

Perception of cancer patients on the influence of spirituality in chemotherapy treatment
Percepção de pacientes com câncer sobre a influência da espiritualidade no tratamento
quimioterápico

Percepción de pacientes con cáncer sobre la influencia de la espiritualidad en el
tratamiento quimioterapéutico

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This study aims to describe the perception of cancer patients on the spirituality influence on chemotherapy. This is a qualitative research with eight adults and elderly patients. Data were collected in November 2017, through a semi-structured interview and two guiding questions. The information extracted from the interviews were analyzed using the Discourse of the Collective Subject method. Two speeches emerged: hindering aspects for the understanding of spirituality and acceptance of the disease, aid for healing and self-help. Spirituality needs to be addressed with patients and better worked in the training of health professionals, as it is a way of coping with the disease, diminishing suffering acquired through faith and hope.

Descriptors: Spirituality; Neoplasms; Adaptation.

O presente estudo tem como objetivo descrever a percepção de pacientes com câncer sobre a influência da espiritualidade no tratamento quimioterápico. Trata-se de uma pesquisa qualitativa com oito pacientes adultos e idosos. Os dados foram coletados em novembro de 2017, por meio de uma entrevista semiestruturada e duas questões norteadoras. As informações extraídas das entrevistas foram analisadas pelo Método do Discurso do Sujeito Coletivo. Dois discursos emergiram: *Aspectos dificultadores para o entendimento da espiritualidade e, Aceitação da doença, auxílio para a cura e autoajuda*. A espiritualidade precisa ser abordada com os pacientes e melhor trabalhada na formação dos profissionais de saúde, isto, pois, é uma forma de enfrentamento da doença, diminuindo o sofrimento adquirido por meio da fé e esperança.

Descritores: Espiritualidade; Neoplasias; Adaptação.

El presente estudio tiene como objetivo describir la percepción de pacientes con cáncer sobre la influencia de la espiritualidad en el tratamiento quimioterapéutico. Se trata de una investigación cualitativa con ocho pacientes adultos y ancianos. Los datos fueron colectados en noviembre de 2017, por medio de una entrevista semiestruturada y dos cuestiones orientadoras. Las informaciones extraídas de las entrevistas fueron analizadas por el Método del Discurso de Sujeto Colectivo. Dos discursos emergieron: *Aspectos dificultadores para el entendimiento de la espiritualidad y, Aceptación de la enfermedad, auxilio para la cura y autoayuda*. La espiritualidad necesita ser abordada con los pacientes y mejor trabajada en la formación de los profesionales de salud, esto pues, es una forma de enfrentamiento de la enfermedad, disminuyendo el sufrimiento adquirido por medio de la fe y esperanza.

Descritores: Espiritualidad; Neoplasias; Adaptación.

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INTRODUCTION

The conceptions about cancer are socio-historical buildings, which, from the first diagnoses, the sense of incurable disease was attributed and, consequently, a sentence of death¹.

Cancer etiology has internal and external influences for the individual, such as genetic predisposition, solar radiation, poor eating habits, smoking and alcohol abuse, and others. However, none of these factors provides an explanation able to identify the onset of the disease, in which it is assumed that there are multifactorial influences in transforming normal into malignant cells².

Currently in Brazil, Chronic Noncommunicable Diseases (NCDs) are the leading causes of population mortality. Between 2000 and 2011, 800,118 deaths were recorded, representing 72.4% of total deaths. Cancers are second in the ranking of the biggest killers, second only to cardiovascular disease, followed by respiratory diseases and diabetes mellitus^{3,4}.

Regarding cancer treatment, there are several possible interventions; and among the most defendants there are surgeries, radiotherapies, chemotherapies and bone marrow transplants. However, in many cases it is necessary the combination of two or more curative options².

These procedures may lead to adverse reactions such as: hair loss, mouth sores, nausea, pain and vomiting. The duration and intensity of side effects varies according to the type of treatment and patient adaptability. Most of these signs and symptoms are extinguished along with the chemotherapy cycle; however, in some cases it can take months or even years to come to an end².

Patients undergoing chemotherapy frequently are faced with some adversity as pain, suffering, finitude and death. These factors can trigger value questions about their own existence. In these moments of redefinition, spirituality can have a positive effect for the patient, contributing to mitigation of negative experiences caused by the disease, besides promoting comfort and better quality of life^{5,6}.

In accordance with the condition the patient with cancer experiences, several coping strategies of the disease can be used by him, understood as skills to manage and adjust in stressful situations⁷. Spirituality can be used as a coping strategy of the disease, representing a major source of support and comfort, during a period of suffering, thus providing a greater biopsychosocial balance in the face of adversities⁸.

Spiritualized people often have the greatest ability to cope with adverse circumstances of life with the use of Religious and/or spiritual Coping⁹. This feature can be positive and beneficial to the individual, establishing higher transcendental connections of love and protection¹⁰.

Research about spirituality in health care field has grown over the past few decades, being shown the strong influence of spirituality and its use in coping severe diseases¹¹⁻¹³. In this perspective, this study aims to describe the perception of cancer patients on the spirituality influence in chemotherapy treatment.

METHOD

It is a descriptive and qualitative research, based on the Social Representation Theory and analyzed by the Discourse of the Collective Subject method. The survey was conducted with patients undergoing chemotherapy in the Chemotherapy Center of a University Hospital of Minas Gerais during November 2017.

Eight patients were selected by convenience, being six women and two men, ranging from 45-71 years old, with the following inclusion criteria: (1) adults and elderly, (2) both genders, (3) patients in full treatment in the Chemotherapy Center, and (4) being able and having conditions to respond to the interview.

Data collection was performed with patients undergoing chemotherapy, using semi-structured interview and narrative, based on two guiding questions: (1) "How did you feel about the approach to the spirituality topic?" and (2) "Does spirituality help you with disease treatment?". All interviews were transcribed during the interview itself.

This study was evaluated and approved by the Ethics Committee on Human Research of the Federal University of Triângulo Mineiro, under opinion No. 1,235,044. For the development of the research project, the rules established by the Resolution No. 466/2012, of the National Health Council, were respected, and the patient's anonymity was preserved, so that each respondent was identified by the letter "A" followed by Arabic numeral, A1 to A8.

Data were analyzed according to the Discourse of the Collective Subject, after tabulation of qualitative variables¹⁴. This technique allows knowing the beliefs, values and thoughts of a community. The foundation occurred by the Social Representation Theory, being prepared a discourse synthesis with similar parts of speech and meanings, by systematic and standardized procedures¹⁵.

After data transcription, cutouts of the predominant sections were made, being called key expressions and the core ideas were identified. The speeches were divided into thematic categories.

RESULTS

The study included eight people, six females and two males, aged 45-79 years.

In the reports of the respondents, it showed that there were difficulties regarding the definition and understanding of the term spirituality, being it commonly confused with the spiritual doctrine or something tied to it. In this sense, after the response of the participants, interviewers explained the concept of spirituality.

After data transcription, speeches were divided into two categories (speeches), namely: *hindering aspects for understanding the spirituality and acceptance of the disease, aid for healing and self-help*.

Speech 1: *hindering aspects to the understanding of spirituality*

Through the central synthesis idea, the difficulties of the survey patients about the understanding of the term spirituality are perceived. In addition, most of them directly linked spirituality with spiritual doctrine. This realization caused fear and insecurity among

participants when talking about it, as noted in the following report:

"Nobody has the right or wrong answer, we have a different thought on the subject, I was scared, I felt insecure for not knowing what spirituality is, at first I understood that it was about the spiritual religion."

Speech 2: *Acceptance of the disease, aid for healing and self-help*

The speech deals with the spirituality influence on coping with cancer. It can be seen that spirituality is an important support for the acceptance of the disease, together with the strength, faith, hope and better quality of life. Nevertheless, spirituality was essential in increasing adherence to treatment, which is relevant to the recovery of patients, as indicated:

"It helps at all, helps me and makes me more lively and stronger, it gives strength to face the treatment and believe that a miracle can happen, faith heals, I held a lot onto faith and it was extremely important, I learned not to complain so much, because there may always be someone in a worse situation".

DISCUSSION

In a study of elderly patients hospitalized in the oncology unit of a private institution in São Paulo, which sought to unravel the meaning of spirituality in coping with cancer, it was found that some participants had limitations in the approach to the subject, considering the issue related to religion. According to one participant, there is a strength to receive religious leaders, since they see themselves as followers of the Protestant religion or spiritual doctrine, which he is not part of¹⁶.

The analyses of the spirituality influence of the analysis in the treatment of the oncological user, from the perspective of nursing staff working in the chemotherapy sector, also demonstrate prejudices and difficulties in approaching the spirituality issue. This is due to lack of skill and knowledge, as well as the interest and recognition of the importance of the topic as the patients' well-being¹⁷.

Another survey on the knowledge and attitudes of nursing teachers and students about spirituality interface, pointed out the main barriers of health professionals when addressing spirituality within a hospital environment. Among these barriers, there

were: fear of exposing their beliefs and offend patients; lack of knowledge, training and time to deal with the issue; discomfort with the subject; and the fear that the colleagues would not approve¹⁸. Fear is an impediment, which could be remedied if there were professional training on spirituality and health.

Contemporary definitions of spirituality have nothing to do with the religion. The term religion refers to formal expression, institutional and external of the sacred, and can be measured by the belief in God, the religious service, prayer and meditation. Spirituality is the meaning and purpose in life, inner peace, comfort, connection with others, support, feelings of love or happiness¹⁹.

Some definitions emphasize the differences between spirituality and religion, and highlight their overlapping dimensions, and others favor the concept of religious spirituality in health research²⁰.

In this sense, in order to reduce the hindering aspects in understanding the term spirituality during the development of scientific research, it is suggested a prior clarification to participants of the concepts and applications, to avoid confusion in the responses, promoting the successful development of the studies.

Patients undergoing chemotherapy declared that spirituality influences positively in the process of the disease acceptance and treatment. The acceptance phase includes accepting one's destiny, with the individual not denying the reality, searching for all forms of accepting the stages of the disease and the phases of the treatment⁶.

Acceptance of the disease is linked to faith and religious beliefs²¹. The faith in a "Superior Being" is a needed feeling to cope with the disease. Thus, faith is considered a strong tool for the family and for the cancer patient, providing comfort and hope to overcome the disease.

Coping the disease is used in different ways by the individual, especially in a threatening, damaging or challenging situation²². The aid for healing through spirituality is a form of support that patients seek to face their diagnosis, assisting in

compliance and adaptation to treatment, overcoming, courage and suffering relief²³.

Coping the various stages of treatment includes self-help, which is the patient's ability to face and overcome obstacles in the health-disease process, being strengthened. Moreover, it may promote greater flexibility and adaptation to the patient in relation to the disease process. In self-help, patients help themselves through positive and optimistic feelings²⁴.

A study with 10 patients in Santa Catarina, to identify the importance of spirituality in cancer patients, showed that spirituality was essential, since the discovery of the disease up to the chemotherapy. All patients reported the influence of spirituality as strength of will against the obstacles imposed by the disease, as well as support and sustenance, when they cannot face some situation²⁴.

Thus, spirituality can positively influence patients with cancer and the ones undergoing chemotherapy, either by accepting the moment they are experiencing, by the help with the treatment and recovery process, or also by self-help. So, through spirituality, oncologic patients reported that they found it easier to deal with the situation experienced.

CONCLUSION

Patients with cancer and undergoing chemotherapy reported difficulty in relation to the understanding of the term "spirituality", in addition to the scare to discuss the issues related to it. In turn, patients routinely use spirituality as a coping strategy for cancer and chemotherapy treatment, which, for most, assisted in the acceptance of the disease and improving treatment response.

In this context, patients with cancer and undergoing chemotherapy should be assisted by multidisciplinary health teams regarding the alternatives for treatment, including spirituality, respecting at the same time, their beliefs and customs, which may aid in the treatment and improve the prognosis.

The study is limited by the impossibility of generalizations, given its

design; but, at the same time it shows a reality that can be seen in other settings. Researches with other cutout, as the quantitative one, can scale the spirituality issues and health attention.

Therefore, it is essential to encourage new research, both qualitative and quantitative, in order to enhance the meaning of spirituality, so to make understandable the spiritual need of the users, which are very important in cancer care.

REFERENCES

1. Silva VC. O impacto da revelação do diagnóstico de câncer na percepção do paciente. [dissertação]. Ribeirão Preto (SP): Universidade de São Paulo; 2005. 219p.
2. Ministério da Saúde (Br), Instituto Nacional de Câncer José de Alencar Gomes da Silva. Estimativa 2016: incidência de câncer no Brasil [Internet]. Rio de Janeiro: INCA; 2015 [cited 16 feb 2018]. Available from: <http://santacasadermatoazulay.com.br/wp-content/uploads/2017/06/estimativa-2016-v11.pdf>
3. Malta CD, Moura L, Prado RR, Escalante JC, Schmidt MI, Duncan BB. Mortalidade por doenças crônicas não transmissíveis no Brasil e suas regiões, 2000 a 2011 [Internet]. Epidemiol Serv Saúde 2014 [cited 16 feb 2018]; 23(4):599-608. Available from: <http://www.scielo.br/pdf/ress/v23n4/2237-9622-ress-23-04-00599.pdf>
4. Organização Mundial da Saúde. Relatório de status global sobre doenças não-transmissíveis 2010. Genebra: Organização Mundial de Saúde; 2011.
5. Carvalho RT, Parsons HA. Manual de cuidados paliativos. 2ed. Porto Alegre: Sulina, 2012. 590p.
6. Kubler-Ross E. Sobre a morte e o morrer. 10ed. São Paulo: Martins Fontes; 2017. 304p.
7. Savoia MG. Escalas de eventos vitais e de estratégias de enfrentamento (coping). Rev Psiquiatr Clín. 1999; 26:57-67.
8. Linard AG, Silva FAD, Silva RM. Mulheres submetidas ao tratamento para câncer de colo uterino: percepção de como enfrentam a realidade. Rev Bras Cancerol. [Internet]. 2002 [cited 16 feb 2018]; 48(4):493-8. Available from: http://www1.inca.gov.br/rbc/n_48/v04/pdf/artigo1.pdf
9. Stroppa A, Moreira-Almeida A. Religiosidade e saúde. In: Salgado MI, Freire G. Saúde e espiritualidade: uma nova visão da medicina. Belo Horizonte: Inede; 2008. p. 427-43.
10. Nipp RD, El-Jawahri A, Fishbein JN, Eusebio J, Stagl JM, Gallagher ER, et al. The relationship between coping strategies, quality of life, and mood in patients with incurable cancer. Cancer [Internet]. 2016 [cited 16 feb 2018]; 122(13):2110-6. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/27089045>. DOI: <http://dx.doi.org/10.1002/cncr.30025>
11. Benites AC, Neme CMB, Santos MA. Significados da espiritualidade para pacientes com câncer em cuidados paliativos. Estud Psicol (Campinas) [Internet]. 2017 [cited 16 feb 2018]; 34(2):269-79. Available from: <http://www.scielo.br/pdf/estpsi/v34n2/0103-166X-estpsi-34-02-00269.pdf>
12. Matos TDS, Meneguim S, Ferreira MLS, Miot HA. Quality of life and religious-spiritual coping in palliative cancer care patients. Rev Latinoam Enferm. [Internet]. 2017 [cited 15 feb 2018]; 25:e2910. Available from: <http://www.scielo.br/pdf/rlae/v25/0104-1169-rlae-25-e2910.pdf>
13. Miranda SL, Lanna MAL, Felipe WC. Espiritualidade, depressão e qualidade de vida no enfrentamento do câncer: estudo exploratório. Psicol Ciênc Prof. [Internet]. 2015 [cited 15 feb 2018]; 35(3):870-85. Available from: <http://www.scielo.br/pdf/pcp/v35n3/1982-3703-pcp-35-3-0870.pdf>
14. Martinez AP, Constantino BA, Messina CMHS. Percepções sobre o cuidado com idosos portadores de Alzheimer: contribuições a partir dos discursos da equipe de enfermagem. Rev Fac Cienc Med Sorocaba [Internet]. 2014 [cited 16 feb 2018]; 16(2):76-9. Available from: <https://revistas.pucsp.br/index.php/RFCMS/article/view/11384/pdf>
15. Figueiredo, MZA, Chiari BM, Goulart BNG. Discurso do sujeito coletivo: uma breve introdução à ferramenta de pesquisa qualitativa. Distúrb Comun. [Internet]. 2013

[cited 14 feb 2018]; 25(1):129-36. Available from:

<http://revistas.pucsp.br/index.php/dic/articloe/viewFile/14931/11139>

16. Alves JPS, Paula, MFC. A espiritualidade na arte do cuidar: experiência do idoso hospitalizado com câncer. In: 5º Congresso Ibero-Americano em Investigação Qualitativa [Internet]; 2016; Porto. Porto (Portugal): Ludomedia; 2016 [cited 14 feb 2018]. p. 276-85. (Atas – Investigação Qualitativa na Saúde; v. 2). Available from: <http://www.proceedings.ciaiq.org/index.php/ciaiq2016/article/view/762>

17. Sampaio AD, Siqueira HCH. Influência da espiritualidade no tratamento do usuário oncológico: olhar da enfermagem. *Ensaio Cienc Biol Agrar Saúde* [Internet]. 2016 [cited 14 feb 2018]; 20(3):153-60. Available from: <http://www.pgsskroton.com.br/seer/index.php/ensaioeciencia/article/view/4433>

18. Tomasso CS, Beltrame IL, Lucchetti G. Knowledge and attitudes of nursing professor and students concerning the interface between spirituality, religiosity and health. *Rev Latinoam Enferm*. [Internet]. 2011 [cited 14 feb 2018]; 19(5):1205-13. Available from: <http://www.scielo.br/pdf/rlae/v19n5/19.pdf>

19. Szaflarski M. Spirituality and religion among HIV-infected individuals. *Curr HIV/AIDS Rep*. [Internet]. 2013 [cited 14 feb 2018]; 10(4):324-32. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/2399664>

20. Peteet JR, Balboni MJ. Spirituality and religion in oncology. *CA Cancer J Clin*. [Internet]. 2013 [cited 16 feb 2018]; 63(4):280-9. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/23625473>

21. Trentini M, Silva SH, Valle ML,

Hammerschmidt KSA. Enfrentamento de situações adversas e favoráveis por pessoas idosas em condições crônicas de saúde. *Rev Latinoam Enfermagem* [Internet]. 2005 [cited 14 feb 2018]; 13(1):38-45. Available from: <http://www.scielo.br/pdf/rlae/v13n1/v13n1a07.pdf>

22. Pinto AG, Guimarães VB, Lanza LB. Espiritualidade e o enfrentamento de pacientes submetidos à quimioterapia. *Rev Fac Cienc Med Sorocaba* [Internet]. 2017 [cited 14 feb 2018]; 19(2):81-5. Available from:

<https://revistas.pucsp.br/index.php/RFCMS/article/view/30661>

23. Soratto MT, Silva DM, Zugno PI, Daniel R. Espiritualidade e resiliência em pacientes oncológicos. *Saúde e Pesqu*. [Internet]. 2016 [cited 15 feb 2018]; 9(1):53-63. Available from:

<http://docs.bvsalud.org/biblioref/2017/02/831994/6.pdf> DOI:

<http://dx.doi.org/10.17765/1983-1870.2016v9n1p53-63>

24. Pinheiro DN, Pinheiro MCN, Xavier MB, Amaro CSO, Parente NA. Aspectos educativos do programa de prevenção do câncer do colo do útero, Belém, Pará, Brasil. *Rev Eletr Gest Saúde* [Internet]. 2013 [cited 16 feb 2018]; 4(4):1469-82. Available from:

<http://periodicos.unb.br/index.php/rgs/article/view/22856/16404>

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