,11-23}. Even with more advanced stages of the disease, religiosity and spirituality can play important and interconnected roles²⁴.

A study conducted through interviews with oncologic patients in 2010 showed that religious coping is a strategy of stress reduction and improvement of the quality of life of the participants²³. A review of the literature and a research with nurses addressed the importance of spirituality and religiosity to reduce only the stress generated by treatment^{14,25}.

In the North American literature in 2018 it was found a statistically significant correlation between well-being, happiness and spirituality influencing the process health-disease²⁶. A study conducted in 20213 has also evidenced similar results with positive conceptions about the influence of spirituality and religiosity for the vitality with minor negative effects²⁷.

Other studies addressed specific aspects related to the quality of life. A quantitative research found that religiosity is connected to spirituality, health, well-being and happiness²⁸⁻³⁰. A literature review conducted in 2018 concluded that spirituality, in addition to interfering in the quality of life, helps to reduce the depression, hopelessness and anxiety generated by cancer³¹, which

Table 1. Spirituality and religiosity in oncologic patients

| Author/year | Method | Objectives | Main Findings |
|------------------------|--|---|--|
| Puchalski et al., 2019 | Review of literature with 106 articles | Understand the importance of spirituality and interventions based in spirituality in oncologic care, how spiritual care can be implemented in oncologic treatment and offer recommendations for the integration of spiritual care in oncology | Spirituality and spiritual well-being have been proved to have positive effect in cancer patients as an important component of health and general well-being |
| Moosavi et al., 2019 | Qualitative study with in-depth semi-structured interviews of 18 participants utilizing conventional content analysis conducted in the United States | Explore the consequences of spiritual care in cancer patients and oncologic nurses in the perspective of patients, relatives, nurses and other health staff members | Spiritual care places the patient with cancer in the pathway for spiritual growth. Spiritual peace achieved by patients and nurses is a common consequence of the spiritual care that helps to promote comfort, feeling of peace for the patient and inner satisfaction supporting the treatment of diseases |
| Meneguim et al., 2018 | Quantitative study through interviews with 96 oncologic patients in palliative care in Brazil | Understand the perception the patient with cancer in palliative care has about quality of life and identify proposals for its improvement | Quality of life is connected to feelings of well-being, happiness and spirituality, influencing the repercussions of the process health-disease |

to be continued

Table 1. continuation

| Author/year | Method | Objectives | Main Findings |
|-----------------------|--|---|--|
| Silva et al., 2018 | Qualitative study, interviews with 21 health professionals including nurses, licensed practical nurses and health multi-professionals team in Brazil | Discuss the strategies of action and interaction adopted by healthcare professionals to care for children hospitalized with chronic oncologic pain | Pursue of spirituality and emotional balance as strategies of action to cope with child and family suffering |
| Gifford et al., 2019. | Qualitative, descriptive study with 31 cancer survivors who discussed spirituality as part of their experiences of cancer survival in Canada | Explore the meaning of spirituality in the survival of cancer for individuals of the First Nations, largest Indian population of Canada and describe how spiritual practices are incorporated into cure | Spirituality was expressed as a phenomenon interconnected with the traditional roots and culture, merged body and mind and gave meaning, strength and faith to the journey of cancer |
| Xing et al., 2018 | Review of the literature with 10 articles | Utilize randomized clinical trials to evaluate the effects of spiritual interventions on the spiritual and psychological results and quality of life in patients with cancer | Spiritual interventions can improve the spiritual well-being and the quality of life, reduce depression, anxiety and hopelessness for patients with cancer |
| Visser et al., 2018 | Two studies with questionnaire – a cross-sectional and longitudinal study and a longitudinal study of one year conducted with cancer patients in The Netherlands | Identify whether spirituality reduces the impact of pain, fatigue and life threat felt in face of perils | Spirituality reduces the impact of pain, fatigue or perception of life threat in situations of peril. Meaning and acceptance can reduce the negative impact of the increase of fatigue during the first year after the beginning of the cancer treatment. Spirituality can increase the negative impact of life threat perceived |
| Oliveira et al., 2018 | Qualitative-quantitative, descriptive, cross-sectional study with 101 participants in chemotherapy treatment in Brazil | Evaluate the influence of the spirituality, religiosity and personal beliefs in the quality of life of patients in chemotherapy | Faith in God is what ensures conditions to cope with the disease. It is important to consider the magnitude of the spiritual dimension for the oncologic patient while coping with the disease, which can be beneficial during the period of sickness and convalescence |
| Sousa et al., 2017 | Review of the literature with 11 articles | Identify the scientific evidences available about the approach of spiritual/religious coping used by individuals with cancer in chemotherapy treatment | Religiosity/spirituality is a strategy of positive approach that contributes for the adherence to the chemotherapeutic treatment and reduction of stress. The negative effect was associated with the incidence of side effects, psychological distress, anxiety and depression |

to be continued

Table 1. continuation

| Author/year | Method | Objectives | Main Findings |
|---------------------------|---|---|--|
| Freire et al., 2017 | Exploratory, qualitative approach study with patients affected by cancer in Brazil | Investigate how patients with diagnosis of cancer understand the religious/spiritual support in the hospital context | Religiosity/spirituality is an important tactic to cope with the oncologic disease, considering that the interviewees reported the positive meaning of the support received, because faith grants a constructive form of thinking |
| Kiyancicek e Caydam, 2017 | Descriptive cross-sectional study conducted with 230 relatives caretakers of the oncologic hematology hospitalized and in outpatient in Brazil | Evaluate the spiritual necessities and practices of relatives caretakers of patients with cancer | The caring process must be planned to provide relatives of patients with cancer spiritual support and practices |
| Caldeira et al., 2017 | Cross-sectional study utilizing the Richard Fehring model of validity of clinical diagnosis | Validate the nursing diagnosis in spiritual distress in patients with cancer | Patients with cancer in spiritual distress are in suffering because of life meaningless |
| Sousa Junior et al., 2017 | Review of the literature with 25 articles | Review the existing scientific discussions about how spirituality helps the adherence of individuals with cancer to the treatment proposed and how this provides them strength in face of this sickening scenario | The spirituality ensures the individual the resignification of the infirmity, making it cope with the disease in another manner. The individual starts to see other goals and challenges to achieve and spirituality offers the required support in this phase |
| Matos et al., 2017 | Cross-sectional study with 96 palliative care outpatient patients in a public hospital in Brazil and 96 healthy volunteers | Compare the quality of life and religious-spiritual coping of patients in palliative care with a group of healthy participants | Individuals with higher scores of religious-spiritual coping presented better perception of quality of life, suggesting this strategy of coping can be stimulated in patients in palliative care |
| Benites et al., 2017 | Qualitative phenomenological-inspired study where experiences of patients in palliative care were identified, described and analyzed and what spirituality means for these individuals in this specific context in Brazil | Understand the experiences of patients with cancer in palliative care and the meaning of spirituality in face of the pain of sickening and possibility of death | The spiritual dimension is important in the experience of the process of dying, favoring the pursue of meaning of life and death. To face death leads to the worship of life, recalling personal beliefs and what is pursued as meaning of life |

to be continued

Table 1. continuation

| Author/year | Method | Objectives | Main Findings |
|--------------------------|---|---|--|
| Nejat et al., 2017 | Qualitative cross-sectional study with interviews conducted in New Zealand and Iran | Explore and compare the use of spirituality and religiosity in coping with colorectal cancer in New Zealand and Iran | Most of the participants interviewed utilized religiosity as an asset to cope with cancer. Religious and/or spiritual beliefs are an important source of support for all the interviewees in Iran and for most of the interviewees in New Zealand who live with cancer |
| Sampaio e Siqueira, 2016 | Study with 10 nurses who participate actively of the nursing care to oncologic patients in Brazil | Analyze the influence of spirituality in the treatment of oncologic patients in the perspective of the nurse | Searching for meaning and comfort in religiosity alleviates the stress caused by pain and changes caused by the disease and proximity of death. The patient can assign its responsibility to God or to a "Supreme Being" making the toll of the disease bearable |
| Canassa e Ferret, 2016 | Review of the literature with 13 articles | Realize the main psychological and mental issues of oncologic patients that search for religious and spiritual relief to bring meaning to their lives | Spirituality/religiosity, when well incorporated in the patient life will help him to deal with the consequences this disease will bring to his daily life and will influence his life essentially and his way of living during the treatment |
| Jim et al., 2015 | Review of the literature with 101 articles | Associate religion and spirituality of patients with cancer with better results of physical health | More religiosity and spirituality are associated to better physical health in general, physical and emotional well-being and less physical symptoms reported by the patient |
| Hatamipour et al., 2015 | Study conducted in Iran with 18 oncologic patient interviewed with spiritual needs who appeared after the conventional content analysis | Explain the spiritual necessities of patients with cancer in Iran | Patients interviewed in Iran search for help of spirituality to accept or cope with their illness. The medical team must acknowledge, perceive and consider the spiritual necessities while caring for patients with cancer |
| Souza et al., 2015 | Quantitative, descriptive, exploratory study with nine adolescents about oncologic treatment in two institutions in Brazil | Analyze the conception the adolescents have about spirituality, religion and personal beliefs present in their lives because of cancer and as strategy to cope with the disease | Spirituality is important for coping with the disease, specially based in religious rituals and community support, in addition to creating hope to cope with the difficulties and offer a new meaning to their lives |
| Silva et al., 2015 | Case report | Demonstrate the integration of the spiritual dimension of the binomial health-disease | Recognition of the spiritual dimension for the proper evaluation of the entire pain. Emphasizes the importance of the spiritual assistance for pain control, since any spiritual support can influence directly the perception of pain as suffering |

to be continued

Table 1. continuation

| Author/year | Method | Objectives | Main Findings |
|------------------------|--|---|--|
| Miranda et al., 2015 | Exploratory study with 15 participants diagnosed with cancer in Brazil | Investigate the inter-relations between spiritual well-being and quality of life while coping with cancer | Cancer favors the pursue of spirituality/religiosity as mechanisms of coping with suffering as source of hope and cure and resignification of the meaning of life and death |
| Balboni et al., 2014 | Review of the literature with 41 articles | Distinguish the model of full care; a vision that identifies a role for the clinician in promoting full health and vision of open pluralism that emphasizes the importance of different spiritual and cultural traditions | Spiritual development is important because is part of an irreducible dimension of every individual, regardless of its spiritual, cultural, religious identification or other |
| Carvalho et al., 2014 | Quasi-experimental study with pre and post intervention with 20 patients hospitalized in continuous intravenous chemotherapy in Brazil | Evaluate the effect of praying over the anxiety of patients with cancer in chemotherapy treatment | Praying has shown to be an effective strategy to reduce the anxiety of the patient in chemotherapy treatment |
| Gobatto e Araújo, 2013 | Descriptive, exploratory, quantitative-qualitative study organized in two stages in Brazil | To know, analyze and understand the conception healthcare professionals have about the association among religiosity, spirituality and health in oncology | The participants demonstrated positive conceptions about the influence of religiosity/spirituality in health with negative effects of minor proportion |
| Mesquita et al., 2013 | Quantitative, descriptive, cross-sectional study with 101 patients in intravenous chemotherapy in oncology outpatient of a public hospital in Brazil | Investigate religious/spiritual coping in individuals with cancer in chemotherapy | Religious/spiritual coping is an important strategy to tackle cancer and contributes for its understanding as useful tool for spiritual care |
| Espinha e Lima, 2012 | Literature review with 41 articles | Analyze the scientific production related to the spiritual dimension of children and adolescents with cancer | Spirituality-related issues can reflect as important coping strategies during the disease, favoring the pursue of meaning and purpose in the patients life, in addition to influencing the medical decisions and devising the elements associated to the experience of the disease since diagnosis, distress and death |
| Guerrero et al., 2011 | Qualitative study with 14 patients with cancer in chemotherapy treatment and analyzed according to inducive thematic content analysis in Brazil | Understand the relation between spirituality and cancer in the perspective of oncologic patients | The oncologic patient pursues spirituality as a form to cope with the disease in order to minimize the suffering and hope the treatment will lead to the cure |

to be continued

Table 1. continuation

| Author/year | Method | Objectives | Main Findings |
|----------------------------|---|---|---|
| Lucchetti et al., 2010 | Review of the literature with 38 articles | Devise a scenario of use of spirituality in clinical practice and what are the basic information the clinician needs to know to incorporate into its clinical practice | Religious beliefs and activities are related to better health and quality of life. Most of the patients would like their practitioners to address their religiosity and spirituality and would feel more empathy and trust in the practitioner who discussed these themes |
| Alcorn et al., 2010 | Multicentric, cross-sectional, mixed methods study with 68 oncologic patients selected randomly | Infer core religion and/ or spirituality themes from experiences of patients with advanced cancer to inform the development of interventions of spiritual care in the scenario of terminal cancer | Religiosity/spirituality play several important and inter-connected roles for patients with more advanced cancer |
| Pinto e Ribeiro, 2010 | 426 individuals enrolled in this study had oncologic disease | Analyze the differences of spirituality according to sociodemographic and clinical variables; evaluate the correlation of the dimensions of spirituality and quality of life | It was verified a moderate value, although significant between spirituality and quality of life. The results reinforce the relevance of a full perspective of the individual when it becomes a patient of health care |
| Espindula et al., 2010 | Qualitative, descriptive study under the scenario of phenomenological analysis of Stein e Ales Bello. A form of understanding the human being in its totality – physical, psychic and spiritual | Understand how healthcare professionals deal with religiosity and faith of patients in cancer treatment and how they experience this phenomenon | Those devoted to their religions believe in divine protection and recognize religiosity as nourishment and comfort for the patient and its relatives to cope with sickening. They expect these ill individuals to live their faith wisely and always within the reality |
| Fornazari e Ferreira, 2010 | Interviews with 10 oncologic patients of a specialized institution in Brazil | Investigate how oncologic patients cope with religious support | All the participants reported religious/spiritual content in their verbal narratives showing that the relation between the disease and the possibility of death makes religious-based coping a strategy to reduce the stress and improvement of their quality of life |
| Nascimento et al., 2010 | Review of the literature with 20 articles | Address the spiritual care offered by nurses as part of the assumptions to promote the health of the families with children and adolescents with cancer | Religiosity and spirituality are sources of comfort and hope and have been helping to accept the chronic condition of children and adolescents |

to be continued

Table 1. continuation

| Author/year | Method | Objectives | Main Findings |
|-------------------------|--|---|---|
| Spadacio e Barros, 2009 | Qualitative study with a small population attempting to deepen the experience of alternative and complementary medicine to treat cancer, contributing for the discussion about the importance of religious practices and spirituality for health in Brazil | To think about the interfaces that help the theoretical and methodological reflection of religious practices in health services as processes of negotiation for the subjects facing a chronic disease event | Religious practice experienced by the patients becomes a strategy that legitimizes and softens the uncertainty in face of moral, personal, social and physical issues related to the chronic oncologic condition |
| Tarouco et al., 2009. | Exploratory, descriptive, quantitative approach study with 5 patients in palliative treatment in the program of oncologic home care in Brazil | Identify if spirituality helps oncologic patients in their terminal phase | The pursue of spirituality in terminal condition is a form of finding tranquility and peace of mind. Without the support of spirituality, the journey to cross until the finitude can be tough, arduous and painful |

concur with another study of 2014, that demonstrated that praying is an effective strategy to reduce anxiety in oncologic patients³².

A 2017 Latin American cross-sectional study correlated higher scores of religious-spiritual Coping with better perception of quality of life¹⁵, as concluded in another 2010 study³³. For some authors, Coping is designed as a set of cognitive, behavioral strategies utilized by individuals to manage stressful situations³⁴⁻³⁶.

Religious activities and beliefs were also interconnected to better health and quality of life³⁰ and reduction of the impact of pain, fatigue or perception of life threat during cancer treatment³⁷.

Furthermore, it was concluded in Botucatu in 2009 that religious practice experienced by the patients is a strategy that legitimizes and relieve the uncertainty in face of moral, personal and social issues related to chronic oncologic condition³⁸. For this reason, studies conclude that spirituality and religiosity contribute for health improvement and general well-being^{30,39}. These results concur and reinforce the relevance of a full study of the individual that addresses the quality of life of the oncologic patient³³.

Spirituality and well-being have proven to have positive effect in patients with cancer as an important component of health and contentment²⁸. There are other beneficial influences of the spirituality and religiosity involving comfort and hope that help to accept the disease in children, adolescents⁴⁰ and adults²¹.

An American study conducted in 2018 shows that, despite the positive aspects, there may be some harm. The spirituality can increase the negative impact of life threat perceived by the patients³⁷ and it can be associated to the incidence of side effects, psychological distress, anxiety and depression¹⁴.

Another study demonstrates that spirituality and religiosity contribute for the understanding of cancer¹⁹. An exploratory study reported that this is possible, particularly from religious rituals and community support and create hope to cope with the difficulties¹⁷. Furthermore, studies show that they can contribute for the adherence to cancer treatment¹⁴ and become a strategy to cope with cancer since the diagnosis until oncologic palliative care¹⁵.

In a cross-sectional study with individuals about chemotherapy, the patients mentioned the attachment to a superior being and said that the faith in God is what gives conditions to cope with the disease¹¹. Concurring with this study, a qualitative, descriptive study shows that religious persons believe in divine protection and recognize it as support and comfort during sickening²². Another author adds that beliefs are forms of assigning to God or to a “Supreme Being” the responsibility for cancer and make the disease something bearable²⁵. In addition, a descriptive, exploratory study noticed that spiritual pursue is a manner to find tranquility and peace of mind to make the natural course of the disease less arduous, painful and tough⁴¹.

Another study sees spirituality somewhat different and affirms that the oncologic patient pursues it to

minimize the distress or become more hopeful about the cure with the treatment²¹. A recent study adds that this is possible because spirituality can grant the individual the resignification of the disease making it cope with it in another manner. The individual starts to have new goals and challenges to achieve and spirituality offers the required support to face this phase¹³.

Similarly, it was observed that most of the participants interviewed used religiosity as source of support while coping with cancer^{8,16}. Religiosity, when well incorporated in the patient's life helps it with the consequences the cancer will bring to its life and will essentially influence its life and way of living during the treatment⁸.

Interviews reported the positive meaning of the spiritual support because faith ensures a constructive manner of thinking¹². Spirituality can ensure a new meaning for the death of oncologic patients¹⁸ and the resignification of the life of the adolescent patients¹⁷ and even of adults³⁹. These findings concur with a cross-sectional study reporting that individuals with cancer in spiritual distress live in sadness because of the life's meaninglessness⁴².

Another study associates religiosity and spirituality to healthcare professionals. The spiritual care of patients with cancer places the patient and even the oncologic nurse in the path of spiritual development, which helps the promotion of comfort, feeling of peace and inner satisfaction that help the treatment of the disease⁴³. This caring process must be planned to offer spiritual needs and practices to caretakers and relatives of patients with cancer⁴⁴.

A study shows that the issues related to the spirituality influence the medical decisions and how the patient will live the experience of the disease^{20,45}. An example of this is the recognition of the proper evaluation of the entire pain, very important to control the symptoms since the spiritual status of the patient can have direct influence in the perception of the pain as suffering⁴⁵.

Many patients seek for spiritual help to accept and cope with cancer, and for this, the medical team must consider the spiritual care of oncologic patients⁴⁶. Another study brings also the nursing perspective and shows that, like the practitioners, the nursing professionals must consider the spirituality of the patients since they provide information for the full care and assistance of the patient and is a strategy of action required to deal with children and family distress of patients with cancer⁴⁷. It was observed that most of the patients would like that their doctors addressed their religiosity and spirituality and would feel more empathy and trust for the practitioner who discussed these themes³⁰.

Also in relation to care with oncologic patients, an observational study conducted in Brazil's Southern region observed that these individuals need to share ideas and experiences lived with cancer and because of this, it is

important to undergo Spiritual Therapy, a complementary therapeutic care that considers the biopsychosocial of the individual and its autonomy in face of the disease⁴⁸. In addition, the therapy ensures to merge mind and body for better results of the oncologic treatment⁴⁹.

Another associated area is the integrative oncology, a branch of the integrative medicine that associates the conventional care with new multidisciplinary practices of caring for cancer as the merge of mind and body and can stimulate the efficacy and reduce the adverse effects of the disease⁵⁰. In addition, therapies with animals and with the community where cats, dogs and other pets visit public and private hospitals and nursing homes⁵¹, behavioral-cognitive therapy that helps the patient to interpret its feelings and adjust them⁵² and palliative care that attempt to improve the quality of life of the ill and keep it as active as possible have been shown positive results in cancer treatment.

CONCLUSION

Attachment to spirituality and religiosity influences positively the biopsychosocial health of the patient with cancer: can improve the quality of life, well-being and vitality and helps to reduce the stress, the impact of the pain, of fatigue or perception of life threat. Furthermore, patients endowed with spirituality and religiosity tend to accept the cancer treatment better, in addition to more hope and positiveness during the disease.

CONTRIBUTIONS

All the authors contributed substantially for the conception and/or design of the study, gathering, analysis and/or interpretation of the data, wording and/or critical review and approved the final version to be published.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare.

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