The influence of spirituality on the well-being of women with breast cancer: An integrative review

RESUMO | Objetivo: compreender como a espiritualidade pode influenciar de forma positiva no bem-estar das mulheres com câncer de mama. Método: trata-se de uma revisão integrativa da literatura realizada nas bases de dados SCIELO, BDENF e Google Acadêmico sendo selecionados 12 artigos. Para a pergunta norteadora, utilizou-se a estratégia PICO e, para análise dos resultados, foi utilizado o fluxograma PRISMA. As buscas abrangem o período de 2017 a 2021. Resultados: foi evidenciado que a espiritualidade se apresenta como recurso terapêutico viável para o enfrentamento do câncer de mama atuando na potencialização das terapias reabilitadoras e restabelecendo a tranquilidade e confiança na assistência à saúde prestada pelos profissionais de saúde. Conclusão: a rede de apoio, assistência dos familiares e equipe de saúde aliados ao cuidado espiritual se tornam partes fundamentais deste processo possibilitando o percurso menos doloroso.

Descritores: Espiritualidade; Neoplasias da Mama; Mulheres e Satisfação Pessoal

ABSTRACT | Objective: to understand how spirituality can positively influence the well-being of women with breast cancer. Method: this is an integrative review of the literature carried out in the SCIELO, BDENF and Google Scholar databases, being selected 12 articles. For the guiding question, the PICO strategy was used and the PRISMA flowchart was used to analyze the results. The searches covered the period from 2017 to 2021. Results: it was evidenced that the spirituality presents itself as a viable therapeutic resource for the confrontation of the breast cancer acting in the potentiation of rehabilitating therapies and reestablishing the tranquility and confidence in the health care provided by the professionals health. Conclusion: the support network, assistance of family members and health team allied to spiritual care become fundamental parts of this process making the path less painful.

Keywords: Spirituality; Breast Neoplasms; Women and Personal Satisfaction.

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Palabras claves: Espiritualidad; Neoplasias de la Mama; Mujeres y Satisfacción Personal.

Lúcia de Medeiros Taveira
Master in Gerontology (2015) from the Catholic University of Brasilia (UCB). Graduation in Nursing from the Federal University of Paraíba (1981) and Specialization in Public Health (1997) from the University of Brasilia (UnB). She is currently a Professor in the Nursing Course at Universidade Paulista (UNIP-Campus Brasília / DF), a TCC advisor and has experience in the field of Nursing, with an emphasis on Child and Women’s Health, Health Management and Health Promotion.
ORCID: 0000-0001-9907-2183

Ana Cecília de Oliveira Luz Cunha
Nursing Academic. Paulista University (UNIP), Brasília-DF Campus, Brazil.
ORCID: 0000-0003-3037-4495

Daiane Oliveira Fragoso Silva
Nursing Academic. Paulista University (UNIP), Brasília-DF Campus, Brazil.
ORCID: 0000-0002-0286-1192

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INTRODUCTION

Breast cancer is characterized by the disordered growth of cells and divides rapidly, it can be caused by intrinsic or extrinsic factors such as: use of oral contraceptives, history of early menarche, exposure to ionizing radiation and late menopause. Currently, there have been advances in treatment, such as surgeries with less mutilation and individualized treatment. The diagnosis can have a psychological impact because it is a disease with a social stigma of incurable, disabling and even fatal pathology, leading the patient to experience moments of anxiety, fear and sadness. Thus, the search for spirituality as a coping strategy favors the reduction of these stressors, helps in well-being and overcoming throughout the treatment. Spirituality as a protective factor...
helps to relieve pain and distress. Negative feelings and thoughts dominate the patient and her family, making the coping process more painful. Spirituality, allied to faith, helps to strengthen the interior, reassess feelings, search for balance and comfort, as well as provide the necessary support for both to face the disease. Research shows how spirituality restores faith, the feeling of hope, acts positively, giving meaning to suffering, and potentiates energies that are able to reduce adversities such as the experience of cancer, stimulates psycho-emotional mechanisms that reduce pain, suffering and fear caused by breast cancer. Spirituality can be defined as the search for the meaning/meaning of life and the understanding of what death is and what it can mean, search for the sacred/transcendent to live, to which religious practices can be associated. Thus, spirituality is important in coping with the disease, bringing benefits in favor of treatment. In this way, it is possible to observe how coping with the disease becomes less harmful, because when patients are able to stand up, through emotional strengthening, encompassed by feelings of acceptance and the search for a cure, the health-disease process becomes more acceptable. Therefore, the question arises: How does spirituality influence the well-being of women with breast cancer? The objective of this work, through a literature review, is to understand how spirituality positively influences the well-being of women with breast cancer. Studies address spirituality as a way of coping with the health-disease process and the benefits it can bring.

METHODS

This is an integrative literature review, as it contributes to the systematic and analytical processing of the results, because it is characteristic of the search for information on a subject or theme that summarizes the situation of science on a research problem, aiming at the clarity of the given theme. In the first phase, the guiding question of the research was elaborated. For the construction of the guiding question of this work, the PICo strategy was used: P – population and problem; I – intervention; C – comparison and O – outcome. 8 Thus, P was considered: women with breast cancer; I: mental and spiritual illness; C: any comparison related to factors related to mental and spiritual illness; O: positively influence the well-being of women with breast cancer. In this direction, the question constructed was: How does spirituality influence the well-being of women with breast cancer? For the second phase, a search strategy was built using the descriptors: "Spirituality (Espiritualidade)"; "Breast neoplasms (Neoplasias da mama)"; "Women (Mulheres)" and "Personal satisfaction (Satisfação pessoal)" in the electronic databases Scientific Electronic Library Online (SCIELO), Database of Nursing (BDENF) and Google Scholar. It was refined, contemplating the third phase of the research with the application of the inclusion criteria previously established in the search strategy: articles published online in the last 05 years (2017 to 2021); available in Portuguese and in full; studies in the format of original articles from diverse scientific productions. In the fourth phase, the abstracts of the retrieved studies were critically read, excluding duplicates and those whose objective, results or conclusion did not mention the factors of mental illness of health professionals. Figure 1 shows the descriptor flowchart of the results obtained from the search strategy according to the PRISMA flowchart. The literature search resulted in a total of 21 articles captured and, of these, 03 were in SCIELO, 11 in BDENF and 07 articles in Google Scholar. The number of occurrences was reduced from the application of inclusion filters: in SCIELO, 02 (11.7%) studies were retrieved; in BDENF, 09 (53%); and on Google Scholar, 06 (35.3%) studies. A total of 17 articles were submitted to the reading of abstracts and the application of exclusion criteria, generating the rejection of 04 articles. After the complete reading of the articles, 05 articles were still rejected for not answering the research question. Thus, the revis-

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**Figure 1 shows the descriptor flowchart of the results obtained from the search strategy according to the PRISMA flowchart.**

**IDENTIFICATION**

Records identified through searches: SCIELO = 03; BDENF = 11; Google Scholar = 07

**SELECTION**

Articles selected for reading the abstracts: SCIELO = 02; BDENF = 09; Google Scholar = 06 (n=17)

Articles selected for full reading: SCIELO = 02; BDENF = 07; Google Scholar = 05 (n=14)

**ELIGIBILITY**

Full articles evaluated for eligibility: SCIELO = 02; BDENF = 06; Google Scholar = 04 (n=12)

**INCLUSION**

Articles included in qualitative and quantitative synthesis (n=12)

Source: prepared by the authors, 2021.
sed sample of 12 articles was constituted.

RESULTS

General description of selected articles

Table 1 presents information about the 12 articles contained in this integrative review. All the results were interpreted and synthesized, through a comparison of the data evidenced in the analysis of the articles.

Regarding the year of publication, of the 12 articles analyzed, it was found that the largest amount was published in the years 2021, with three articles (25%) and 2020 with three articles (25%), followed by 2019 with two articles (16.6%), 2018 with two articles (16.6%) and finally, 2017 with two articles (16.6%). The journal with the most publications was the Revista de Enfermagem UFPE online with a total of three articles (25%). As for the profession of the first author of the articles, in six (50%) the first authorship was a nurse, in one (8.3%) it was a nursing student and in five (41.6%) no specific information was found related to the formation of the first author, since only academic affiliation was presented.

As for the region of the country in which the surveys were carried out, four (33.3%) were developed in the Northeast region, three (25%) in the Southeast region, and five (41.6%) in the South region. Regarding the place where the study was carried out, it was identified that four studies were carried out within the scope of tertiary care (33.3%), six in specialized clinics (50%) and two were carried out outside the levels of care, one was carried out through an online form with specific questionnaires to collect data from patients undergoing cancer treatment, and the other through an interview at the patients' own homes (8.3%).

DISCUSSION

Based on the descriptive analysis, it was evidenced that all the articles that proposed this review present considerations

<table>
<thead>
<tr>
<th>Title of the Article</th>
<th>Author/Year</th>
<th>Objective</th>
<th>Adopted methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer: The support received in coping with the disease.</td>
<td>Santos IDL, Alves RB, Lima NM, Mattias SR, Cestari MEW, Pinto RFF - 2017</td>
<td>Identify the support received by women with breast cancer.</td>
<td>Descriptive, Qualitative Study.</td>
</tr>
<tr>
<td>Feelings and difficulties experienced by cancer patients along the diagnostic and therapeutic itineraries.</td>
<td>Teston FE, Fukumori CTE, Benedetti SMG, Spoglan ND, Costa RAM, Marcon SS - 2018</td>
<td>Understand the feelings and difficulties experienced by cancer patients in the face of diagnostic and therapeutic itineraries.</td>
<td>Exploratory, Qualitative Study.</td>
</tr>
<tr>
<td>Coping strategies after the diagnosis of breast cancer.</td>
<td>Silva KK, Barreto FA, Carvalho FPB, Carvalho PRS - 2020</td>
<td>To describe the coping and support strategies for women after the diagnosis of breast cancer.</td>
<td>Descriptive and Qualitative Research.</td>
</tr>
<tr>
<td>Experience of spirituality in women diagnosed with breast cancer.</td>
<td>Silva WB, Barboza VTM, Galbio FSR, Vasconcelos ALU, Carvalho GVM - 2019</td>
<td>To analyze the experience of spirituality in women diagnosed with breast cancer.</td>
<td>Descriptive and Qualitative Research.</td>
</tr>
<tr>
<td>Spirituality and religion as resources for coping with breast cancer</td>
<td>Ribeiro GS, Campos CS, Anjos ACY - 2019</td>
<td>To describe and understand how a patient with breast cancer used religiosity and spirituality as resources to face the disease.</td>
<td>Descriptive and Qualitative Research.</td>
</tr>
<tr>
<td>Religious practices and coping mechanisms developed by family members of patients in coping with cancer.</td>
<td>Souza MGG, Gomes AMT, Sant’Ana FHE, Silva IA, Mota CB, Oliveira LA et al - 2020</td>
<td>Knowing religious practices as a coping mechanism developed by family members of cancer patients.</td>
<td>Descriptive and Qualitative Research.</td>
</tr>
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about the benefits of spirituality for cancer patients. In this context, it was decided to define three thematic axes, which are described below: Spirituality and the patient with breast cancer; Spirituality and the relationship with health professionals and Spirituality and the importance of the support network - family and support center.

Spirituality and breast cancer patient Breast cancer has the highest incidence among women worldwide, with approximately 2.3 million new cases in 2020, representing 24.5% of new cases. In Brazil, the estimate for the triennium 2020-2022 is 66,280 new cases of breast cancer. It is a pathology socially stigmatized as fatal and incurable, because historically, cancer patients in the past did not have effective treatments. At the stage of diagnosis, women undergo behavioral changes, feelings of despair, fear of death and, in the case of breast cancer, deal with possible mutilation.

From the discovery of breast cancer, patients are led to adopt coping strategies to deal with a disease that is difficult to accept. Most of them adopt spirituality to experience this illness, believing that through their faith in God or some form of divinity, they will achieve healing. Patients with breast cancer may experience a situation of prejudice due to lack of information, as there are still people in society who believe that breast cancer is contagious, leading them to socially isolate themselves when they feel rejected. As for the economic issue, these women, whether due to medical advice or physical limitations, cannot perform paid activities, increasing suffering, making them more vulnerable.

In this context, spirituality as a way of coping, represses anxiety, in addition to strengthening it internally, giving them courage, comforting them and minimizing the pain in such a situation, in addition to, protecting your psyche and improving your acceptance during treatment. Spiritual practices such as reading and meditating on the Bible, prayers, reciting mantras, participation in religious rituals such as masses and cults, strengthen these women, allowing them to experience treatment in a mild way. Spirituality restores balance, trust and tranquility, so patients who adopt spiritual care as a way of coping are more active in society, contributing to their own well-being.

Spirituality and the relationship with health professionals Health professionals are also sources of support, so it is necessary that they are attentive to the patient’s faith and spirituality. Have a holistic view, aiming at their biopsychosocial and spiritual needs, provide humanized care through touch, speech and availability to help, establishing a relationship of trust between them.

Spiritual care is undervalued, the limitations come from the training of professionals and the unpreparedness in approaching this topic with patients is noticeable, creating gaps in health care, although the nursing team recognizes the importance of spirituality. It should be noted that they are primarily responsible for guiding, discussing and informing, therefore, obscure, incomplete and insufficient communication intensifies feelings of fear and anxiety during the treatment. In this context, the nursing team, being directly more involved with the patient, is an ally in coping with the disease and during the treatment, therefore, nurses based on humanized practice should stimulate and develop mechanisms that encourage the search for spiritual support, in order to minimize suffering and negative feelings developed during the disease.

Spirituality and the importance of the support network - family and support center The social support network can be defined as a set of bonds or connections of people who are part of the life of a woman with breast cancer, such as family, friends, neighbors and support groups, positively helping to cope with the dise-
ase, capable of promoting physical and mental well-being.\textsuperscript{19}

The family becomes a source of support, providing acceptance, empathy and courage to continue the treatment. The support of children and spouses are fundamental, they convey feelings of affection, companionship, acceptance and help. In this way, breast cancer brings changes in the family environment. The presence of family and friends brings motivation and willpower to face breast cancer, in this way the woman can realize how important it is in the lives of family members.\textsuperscript{16,19}

There are support groups that are seen as a place of socialization for cancer patients, which serve the woman from receiving the diagnosis to recovery, and are composed of health teams that promote education and health promotion, in addition to being a place for exchanging experiences, feelings and coexistence with other patients. The health team that adopts spiritual care to encourage patients on the path of overcoming treatment, occupies an important place in their daily lives, through the bond that is created and they become part of the patient’s support network.\textsuperscript{19}

**CONCLUSION**

Even with significant advances in treatment, breast cancer still causes fear because it affects physical and emotional dimensions. It was observed in this research that spirituality was adopted by women with breast cancer to experience this moment.

In this sense, the support network, assistance from family members, friends and the health team allied to spiritual care become fundamental parts of this process, allowing the experience of the patient with breast cancer to become less painful and with more effective results, allowing greater chances of cure and making the journey less painful.

The limitations of this study are due to the outdated literature on the subject. It is believed that this research is significant for health care, more specifically for the nursing team, showing that spirituality must be recognized in the planning and execution of health care.

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