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RESEARCH

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SPIRITUAL/RELIGIOUS SUPPORT FOR NURSING IN THE TREATMENT OF BREAST CANCER: INTEGRATIVE REVIEW

Aporte espiritual/religioso pela enfermagem no tratamento do câncer de mama: revisão integrativa

Apoyo espiritual/religioso de la enfermería en el tratamiento del cáncer de mama: revisión integrativa

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ABSTRACT

Objective: to analyze in the scientific literature the importance of the spiritual/religious approach by the nursing team in the treatment of breast cancer. **Method:** integrative review, carried out in BDENF, LILACS and SCOPUS. **Results:** six studies were selected, showing that the spiritual/religious approach by nursing professionals helps to cope positively with breast cancer. Thus, the following category emerged: Spiritual/religious approach in nursing care and its positive repercussions for coping with breast cancer. **Conclusion:** the nursing category is part of the social support network for relieving suffering, through spiritual/religious support, helping to minimize negative feelings associated with the diagnosis and adverse treatment events, and it is important to include discussions on this topic in technical and undergraduate nursing training.

DESCRIPTORS: Nursing; Spirituality; Women; Breast cancer; Religion;

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RESUMO

Objetivo: analisar na literatura científica a importância da abordagem espiritual/religiosa pela equipe de enfermagem no tratamento do câncer de mama. **Método:** revisão integrativa, realizada na BDNF, LILACS e SCOPUS. **Resultados:** foram selecionados seis estudos, evidenciou-se que a abordagem espiritual/religiosa pelos profissionais de enfermagem auxilia para o enfrentamento positivo do câncer de mama. Assim, emergiu a categoria: Abordagem espiritual/religiosa na assistência de enfermagem e suas repercussões positivas para o enfrentamento do câncer de mama. **Conclusão:** a categoria da enfermagem integra a rede de apoio social para o alívio do sofrimento, por meio do aporte espiritual/religioso, auxiliando para a minimização de sentimentos negativos associados ao diagnóstico e aos eventos adversos dos tratamentos, sendo importante incluir discussões acerca desta temática na formação de nível técnico e graduação em enfermagem.

DESCRITORES: Enfermagem; Espiritualidade; Mulheres; Neoplasias de mama; Religião;

RESUMEN

Objetivos: analizar la importancia del abordaje espiritual/religioso por el equipo de enfermería en el tratamiento del cáncer de mama en la literatura científica. **Método:** revisión integradora, realizada en BDNF, LILACS y SCOPUS. **Resultados:** fueron seleccionados seis estudios que demuestran que el abordaje espiritual/religioso por profesionales de enfermería ayuda a enfrentar positivamente el cáncer de mama. Surgió la siguiente categoría: Enfoque espiritual/religioso en los cuidados de enfermería y sus repercusiones positivas para el afrontamiento del cáncer de mama. **Conclusión:** la categoría de enfermería forma parte de la red de apoyo social para aliviar el sufrimiento, a través del apoyo espiritual/religioso, ayudando a minimizar los sentimientos negativos asociados al diagnóstico y a los eventos adversos de los tratamientos, siendo importante incluir discusiones sobre este tema en la formación técnica y de pregrado de enfermería.

DESCRIPTORES: Enfermería; Espiritualidad; Mujeres; Cáncer de mama; Religión.

INTRODUCTION

According to the National Cancer Institute (INCA),¹ breast cancer is the most common cancer in the female population, and is the main cause of the high rate of cancer deaths in this population. In Brazil, in 2020, the breast cancer mortality rate was equivalent to 18,032 cases, of which 98.85% were women and 1.15% were men. In this sense, for each year from 2023 to 2025, there are an estimated 73,610 cases, equivalent to an estimated risk of 66.54 new cases of breast cancer per 100,000 women.¹

Breast cancer causes changes in a woman's life, compromising the physical, emotional, social and spiritual dimensions during the diagnosis, treatment and rehabilitation phases.²⁻⁵ In this sense, the diagnosis of breast cancer has an impact on women's daily lives, triggering feelings such as fear of death, insecurity, anxiety and stress, and treatments, the uncertainty of a cure and suffering in the face of adverse events that negatively influence coping with the disease.^{2,4} Thus, the spiritual/religious approach provides support and helps empower women to deal with the adversities they will encounter along the therapeutic path.^{3,6}

Spirituality is a tool covered by two strands: the first strand understands spirituality as a search for the meaning of life and the link with the sacred and the transcendent; the second consists of human manifestations that seek to cope with certain situations fraught with difficulties or obstacles, in order to promote the overcoming of their current conditions, necessarily connected to the transcendent or sacred.⁷

Religiosity, on the other hand, is associated with religious practices, corresponding to what the person believes and follows, such as participation in meetings.⁷ It can be linked to institutions

and organizations linked to a certain transcendent reality.⁸ The way in which each individual experiences religion and spirituality, related to the dimension that gives meaning to life, would correspond to religiosity.^{5,6} Thus, spiritual practice may or may not be linked to religion, of which there are many in our country, such as Catholic, Umbanda, Spiritist, Evangelical, among others.^{3,8}

Spirituality is individualized and autonomous and many patients may not belong to any religious group, but may still be spiritual because spirituality and religion are different: a religious person is spiritual, but someone who is spiritual does not necessarily have a religion and, in this case, spirituality would be associated with the personal search for transcendence and life purpose in relationships with society, the environment and the family.

From this perspective, various studies have shown that spirituality and religiosity are associated with a subjective issue that gives meaning to the possibility of finitude and also contributes to increased motivation to face certain conditions that threaten the continuity of life.^{5,9-10}

Therefore, considering breast cancer, spirituality can be understood as a future hope for coping with adversity and suffering. This is because the repercussions of breast cancer cause changes in patients' quality of life, requiring individualized care focused on the specific needs of each person, covering the physical, social, emotional, psychological and spiritual dimensions.^{2-5,10} With this, the spiritual approach becomes an important tool used after the diagnosis of the pathology, giving meaning to the health-disease process.^{5,11}

In the case of breast cancer, aggressive treatments affect the integrity of the individual who, in turn, loses their identity, as in

surgical, chemotherapy and radiotherapy treatments in which mastectomy, alopecia and changes in breast size and sensitivity, for example, alter the woman's body identity, affecting their ability to adapt to the pathological process.¹²

In this context, research has shown that spirituality and religiosity help women cope with cancer and its repercussions after diagnosis and the start of treatment, minimizing the impact of adverse events.^{5, 8-11}

We therefore sought to analyze in the scientific literature the importance of the spiritual/religious approach by the nursing team in the treatment of breast cancer.

METHOD

This study is characterized as an integrative review (IR), a methodology that enables the implementation of evidence-based practices that help guide professional nursing practice. This study method consists of a broad analysis of scientific studies, contributing to discussions about research methods and results, as well as reflections for the construction of future studies. The research, characterized by an integrative review, makes it possible to obtain an in-depth understanding of a particular event, based on previous studies, in order to significantly improve clinical practice and advance Evidence-Based Practice (EBP).¹³

The construction of this study followed six stages: identification of the topic and the research hypothesis; search for primary data in the scientific literature; determination of the information to be collected and categorization of the studies selected for the study; evaluation of the studies included in the review; analysis of the results and presentation of the review.

To formulate the guiding question, the acronym PICO was used: P (population of interest): women with breast cancer; I (intervention): spiritual approach by nursing in clinical practice; C (comparison or group): not applicable and O (results of interest): the spiritual/religious approach contributes to the treatment of breast cancer. Thus, the guiding question proposed for this study was: "What is the importance of the spiritual/religious approach by the nursing team to women undergoing treatment for breast cancer?".

The search for scientific articles was carried out jointly by two researchers in the following databases: Nursing Database (BDENF) and Latin American and Caribbean Literature in Health Sciences (LILACS) linked to the Virtual Health Library (BVS) and SCOPUS (Elsevier). The search for studies took place in 2022 and, as shown in Chart 1, the descriptors were combined using the Boolean operators AND and OR, so that all possible cross-references were made in order to refine the search.

The inclusion criteria were: complete articles that addressed the relevance of spiritual and religious care for nursing in women affected by breast cancer, published in Portuguese, Spanish and/or English; with a time frame of the last five years (2017 - 2021) and with free access. The exclusion criteria were: articles that were repeated in the databases; those that did not have an abstract; those unavailable in full; and those that did not cover the topic.

To detect duplicate studies, the Endnote Web software was used to extract duplicate studies and select them by reading them in full, selecting the articles that answered the study question.

Quadro 1 – Estratégia de busca utilizada. Muzambinho, MG, Brasil, 2022

Cruzamento por meio dos Descritores

"Spirituality" OR "Espiritualidade" OR "Espiritualidad" AND "Nursing" OR "Enfermagem" OR "Enfermería" AND "Oncology" OR "Oncologia" OR "Oncología" AND "Woman" OR "Mulher" OR "Mujeres"

Fonte: Elaborado pelos autores (2022)

The studies were evaluated according to the level of evidence according to the authors Melnyk and Fineout-Overholt: level I, meta-analysis of multiple controlled studies; level II, individual study with experimental design; level III, study with quasi-experimental design; level IV, study with non-experimental design; level V, case report or data obtained in a systematic way; level VI, opinion of reputable authorities, based on clinical competence or opinion of expert committees, including interpretations of information not based on research.¹⁴

The research did not require an opinion from the Research Ethics Committee (CEP), due to its methodological characteristics, and follows the rigor of the IR method.

RESULTS AND DISCUSSION

The final sample of this study consisted of six articles, after analyzing the titles and abstracts and applying the eligibility criteria. The steps taken to select, identify, include and exclude articles are shown in the flowchart in Figure 1.

Among the studies that met the inclusion criteria, the first analyzed whether there was an association between spirituality/religiosity and the quality of life of women with breast cancer undergoing radiotherapy treatment; the second evaluated the meaning of breast cancer in women diagnosed with the disease; the third study sought to explore the spiritual experience of women diagnosed with breast cancer and reflections on spirituality in health care from the perspective of the phenomenology of existence; the fourth study analyzed the experience of spirituality in women diagnosed with breast cancer; the fifth identified the support received by women with breast cancer, and the last study, which made up the corpus of this study, aimed to understand the social support network for women with breast cancer, as shown in Chart 2 and 3.

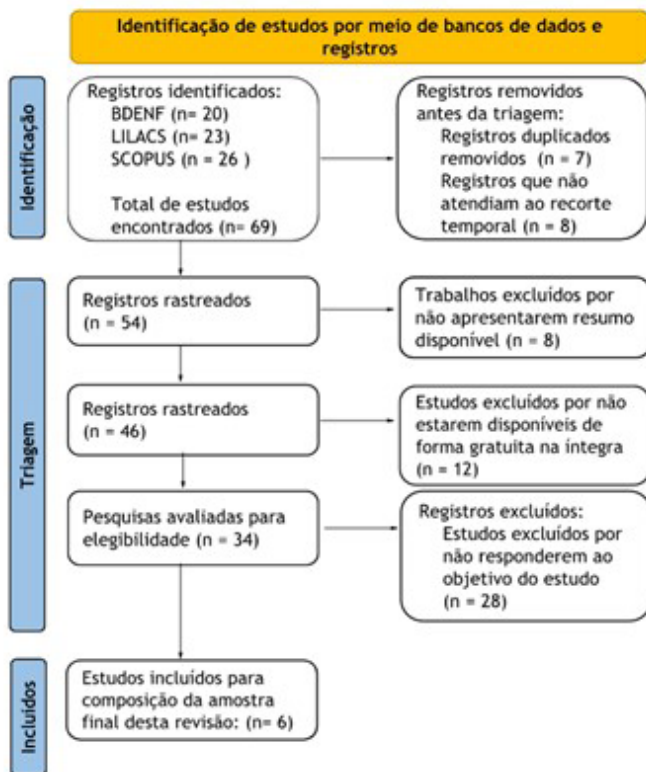
Most of the studies included in the IR were published in 2021. Regarding the country of origin of the publications, four are from Brazil (66.67%) and the main authors are nurse researchers (83.33%). When analyzing the strength of evidence of the studies in this review, five studies (83.33%) have level V (case report or data obtained systematically).

The total sample of studies in this IR included 176 women with breast cancer. In addition, with regard to the stage of cancer, four

studies (66.67%) did not identify which stage the participants were in and two studies (33.33%) were in advanced stages, but did not specify which stages. Analysis of the studies indicated that in four studies the participants were undergoing chemotherapy (66.67%), and in two studies they were undergoing radiotherapy (33.33%).

After analyzing the data, the following category emerged: Spiritual/religious approach in nursing care and its positive repercussions for coping with breast cancer.

Figure 1 – Flowchart of the selection of studies for the review. Muzambinho, MG, Brazil, 2023.



Fonte: autores da pesquisa.

The data from this review showed that the majority of the articles included in the study were by nurses working in research (83.33%). Nursing training combines teaching, research and extension, and its professional category of care (clinical practice) is made up of nurses and nursing technicians (care nursing team). These are the professionals who provide nursing care directly to patients throughout the life cycle, with the aim of improving symptoms in different dimensions: physical, social, emotional and spiritual. Thus, it is understood that nursing plays an essential role in providing care centered on the needs of breast cancer patients, with a view to relieving the negative symptoms associated with cancer, helping them to cope positively with the disease in a biopsychosocial and spiritual way.¹⁵⁻¹⁹

This highlights the importance of the nursing process (NP) in addressing patients' spiritual needs, and the safest way to offer this assistance is by collecting a spiritual history, so that nursing professionals understand the impact of the spiritual/religious domain

on the health-disease process, as well as its importance during the therapeutic journey.²¹

In this sense, all the stages of the NP should be carried out: nursing diagnosis(es), then nursing planning, implementation and nursing evaluation (evolution). In view of this, the importance of the systematization of nursing care (SNC) is highlighted for the operationalization of the NP, in which care ceases to be empirical and becomes based on scientific evidence, strengthening the nursing profession as a science and, consequently, guaranteeing the quality and safety of the care offered to the patient.²²

In order to evaluate and implement effective conduct in spiritual care, a spiritual anamnesis is essential, and is carried out through the application of scales to conduct care. By implementing these instruments, it becomes possible to measure patients' spiritual/religious coping and to apply effective interventions in this context. From this perspective, this tool must be applied by a trained professional, so that compassionate listening, respect and sensitivity are directed precisely at the patient's needs.^{21,22}

For this reason, nurse researchers have taken an interest in the subject of the study and have valued spirituality, including assessing the impact of this dimension on coping with breast cancer. To this end, it has been found that the spiritual/religious approach during nursing care has a positive impact on the quality of life of women with breast cancer.^{15,18}

Thus, the nursing team, by properly guiding patients about their clinical condition and providing support that encompasses the physical, social, emotional and spiritual dimensions, helping them to better cope with the disease, promotes hope in patients about the prognosis of the disease and helps them to feel welcomed, comforted and empowered for the treatments, becoming an important support network for women with breast cancer.

Most of the studies in this IR have been published in Brazil. This is because the majority of the country's population claim to be Christian, and a publication carried out in 2017 shows the importance of studies in this thematic area, since research indicates the influence of spirituality in coping with the health-disease process.²⁵ In addition, the repercussions arising from the treatment and diagnosis of life-threatening diseases influence the mental, emotional and spiritual well-being of patients, directly implicating issues associated with finitude, i.e. existential issues.¹⁵⁻¹⁹

Spiritual care has therefore been found to increase patients' resilience, helping to strengthen the general well-being of women undergoing cancer treatment.^{15,17-20}

The diagnosis of the disease is a factor that potentiates the appearance of negative symptoms and feelings, making the fear of death present and also the belief that the treatment will not be effective. Interviews assessing the meaning of breast cancer and feelings about the health-disease process showed that a cancer diagnosis is linked to terminality, causing fear about the process of finitude, anguish, uncertainty and concern for family members and loved ones.¹⁶

In this sense, it was found that the spiritual/religious approach offered by nursing professionals is a tool that legitimizes and alleviates feelings of uncertainty in the face of moral, social and personal issues related to the repercussions of breast cancer.^{15,16,18}

Chart 2 – Description of the articles selected for the integrative review according to article identification (ID), authors/training of the main author, year, country of publication, journal and type of study. Muzambinho, MG, Brazil, 2023.

ID	Authors/training of main author	Year	País de Publicação	Journal	Type of study
1	Brandão ML, Fritsch TZ, Toebe TRP, Rabin EG Enfermagem	2021	Brazil	Revista da Escola de Enfermagem da USP	Cross-sectional study
2	Souza GM, Rosa LM, Arzuaga-Salazar MA, Radünz V, Santos MJ, Rangel-Flores YY Nutrição	2021	Colômbia	Aquichan	Narrative Research
3	Leão DCMR, Pereira ER, Pérez-Marfil MN, Silva RMCRA, Mendonça AB, Rocha RCNP, García-Caro MP Enfermagem	2021	Suíça	Int J Environ Res Public Health	Qualitative study
4	Silva WB, Barboza MTV, Calado RSF, Vasconcelos JLA, Carvalho MG Enfermagem	2019	Brazil	Revista de Enfermagem UFPE online	Qualitative study
5	Santos IDL, Alvares RB, Lima NM, Mattias SR, Cestari MEW, Pinto KR Enfermagem	2017	Brazil	Revista de Enfermagem UFPE online	Qualitative study
6	Vargas GS, Ferreira CLL, Vacht CL, Dornelles CS, Silveira VN, Pereira AD Enfermagem	2017	Brazil	Revista Pesquisa Ciência, Cuidado é Fundamental	Qualitative study

Source: research authors.

Chart 3 – Characterization of the articles included according to title, objective and level of evidence. Muzambinho, MG, Brazil, 2023.

ID	Title	Objective of the study	Level of evidence
1	Associação entre espiritualidade e qualidade de vida de mulheres com câncer de mama submetidas à radioterapia	To see if there is an association between spirituality, religiosity and quality of life in women with breast cancer undergoing radiotherapy.	V
2	Significado do câncer de mama no discurso das mulheres	Revealing the significance of a breast cancer diagnosis	VI
3	A importância da espiritualidade para mulheres que enfrentam o diagnóstico de câncer de mama: Um Estudo Qualitativo	To explore the spiritual experience of women diagnosed with breast cancer and reflections on spirituality in health care from the perspective of existential phenomenology	V
4	Vivência da espiritualidade em mulheres diagnosticadas com câncer de mama	Understanding the experience of spirituality in women diagnosed with breast cancer.	V
5	Câncer de mama: o apoio recebido no enfrentamento da doença	To identify the support received by women with breast cancer	V
6	Rede de apoio social à mulher com câncer de mama	Getting to know the social support network for women with breast cancer	V

Fonte: autores da pesquisa.

The stage of advanced cancer presented by these women also contributes to the process of reflection on death and favors a connection with the sacred. This is because the more advanced the stage of cancer, the less chance there is of a cure. Furthermore, the treatments are aggressive and can affect women's quality of life, which can have a lesser or greater impact on coping, with the spiritual/religious dimension being a crucial tool in regulating this intensity.^{15,17-20}

Therefore, spiritual/religious support promotes the creation of a bond between the patient and the nurse and/or nursing technician, making her feel welcomed in her needs, as well as feeling comfortable. These strategies are able to stimulate resilience and provide support for positive coping in unpredictable moments, such as adverse events during cancer treatment.¹⁹

In addition, guidance on expressing existing feelings (fear, anguish, uncertainty, happiness, joy), moments of reflection, listening and interaction between professionals and patients are essential for improving patients' well-being, and are fundamental spiritual care strategies.²⁰

Thus, the main actions of nursing care to minimize the impacts of traditional treatments were: actively discussing spiritual needs; encouraging patients to talk about the meaning of life in the midst of their health condition and the spiritual difficulties of living with breast cancer.^{15,17,19}

In one of the studies included in this IR, the authors explored the spiritual experience of women diagnosed with breast cancer. They found that negative spiritual coping is related to low levels of emotional and functional well-being and high levels of distress and anxiety, leading to greater psychological suffering during the therapeutic journey. In their analysis, they concluded that patients involved in more active surrender coping (handing over control to God) experienced greater functional, social and emotional well-being.¹⁷

In addition, a study with 11 participants which assessed the support they received during cancer treatment through semi-structured interviews, found that spirituality is represented by God, religion and faith for most of the participants and that it is the most important support after the diagnosis of breast cancer, being able to help them understand the disease. The participants reported that belief in the sacred, in God and in religion, promotes a greater sense of relaxation and peace, and in difficult times, it eases feelings such as anguish, sadness and anxiety, as well as promoting a sense of connection (with oneself and with other people), leading to an improvement in well-being and a reframing of the disease and its repercussions.¹⁹

In the studies, it was observed that the nursing team are the professionals who are most present during the cancer treatment of the assisted patient. This is due to the fact that these professionals work in different health sectors (family health strategies, outpatient clinics, hospitals, clinics, among others) and because they provide care directly to breast cancer patients.^{15,20}

From the participants' accounts, it can be seen how spirituality, religiosity and faith are linked to the rehabilitation process, to continued adherence to treatment and to difficulties, appearing as a pillar of sustainability and balance. In this sense, the participants were identified with the letter M, which stands for woman, followed

by an Arabic number according to the order of the interviews (M1, M2...). Thus, M1 reported that she asked God to help her overcome and that she believed that women living with breast cancer should have faith that everything will be fine, that they should believe in God. M4 reported that positive thinking positively helps to cure breast cancer and said that she always believed in a cure, with God's help, reaffirming that people should connect with God. M5 stressed that what helped her was faith, prayer and thanking God every day.²⁰

Thus, this IR shows that the spiritual/religious support provided by the nursing team through listening, welcoming and the bond between the patient and the professionals are fundamental strategies for promoting better patient well-being, since they help women with cancer to hope and promote positive coping, minimizing anguish, anxiety and fear, influencing greater emotional and physical well-being.

LIMITATIONS

With regard to the limitations encountered in conducting this IR, we highlight the small number of studies available that address the issue in question, the lack of research that discusses the importance of professionals with technical training in the spiritual/religious approach to women with breast cancer. Also noteworthy is the restriction of controlled descriptors for this topic, which can make it difficult to access studies that have addressed this issue.

CONCLUSION

It is concluded that the spiritual/religious support provided by nursing professionals to women with breast cancer contributes positively throughout the therapeutic journey, helping to improve quality of life and minimizing the repercussions of the disease and the adverse events resulting from the treatments.

In this study, the main forms of spiritual support provided by the nursing team were: guidance on the importance of expressing feelings; listening; encouraging the patient to discuss how the disease interferes with her relationship with the transcendent; encouraging the patient to reflect on the meaning of her life in the midst of the disease; and encouraging the patient to talk about the spiritual challenges of living with the disease. In this sense, these behaviors help to achieve a better sense of well-being for women with breast cancer.

The relevance of this topic in undergraduate and technical nursing courses is therefore clear, given that the spiritual anamnesis is a fundamental tool for understanding the spiritual/religious needs of women diagnosed with breast cancer. Thus, the training of technical and undergraduate nursing professionals should include content in their curricula that enables them to work in a holistic way.

Finally, the nursing profession is part of the social support network for relieving suffering, where everyone contributes, according to their role in the professional category, both to the dissemination of scientific knowledge and to its applicability in clinical practice.

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