

Religiosity and spirituality in cancer patients during chemotherapy: integrative review**Religiosidade e espiritualidade em pacientes com câncer durante quimioterapia: revisão integrativa****Religiosidad y espiritualidad en pacientes con cáncer durante la quimioterapia: una revisión integradora**

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Objective: this study aimed to identify publications about religiosity and spirituality in cancer patients during chemotherapy. **Methods:** integrative review, carried out in the databases US National Library of Medicine National Institutes of Health, Latin American and Caribbean Health Sciences Literature, Web of Science, Excerpta Medica, Virtual Health Library and Cumulative Index to Nursing and Allied Health Literature, using the descriptors Spirituality, Religion, Neoplasms and Drug Therapy. The survey was first carried out in the first semester of 2021, and articles from 2010 to 2020 were included, in Portuguese, English and Spanish. Descriptive analysis and categorization by thematic similarities were used. **Results:** 15 studies were chosen, predominantly those carried out in Brazil and with level of evidence VI. Three categories emerged: *Religiosity and spirituality in coping with chemotherapy; Religiosity/spirituality in elderly people undergoing chemotherapy and Religious coping during chemotherapy.* **Conclusion:** the studies surveyed showed that cancer patients undergoing chemotherapy who sought prayer had reduced anxiety; the religious act reinforced hope; elderly people saw life from a different perspective; religious coping was related to greater well-being and less distress, in addition to being an important coping strategy.

Descriptors: Religion; Spirituality; Neoplasms; Drug therapy.

Objetivo: este trabalho teve como objetivo identificar publicações sobre a religiosidade e a espiritualidade em pacientes com câncer durante a quimioterapia. **Método:** revisão integrativa, realizada nas bases de dados *US National Library of Medicine National Institutes of Health*, *Literatura Latino-Americana e do Caribe em Ciências da Saúde*, *Web of Science*, *Excerpta Medica*, *Biblioteca Virtual em Saúde e*, *Cumulative Index to Nursing and Allied Health Literature*, utilizando os descritores Espiritualidade, Religião, Neoplasias e Tratamento Farmacológico; incluídos artigos de 2010 a 2020, em português, inglês e espanhol, levantamento feito no primeiro semestre de 2021. Utilizou-se análise descritiva e categorização por similitudes temáticas. **Resultados:** 15 estudos foram elegidos, predominando aqueles realizados no Brasil e com nível de evidência VI. Emergiram três categorias: *Religiosidade e espiritualidade no enfrentamento do tratamento quimioterápico; A religiosidade/espiritualidade em idosos em tratamento quimioterápico e O coping religioso durante o tratamento quimioterápico.* **Conclusão:** os estudos levantados mostraram que pacientes com câncer em quimioterapia que buscaram a prece apresentaram redução da ansiedade; o ato religioso reforçou a esperança; idosos olharam a vida com outra perspectiva; o *coping* religioso foi relacionado com maior bem-estar e menos angústias, além de ser uma estratégia de enfrentamento importante.

Descritores: Religião; Espiritualidade; Neoplasias; Tratamento farmacológico.

Objetivo: este trabajo tuvo como objetivo identificar publicaciones sobre religiosidad y espiritualidad en pacientes con cáncer durante la quimioterapia. **Método:** revisión integradora, realizada en las siguientes bases de datos *US National Library of Medicine National Institutes of Health*, *Literatura Latinoamericana y del Caribe en Ciencias de la Salud*, *Web of Science*, *Excerpta Medica*, *Biblioteca Virtual en Salud y Cumulative Index to Nursing and Allied Health Literature*, utilizando los descriptores Espiritualidad, Religión, Neoplasias y Tratamiento Farmacológico; se incluyeron artículos de 2010 a 2020, en portugués, inglés y español, y la encuesta se realizó en el primer semestre de 2021. Se utilizó el análisis descriptivo y la categorización por similitudes temáticas. **Resultados:** Se seleccionaron 15 estudios, predominantemente los realizados en Brasil y con nivel de evidencia VI. Surgieron tres categorías: *Religiosidad y espiritualidad en el afrontamiento del tratamiento por quimioterapia; Religiosidad/espiritualidad en ancianos sometidos a tratamiento por quimioterapia y Coping religioso durante el tratamiento por quimioterapia.* **Conclusión:** los estudios analizados demostraron que los pacientes de cáncer sometidos a quimioterapia que recurrían a la oración presentaron una reducción de la ansiedad; el acto religioso reforzó la esperanza; los ancianos contemplaron la vida desde una perspectiva diferente; el afrontamiento religioso estuvo relacionado con un mayor bienestar y una menor angustia, además de ser una importante estrategia de afrontamiento.

Descriptores: Religión; Espiritualidad; Neoplasias; Quimioterapia.

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INTRODUCTION

According to the Brazilian National Cancer Institute (*Instituto Nacional do Câncer - INCA*), cancer is a term that covers more than 100 different types of malignant diseases that have in common the disordered growth of cells that can invade adjacent tissues or distant organs. Cellular differentiation happens quickly and these cells tend to be very aggressive and uncontrollable, which leads to the formation of tumors¹.

When the disease develops, treatment can include chemotherapy, radiotherapy, bone marrow transplant and surgery. In several cases, a combination of these modalities is necessary¹.

Cancer has a significant magnitude and is a concern for health professionals in relation to the strong emotions it causes in the patient and family. The anguish and fear of facing the disease are present. Therefore, it is essential to know the phases that cancer patients can go through, which are: Denial, Anger, Bargaining, Depression and Acceptance².

Patients go through different feelings, thoughts and emotions in the acceptance phase until they face and accept their health status, and it is at this stage that family and healthcare team support is essential. On the other hand, it is worth highlighting that family members are not always prepared to deal with the diagnosis and treatment of the disease².

Despite advances in oncological therapy, cancer still presents itself as a disease that, upon diagnosis, is directly related to the fear of death, finitude, an incurable disease and the end of life, which entail a burden of suffering that affects the patient, the family and the person who will accompany them in their treatment. In this way, many patients and family members, faced with suffering and hopelessness, seek religiosity and spirituality as a form of refuge³.

The World Health Organization (WHO) recognizes spiritual health as one of several dimensions for complete health well-being. In addition to spiritual health, they consider: physical, emotional, family, social, professional, financial and intellectual health⁴. Health is not only good biological, physical and mental conditions, but also a constant search for well-being and balance in all aspects of human life⁴, including spiritual health manifested through religiosity and spirituality.

Religiosity concerns the level of religious involvement and the reflection that involves the person, that is, how much this influences their daily life, their habits and their relationships. Religion can be organizational, in which there is participation in religious temples, or non-organizational, which consists of praying, reading books, watching religious programs. Religiosity does not promote moral conduct, but rather mediates the encounter with the sacred⁵.

Spirituality is a complex and multidimensional part of human existence in which each person gives meaning and purpose to their lives⁵. They are personal beliefs of self-motivation, life purposes and relationships with themselves or others without depending on rituals, symbols and images for an ideology⁶.

Religiosity and spirituality are considered coping strategies. It is determined by the influence of religion, spirituality, faith, and personal beliefs in the face of discouragement, depression and lack of perspective. Its proposal is resignation, benevolence and adaptation for those who rely on prayers, faith or spirituality, in addition, it is directly related to well-being, health promotion and improved quality of life (QoL)⁷.

Faith, religiosity and spirituality are ways that the patient finds as a source of coping and support for cancer, and can be an instrument for coping with the disease⁸⁻⁹.

A study carried out in the United States found that religiosity and spirituality had a positive influence on coping with breast cancer, with improvements in fatigue, distressed mood and self-perception¹⁰. Another study, developed in California, identified that spirituality helped conventional treatment in an assertive way¹¹.

Thus, the relevance of analyzing, studying and carrying out research focused on this topic can be seen, as it will result in the qualification of nursing care, in the planning of quality care that provides comprehensive care to the patient. Therefore, this Integrative Review (IR) aimed to identify publications on religiosity and spirituality in cancer patients during chemotherapy.

METHODS

This is an Integrative Review, which is a research method used in Evidence-Based Practice and allows the inclusion of this evidence in clinical practice¹².

For the construction of this review, the methodological framework was adopted, which consists of six stages: 1st Stage: select the hypothesis or question; 2nd Stage: select the sample (studies); 3rd Step: define the characteristics of the studies; 4th Stage: analyze the studies; 5th Stage: interpretation of results and 6th Stage: presentation of the review or synthesis of knowledge¹³⁻¹⁴.

The Population, Variables and Outcomes (PVO) strategy was adopted, which considered Population (P) – people with cancer undergoing chemotherapy, Variable (V) – perception, and Outcome (O) – religiosity and spirituality in the life of the person with cancer during chemotherapy, considering as a guiding question: “What scientific knowledge has already been produced related to the religiosity and spirituality of cancer patients during chemotherapy?”

The survey was carried out in the following databases: US National Library of Medicine National Institutes of Health (Pubmed), Latin American and Caribbean Health Sciences Literature (LILACS), Web of Science, Excerpta Medica (EMBASE), Virtual Health Library (VHL) and Cumulative Index to Nursing and Allied Health Literature (CINAHL).

The following descriptors were used: religion, spirituality, neoplasms and drug therapy in Portuguese, English and Spanish and their synonyms, with crossings occurring: (religião) OR (espiritualidade) AND (neoplasias) AND (“tratamento farmacológico”); (Religion) OR (Spirituality) AND (Neoplasms) AND (“Drug Therapy”); (religión) OR (espiritualidad) AND (neoplasias) AND (quimioterapia); ((Religion or Spirituality OR Religion Or Espiritualidad) AND (neoplasms OR neoplasias)) AND (“drug therapy” OR quimioterapia)); (religion AND neoplasm AND 'drug therapy' AND [2010-2020]/py AND ([english]/lim OR [portuguese]/lim OR [spanish]/lim); ((religião OR espiritualidade OR religion OR spirituality OR religión OR espiritualidad) AND (neoplasias OR neoplasms OR neoplasias) AND (“tratamento farmacológico” OR drug therapy OR quimioterapia) AND (db:(“LILACS”)) AND (year_cluster:[2010 TO 2020])); (Religion OR Spirituality) AND (Neoplasms) (“Drug Therapy”); (Religion OR Spirituality OR religião OR espiritualidade OR religion Or Espiritualidad) AND (neoplasms OR neoplasias) AND (“drug therapy” OR “tratamento farmacológico” OR quimioterapia).

The search was carried out from June to July 2021 with the following inclusion criteria: articles in Portuguese, English and Spanish that addressed religiosity and spirituality in cancer patients undergoing chemotherapy, from 2010 to 2020, published and available completely free of charge in the databases: Pubmed, LILACS, Web of Science, EMBASE, VHL and CINAHL. The exclusion criteria referred to articles that addressed religiosity and spirituality in other therapeutic modalities for cancer, and methodological study publications, theses, dissertations, monographs, editorials and books.

Articles that were repeated in different databases were excluded; the titles and abstracts were then analyzed and then all the articles that answered the guiding question were read in full.

These articles were independently evaluated by two reviewers and any discrepancies were resolved by a third reviewer. The information from the studies, relevant to the research question, was extracted using a validated instrument¹⁵ and adapted for this study, namely: author, year of publication, country of origin, objective, type of study, results/conclusions and level of evidence.

Levels of evidence were classified as: I- systematic review (SR) or meta-analysis or clinical guidelines derived from SR of randomized controlled clinical trials (RCT); II- evidence of at least one RCT; III- well-designed clinical trials without randomization (quasi-experiments); IV- well-designed cohort and case-control study; V- SR of descriptive or qualitative studies; VI- evidence from a single descriptive or qualitative study; VII- opinion of authorities and/or opinion of a committee of experts¹⁶.

The analysis and synthesis of the articles were carried out descriptively. Also, the articles were categorized by thematic similarities.

RESULTS

The following flowchart shows the path taken to select the studies for this integrative review (Figure 1). In the initial search, a total of 572 articles were found, 15 articles being considered eligible, 8 articles in Portuguese and 7 articles in English in the period from 2012 to 2020. Most studies were developed in Brazil (9 articles – 60%) followed by developed in Portugal (2 articles – 13.33%), Saudi Arabia, Norway, Turkey and the United States of America (USA) (one article each – 6.67%).

The summary of articles included in the review according to title, country, year of publication, design/level of evidence, sample, objectives, results and main conclusions are presented in Tables 1, 2 and 3, according to the thematic categories.

Regarding the level of evidence, a quasi-experimental study was found, with level of evidence III; 10 were descriptive studies and four were qualitative, both considered level of evidence VI.

In the analysis of the studies, three thematic categories were determined: *Religiosity and spirituality in coping with chemotherapy*; *Religiosity/spirituality in elderly people undergoing chemotherapy* and *Religious coping during chemotherapy*

Figure 1. Flowchart for identification, selection and inclusion of studies, prepared based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) recommendation. Minas Gerais, Brazil, 2022.

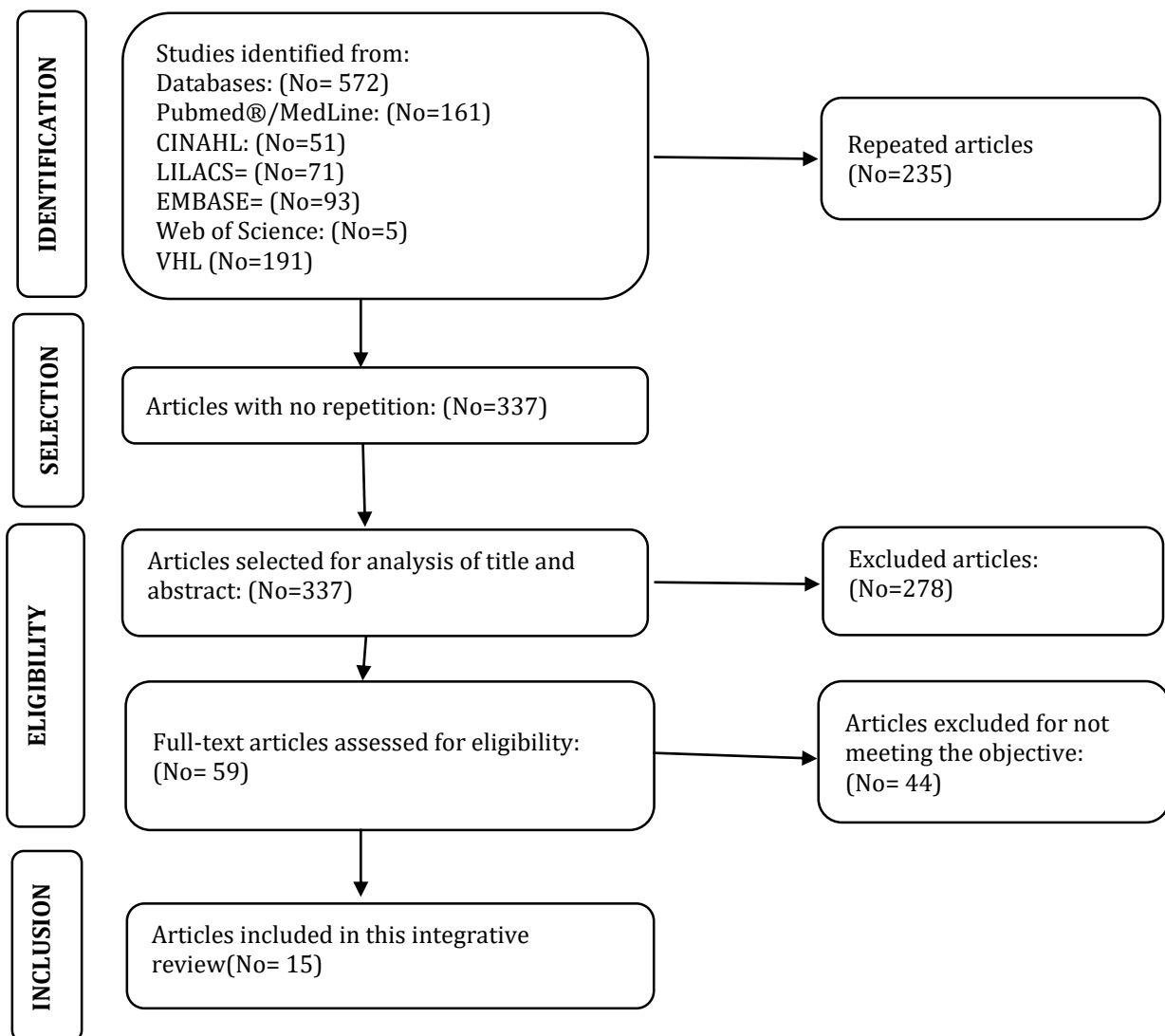


Chart 1. Classification of studies according to the category *Religiosity and spirituality in coping with chemotherapy*. Uberaba/MG, Brazil, 2022.

Study/Country/ Year	Design/Level of evidence/Sample (No)	Objetives	Results	Main Conclusions
The effectiveness of prayer in reducing anxiety in cancer patients. Brazil, 2014 ¹⁷	Quasi-experimental study. Level III. 20 patients	Evaluate the effect of prayer on the anxiety of cancer patients undergoing chemotherapy treatment	All patients reported practicing prayer, as well as believing in its power. Reduction in anxiety occurred after prayer at all times.	Prayer was effective in reducing anxiety in cancer patients undergoing chemotherapy treatment.
A pilot study addressing the impact of religious practice on quality of life of breast cancer patients during chemotherapy. Brazil, 2013 ¹⁸	Observational, descriptive study. Level VI 27 breast cancer patients	To investigate whether religious practice can modify QoL in breast cancer patients during chemotherapy.	Higher religious practice scores were found in Catholic and Protestant women compared to spiritualists.	Religious practices were significantly associated with the QoL of Brazilians with breast cancer. Body image acceptance was positively correlated with religious practice.
Hope of women undergoing chemotherapy treatment for breast cancer. Brazil, 2019 ¹⁹	Observational, descriptive study. Level VI 55 women with breast cancer	Analyze the hope of women undergoing chemotherapy treatment and related factors.	Hope presented high scores; religious well-being presented a better result than existential well-being, while total spiritual well-being was high. Organizational religiosity presented a lower score than non-organizational religiosity, while intrinsic religiosity, related to spirituality, presented high results	Religiosity and the maintenance of spiritual, religious and existential well-being made a small significant contribution in predicting the hope variable.
Spirituality and religion as resources for confronting breast cancer. Brazil, 2019 ²⁰	Qualitative study. Level VI 1 woman with breast cancer	To deeply study the experience of a woman with breast cancer undergoing chemotherapy, identifying and describing how the participant has used religiosity and spirituality to cope with the disease and problems related to treatment.	Religiosity and spirituality were of great importance in coping with breast cancer, dealing with illness and the repercussions of treatment, being evidenced in the practice of prayers, faith and habitual attendance at church.	The participant demonstrated spiritual and religious well-being. Her prayers at home and weekly trips to church proved to be strategies in search of religiosity, as a way of dealing with her illness and treatment.
Perception of women with breast cancer undergoing chemotherapy: a comprehensive analysis. Brazil, 2019 ²¹	Qualitative study. Level VI 20 women with breast cancer	To comprehensively analyze the perception of women with breast cancer about the	The women reported that, even though they did not identify with the limited body, it was the experience of limitation that triggered the search for the meaning of being	Experiencing chemotherapy treatment represents experiencing many limitations that affect and change

		experience of chemotherapy.	and life, paving the way for the transcendent with the help of spirituality.	the body, which is identity and existence.
Spiritual well-being in patients with metastatic colorectal cancer receiving noncurative chemotherapy. Norway, 2017 ²²	Qualitative study Level VI 20 patients with colorectal cancer	Exploring spiritual well-being in patients with colorectal cancer receiving chemotherapy in the palliative phase.	Participants who believed in God increased their resilience and were able to cope better with the situation. Faith in a God has become something good, comforting and peaceful.	The relationship with God and their faith was important for these patients.
Spiritual well-being in cancer patients undergoing chemotherapy in an outpatient setting. Portugal, 2020 ²³	Descriptive and cross-sectional study. Level VI 150 patients	Assess the spiritual well-being of cancer patients undergoing chemotherapy on an outpatient basis	Evangelical patients obtained higher scores than Catholics and agnostics, with the latter having the lowest scores on the spiritual well-being questionnaire.	The assessment revealed reasonable spiritual well-being scores in patients undergoing chemotherapy.
The effect of religious coping on hope level of cancer patients receiving chemotherapy. Turkey, 2019 ²⁴	Descriptive and cross-sectional study. Level VI 158 patients	To determine the level of hope and religious coping styles of cancer patients and determine the relationship between religious coping and hope.	Positive religious coping was above average and negative religious coping was below average. There was a moderate positive relationship between the mean Positive Religious Coping score and the mean General Hope, Future, Positive Readiness, and Expectation scale scores ($p < 0.01$).	There was a positive relationship between positive religious coping style and patients' hope levels, and positive religious coping style was a significant predictor of hope level.

Chart 2. Classification of studies according to the category *Religiosity/spirituality in elderly people undergoing chemotherapy*. Uberaba/MG, Brazil, 2022.

Study/Country/Year	Design/Level of evidence/Sample (No)	Objetives	Results	Main Conclusions
Spirituality of cancer patients under chemotherapy. Portugal, 2012 ²⁵	Descriptive-correlational study. Level VI. 92 patients	Analyze some variables that affect the spirituality of cancer patients undergoing chemotherapy; analyze the levels of spirituality and check whether there are differences in them depending on the variables analyzed.	The elderly are bigger believers and those who have a regular religious practice have higher levels of spirituality than non-practitioners.	It was found that age can influence the experience of spirituality. Older people tend to look at life from another perspective, less materialistic and more transcendental and, therefore, it is among them that the vertical dimension of spirituality emerges with greater relevance.
Distress and the religious and	Descriptive and cross-sectional study.	To analyze the relationship	The majority of participants reported	Feelings of anguish react positively

spiritual coping of Brazilians living with cancer: A cross-sectional study. Brazil, 2020 ²⁶	Level VI. 100 patients	between the subjective experience of anguish and the use of religious and/or spiritual coping by adult chemotherapy patients.	participating in a religion, were classified as low suffering and with religious/spiritual coping. They presented positive experiences of anguish. They found an increased risk of distress among individuals in the age groups of 40-59 years and 60 years old or older compared to younger people.	with religious/spiritual coping.
Religiosity and beliefs about the transmission of cancer, chemotherapy, and radiation through physical contact in Saudi Arabia. Saudi Arabia, 2019 ²⁷	Descriptive study. Level VI 64 patients	To examine the relationship between religiosity and cancer patients' beliefs about the possible spread of cancer, chemotherapy, and radiation (from radiotherapy) through close physical contact with other people.	Greater religiosity was related to older age, non-Saudi nationality, less anxiety, earlier stage of cancer, and longer time since initial diagnosis.	Intrinsic religious practices and beliefs may be weakly correlated with beliefs about the contagiousness of cancer, chemotherapy, and/or radiotherapy. The effects of frequent religious practices appear to be in the opposite direction (reducing such beliefs) compared to the effects of strong intrinsic religiosity (increasing such beliefs).

Chart 3. Classification of studies according to the category *Religious coping during chemotherapy*. Uberaba/MG, Brazil, 2022.

Study/Country/Year	Design/Level of evidence/Sample (No)	Objetives	Results	Main Conclusions
Religious/spiritual coping and level of hope in patients with cancer in chemotherapy. Brazil, 2019 ²⁸	Descriptive and cross-sectional study. Level VI 82 patients	Demonstrate the relationship between religious/spiritual coping and hope in cancer patients undergoing chemotherapy treatment.	The majority were religious, mostly Catholics. Patients who had a high rating on the Religious/Spiritual Coping scale had a higher average level of hope	Patients presented an average rating as a coping strategy, also, they presented high levels of hope during chemotherapy. Positive coping strategies present high levels of hope.
The use of religious/spiritual coping among patients with cancer undergoing	Descriptive and cross-sectional study. Level VI. 101 patients	Investigate the use of religious/spiritual coping by people with cancer	The majority consider spirituality/religion important as a way of helping to treat the disease; but only 16%	The study concluded that religious/spiritual coping is an important

chemotherapy treatment. Brazil, 2013 ²⁹		undergoing chemotherapy.	reported having already talked about it with professionals. The majority reported that they would like to receive some type of spiritual care during their hospitalization.	strategy for coping with cancer and that patients would like health professionals to address this issue by offering spiritual care.
The relationships among coping strategies, religious coping, and spirituality in african american women with breast cancer receiving chemotherapy. United States of America, 2013 ³⁰	Descriptive-correlational study. Level VI 17 women with breast cancer	To examine coping, psychological distress, spiritual well-being and coping strategies (including positive and negative religious coping) among African American women with breast cancer and explore relationships between these variables to develop a comprehensive coping strategy intervention program	Women who used religion to cope had better well-being and less distress during chemotherapy. The mean for spiritual well-being was moderately high particularly in the areas of meaning and faith. Patients used a high level of positive religious coping and low levels of negative religious coping.	The coping project is related to less psychological suffering. Women who used religious coping showed greater spiritual well-being and less distress.
Cancer Patient use of Religious/Spiritual Coping to Deal with the Toxicities of Chemotherapy. Brazil, 2018 ³¹	Analytical, observational, cross-sectional study. Level VI 40 patients	Investigate the relationship between the use of religious/spiritual coping and organic responses to chemotherapy toxicities.	In general, both positive and negative religious/spiritual coping was moderately used by all participants, regardless of the level of toxicities.	Cancer patients undergoing chemotherapy use both positive and negative coping strategies, with the positive ones being used more intensely.

DISCUSSION

Religiosity and spirituality in coping with chemotherapy

Spirituality and religiosity proved to be positive and significant forms of coping during chemotherapy. Spirituality is a phenomenon that interconnects with traditional roots and culture, merges body and mind, and gives meaning, strength and faith in the cancer journey³².

A statistically significant correlation was found between health, well-being, happiness and spirituality, influencing the health-disease process³³. A study³⁴ also showed similar results, finding that spirituality is associated with a reduction in pain and symptoms, being a protective factor for the quality of life in these patients.

Religious activities and beliefs were also linked to better health and quality of life and to reducing the impact of pain, fatigue or perceived threat to life during cancer treatment³⁵.

Regarding religiosity, patients diagnosed with cancer report benefits through prayers when compared to patients who do not have a confirmed cancer diagnosis³⁶, showing that the religious dimension is considered part of care.

Another study developed¹⁰ with cancer patients, pointed out that coping with cancer can be complex and that the collective use of religion brought a positive reframing and acceptance, improvement in fatigue and distressed mood during chemotherapy.

Faith is an important and spontaneous resource for cancer patients, as, after diagnosis, faith can be used to overcome fears associated with the disease³⁷.

Religiosity/spirituality in elderly people undergoing chemotherapy

A study found that age can influence the experience of spirituality. Older people tend to look at life from another perspective, less materialistic and more transcendental and, therefore, it is among them that the vertical dimension of spirituality emerges with greater relevance³⁸.

Spirituality is greater in elderly people who adopt healthy habits and tend to adopt better eating habits, practice physical activity and not use tobacco and alcohol³⁹.

In a study that addresses theories of aging, it was found that levels of spirituality, religiosity and personal beliefs increase throughout life⁴⁰, which is compatible with the studies surveyed.

Religiosity and spirituality are strategies used by elderly people with cancer. They helped these elderly people with the discomfort, suffering and uncertainty of the illness process, in addition to motivating, influencing, comforting and improving side effects of chemotherapy⁴¹.

Religious coping during chemotherapy

Five articles in this review demonstrated that religious coping is related to greater well-being and less distress, in addition to being an important coping strategy. Coping is conceived as a set of cognitive and behavioral strategies used by individuals to manage stressful situations⁴².

An investigation⁴³ showed that religious coping can develop a better quality of life and a better perception of treatment in cancer patients.

Coping is also present at the end of life. A systematic review⁴⁴ showed that spiritual and religious coping influence the quality of death, in the process of finite life. It is essential that health professionals identify the importance of spiritual and religious issues, as there is a pertinent impact on this patient and their family members.

In a study on breast cancer, it was observed that coping in the treatment of post-traumatic events, associated with the search for social support and religious practices are related to positive coping, thus contributing to better acceptance and treatment⁴⁵.

Coping can influence and function in regulating suffering in times of extreme uncertainty and anguish in cancer patients undergoing chemotherapy treatment⁴⁶.

Another way of coping is the use of complementary therapies, in which therapies such as: meditation, yoga, chiropractics, acupuncture, reiki, massages and spiritual cures are used⁴⁷. These therapies can be used in addition to traditional medicine, as a complementary and alternative way to conventional treatments, thus benefiting cancer patients.

CONCLUSION

A total of 15 articles were included in this review, predominantly those developed in Brazil and by descriptive and qualitative studies evidenced as level VI, considered as weak evidence, which stands out as a limitation of this review.

Three thematic categories were determined: Religiosity and spirituality in coping with chemotherapy; Religiosity/spirituality in elderly people undergoing chemotherapy and Religious coping during chemotherapy.

It was evident that cancer patients undergoing chemotherapy who sought prayer as a way of coping showed a reduction in anxiety during treatment. There was also a contribution to the variable "hope" in which the religious act reinforces its increase. The variable "age" is present, demonstrating that elderly people tend to look at life from a different perspective. Religious coping is related to greater well-being and less distress, in addition to being an

important coping strategy. Therefore, religious practices can be associated with a better quality of life.

In this way, this study contributes to elucidating the importance of religiosity and spirituality as coping tools for cancer patients undergoing chemotherapy. Nursing care and planning quality care requires comprehensive patient care.

Based on the findings of this review, it is suggested that studies be carried out on religiosity, spirituality and personal beliefs in cancer patients undergoing chemotherapy in order to enable better nursing care, based on evidence and with a biopsychosocial-spiritual perspective.

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