REUFPI
Revista de Enfermagem da UFPI
ISSN 2238-7234

Original

The influence of spirituality on the emotional crisis experienced by oncology patients

A influência da espiritualidade na crise emocional em clientes oncológicos
La influencia de la espiritualidad en la crisis emocional de clientes oncológicos

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Abstract

Objective: To understand spirituality as a factor influencing the emotional crisis experienced by cancer patients. **Methods**: A mixed-methods study, guided by Grounded Theory, which provides explanations for individuals' concerns. The study was conducted in an oncology Hospital. Data were collected from July to September 2018 using two instruments: a semi-structured interview guide and the Spiritual Well-Being Scale for Assessment in Healthcare Contexts. The qualitative analysis identified the phases of the crisis, while the quantitative analysis linked these phases to the patients' spirituality and helped identify their sociodemographic profile. **Results**: 30 patients participated, predominantly women, with breast cancer, aged over 50, with incomplete elementary education, married, with children, and Catholic. Two categories were developed regarding the experience of emotional crisis and its relationship with spirituality: emotional crisis in the oncological context and the influence of spirituality on the emotional crisis experienced by cancer patients. **Conclusion**: Spirituality was found to be a protective factor during the emotional crisis resulting from the cancer diagnosis. The participants scored positively on the applied scale for strong spirituality and showed effective resolution of the emotional crisis.

Descriptors: Spirituality; Emotions; Crisis Intervention; Oncology; Mental health.

Whats is already known on this?
There are gaps in the literature regarding the relationship between spirituality and emotional health. The approach to care should include psychosocial variables. Spirituality plays a crucial role in helping cancer patients navigate emotional crises

What this study adds?
It provides valuable insight into the role of spirituality as a protective factor against the emotional crises faced by oncology patients. It emphasizes the importance of healthcare professionals assessing both emotional distress and spirituality.

How to cite this article: Silva JS, Pereira TF, Fernandes MA, Rocha EP, Avelino FVSD, Oliveira ALCB. The influence of spirituality on the emotional crisis experienced by oncology patients. Rev. enferm. UFPI. [internet] 2025 [Cited: ano mês abreviado dia];14: e5256. DOI: 10.26694/reufpi.v14i1.5256

Resumo

Objectivo: *Compreender a espiritualidade como fator de influência na crise emocional de clientes com câncer.* ***Método:*** *Estudo de métodos mistos, orientado pela Teoria Fundamentada nos Dados, que fornece explicações para as preocupações dos indivíduos. Estudo realizado em um Hospital de tratamento oncológico. A coleta de dados ocorreu de julho a setembro de 2018, por meio de dois instrumentos: um roteiro de entrevista semiestruturada e a Escala de Avaliação da Espiritualidade em Contextos de Saúde. A análise qualitativa identificou as fases da crise, enquanto a análise quantitativa permitiu associá-las à espiritualidade dos clientes, e a identificar o perfil sociodemográfico dos participantes.* ***Resultados:*** *Participaram 30 clientes, com predomínio de mulheres, câncer de mama, faixa etária acima de 50 anos, ensino fundamental incompleto, casados, com filhos e católicos. Foram elaboradas duas categorias sobre a vivência da crise emocional e sua relação com a espiritualidade: a crise emocional no contexto oncológico e a influência da espiritualidade na crise emocional vivenciada por clientes com câncer.* ***Conclusão:*** *A espiritualidade mostrou ser um fator de proteção durante a crise emocional decorrente do diagnóstico de câncer. Os participantes apresentaram score positivo para uma boa espiritualidade com base na escala aplicada, e boa resolução da crise estabelecida.*

Descritores: *Espiritualidade; Emoções; Intervenções em Crise; Oncologia; Saúde Mental.*

Resumén

Objetivo: *Comprender la espiritualidad como factor que influye en la crisis emocional de clientes con cáncer.* ***Métodos:*** *Estudio de métodos mixtos, guiado por la Teoría Fundamentada, que proporciona explicaciones a las inquietudes de los individuos. El estudio se realizó en un hospital de tratamiento oncológico. La recolección de datos se llevó a cabo de julio a septiembre de 2018, utilizando dos instrumentos: un guion de entrevista semiestructurada y la Escala de Evaluación de la Espiritualidad en Contextos de Salud. El análisis cualitativo identificó las etapas de la crisis, mientras que el análisis cuantitativo permitió asociarlas a la espiritualidad de los clientes e identificar el perfil sociodemográfico de los participantes.* ***Resultados:*** *Participaron 30 clientes, predominantemente mujeres, con cáncer de mama, mayores de 50 años, con educación primaria incompleta, casados, con hijos y católicos. Se crearon dos categorías sobre la experiencia de una crisis emocional y su relación con la espiritualidad: la crisis emocional en el contexto oncológico y la influencia de la espiritualidad en la crisis emocional que atraviesan los clientes con cáncer.* ***Conclusión:*** *La espiritualidad demostró ser un factor protector durante la crisis emocional derivada del diagnóstico de cáncer. Los participantes presentaron un puntaje positivo de buena espiritualidad según la escala aplicada y buena resolución de la crisis establecida.*

Descriptores*: Espiritualidad; Emociones; Intervención en la Crisis; Oncología; Salud Mental.*

INTRODUCTION

Coping with cancer goes beyond the physical dimension, extending into the emotional realm. The complexity of this process calls for a holistic approach that considers not only the biological aspects but also the psychosocial factors that shape the patient's experience. Thus, spirituality emerges as a key factor in overcoming emotional crises related to cancer diagnosis and treatment.[1-2]

The scientific community has shown interest in the relationship between spirituality and health; however, there are still gaps in the literature on the topic. In the context of cancer, spirituality emerges as a potential source of emotional support. The search for meaning, the connection with the "self", with something beyond the "self", and the promotion of interpersonal relationships are central to spirituality and play a key role in the process of coping with cancer.[3]

Understanding the spiritual aspect as a multidimensional concept allows for analyzing how spiritual beliefs, practices, and values influence emotional responses to a cancer diagnosis. It is emphasized that spirituality is connected to the harmony of factors essential for physical and mental well-being, serving as a guide for life. Religiosity, on the other hand, is a system of beliefs.[4]

Spirituality can serve as a facilitator in overcoming the emotional distress experienced by cancer patients, supporting them through the challenges of treatment and strengthening their resilience. The identification of meaning in adversity, often associated with spirituality, is linked to enhanced psychological resilience, helping patients cope with stress, anxiety, and depression. Understanding how spiritual aspects contribute to emotional resilience enables the design of interventions that address not only the physical symptoms of the disease but also psychological and emotional well-being.[3-5] The importance of studies on this topic is recognized, using instruments capable of measuring this phenomenon, with the aim of contributing to the national and international body of literature and serving as a model for healthcare professionals in oncology, particularly nurses, who have the most direct contact with patients, thus enabling them to provide care that addresses the spiritual dimension of the individual. Thus, this study aimed to understand spirituality as a factor influencing the emotional crisis experienced by cancer patients.

METHODS

This is a mixed-methods study, guided by the Grounded Theory (GT) methodology. GT offers insights into individuals' concerns within a research context. It is a method focused on understanding social interactions. The method originated from studies on the relationship between healthcare professionals and terminally ill patients.[6]

Qualitative data were collected using a semi-structured interview guide. Quantitative data were collected using a questionnaire designed to align with the study's objectives, aimed at characterizing the participants' sociodemographic and clinical profiles (including information on sociodemographic factors, income, and health status), along with the Spiritual Well-Being Scale for Assessment in Healthcare Contexts, a validated and reliable instrument for both research and clinical applications. The study was conducted at a leading oncology hospital located in the city of Teresina, Piauí.

The study included patients diagnosed with cancer for at least six months, receiving outpatient treatment, and aged over 18, excluding those who were clinically unable to participate. The number of participants was determined by theoretical saturation, which occurs when the responses become repetitive and no new information is added. Thus, when in-depth discussions on the stages of grief became repetitive, the researchers assessed the saturation of these responses.[7] A pilot test with five participants was conducted to assess the quality of the interview guide. Since no significant adjustments were needed, these participants were included in the study. The report was prepared following the criteria established by the Mixed Methods Appraisal Tool (MMAT).[8]

Data collection took place from July to September 2018, using a semi-structured interview guide and the Spiritual Well-Being Scale for Assessment in Healthcare Contexts. The scale is a self-administered Likert-type instrument with five response options, designed to assess spirituality, the individual's personal beliefs, and their impact on quality of life.[9]

Data collection took place after participants signed the Free and Informed Consent Form (Portuguese Acronym: TCLE). The average length of the interviews was 15 minutes. The data were encoded using a combination of letters and numbers. The qualitative analysis involved transcribing the audio recordings, organizing and classifying the data, and performing the final analysis.

The theoretical analysis of the data was grounded in the principles established by Elisabeth Kübler-Ross.[1] Emotional crises can trigger feelings such as sadness, anxiety, and fear, temporarily affecting an individual's personality and behavior. When not properly resolved, they can lead to more severe mental health issues, such as depression and anxiety disorders, often triggered by specific events or accumulated stress. Thus, data collection and analysis focused on these aspects and perspectives.

In each statement, the phases of the crisis were identified according to the adopted framework, with interpretations rooted in the unique characteristics of each phase.[7-10] Grounded Theory (GT) allowed for data coding, which occurred in three interdependent stages: open coding, axial coding and integration. Initially, the interviews were read, and key meanings were extracted from the participants' statements. Next, the initial codes were grouped, and the first categories were formed. Finally, the main categories of the study were defined.[6]

The quantitative analysis was conducted by cross-referencing data from the sociodemographic questionnaire with that from the scale. The results were compared with the content obtained from the interviews. Absolute and relative frequencies were analyzed using the Statistical Package for Social Science (SPSS) for Windows, version 23.0. The significance level was set at $p \leq 0.05$, with a 95% confidence interval.

The study was approved by the Research Ethics Committee (Portuguese Acronym: CEP) of the institution that proposed it, under approval number 2.689.690/2018 on June 4, 2018, and by the collaborating institution, under approval number 2.775.364/2018 on July 18, 2018. Ethical guidelines outlined in Resolution CNS No. 466 of 2012 were followed. The research report adhered to the criteria set forth in the Mixed Methods Appraisal Tool (MMAT).[8]

Minimal risks, related to discomfort and embarrassment, were managed with qualified listening and ethical reinforcement. The benefits include encouraging healthcare professionals, particularly nurses, to reflect on the assessment of the spiritual and emotional aspects of oncology patients, as well as fostering understanding among patients and their families about the emotional crisis they are experiencing.

RESULTS

The sample consisted of 30 oncology patients, predominantly women (70%), aged over 50 years (83.3%), with incomplete elementary education (30%), a family income of 1 to 2 minimum wages, married (60%), with a prevalence of variables such as "being originally from other municipalities in Piauí" (70%) and "having children" (86.7%).

Table 1. Descriptive analysis of the sociodemographic profile of patients with a confirmed cancer diagnosis treated at a reference oncology hospital - Teresina, Piauí, Brazil, 2018. N=30.

Variable	*N*	*%*
Gender		
Male	9	30.00
Female	21	70.00
Age group		
18-19 years old	0	0.00
20-29 years old	1	3.30
30-39 years old	0	0.00
40-49 years old	4	13.30
>50 years old	25	83.30
Schooling		
Illiterate	7	23.30
Incomplete Elementary School	9	30.00
Complete Elementary School	4	13.30
Incomplete High School	0	0.00
Complete High School	8	26.70
Incomplete Higher Education	0	0.00
Complete Higher Education	2	6.70
Income		
< 1 MW	9	30.00
1 | -2 MWs	18	60.00
2 | -3 MWs	2	6.70
3 | -4 MWs	0	0.00
4 | -5 MWs	1	3.30
>5 MWs	0	0.00
Marital status		
Single	8	26.70
Stable Union	0	0.00
Married	12	40.00
Divorced	4	13.30
Widowed	6	20.00
Originally from		
Teresina	4	13.30
Other municipalities in Piauí	21	70.00
Other municipalities in Brazil	5	16.70
Has children		
Yes	26	86.7
No	4	13.3
Work activity		
Active	3	10.00
Inactive	27	90.00
Catholic	17	56.7
Evangelical	11	36.7
Spiritualist	1	3.3
Others	0	0.0
None	1	3.3

Source: elaborated by the authors (2024).

A total of 90% of the participants were inactive, meaning they were not engaged in any work activities due to treatment (Table 1). Of the respondents, 56.7% identified as Catholic. The table below presents the sociodemographic characteristics of the participants (Table 1).

Regarding the clinical profile of the participants, 32.3% had a diagnosis of breast cancer. Most of the participants had been diagnosed and started treatment less than a year earlier, as shown in table 2.

Table 2. Descriptive analysis of the clinical profile of patients with a confirmed cancer diagnosis treated at a reference oncology hospital - Teresina, Piauí, Brazil, 2018. N=30.

Variable	*N*	*%*
Self-reported Diagnosis		
Head and neck cancer	1	3.2
Cervical cancer	2	6.5
Ovarian cancer	2	6.5
Breast cancer	10	32.3
Lung cancer	4	12.9
Central Nervous System (CNS) cancer	1	3.2
Self-reported Diagnosis		
Leukemia	1	3.2
Intestinal cancer	2	6.5
Pancreatic cancer	1	3.2
Skin cancer	1	3.2
Prostate cancer	1	3.2
Rectal cancer	1	3.2
Bone cancer	1	3.2
Spinal cancer	1	3.2
Liver cancer	1	3.2
Bone metastasis	1	3.2
Time since diagnosis		
< 1 year	17	56.7
> 1 year	13	43.3
Treatment onset		
< 1 year	19	63.3
> 1 year	11	36.7
Previous treatments		
None	25	83,4
Cervical cancer	1	3.3
Breast cancer	2	6.7
Intestinal cancer	1	3.3
Liver cancer	1	3.3

Source: elaborated by the authors (2024).

All participants in the sample demonstrated positive spirituality, with scores ranging from 2.6 to 4.0 and an average score of 3.56. Spirituality, as assessed by the scale and its evaluation items, was rated positively, with a predominance of the response "fully agree" for all the items addressed (Figure 1). Table 3 presents the descriptive analysis of the participants' scores on the Spiritual Well-Being Scale for Assessment in Healthcare Contexts.

Table 3. Descriptive analysis of the Spiritual Well-Being Scale for Assessment in Healthcare Contexts for participants with a confirmed cancer diagnosis undergoing treatment at a referral oncology hospital. Teresina, Piauí, Brazil, 2018. N=30.

Question	Do not Agree (%)	Slightly Agree (%)	Strongly Agree (%)	Fully Agree (%)
My spiritual/religious beliefs give meaning to my life	0%	6.7%	23.3%	70%
My faith and beliefs give me strength in difficult times	0%	0%	23.3%	76.7%
I look to the future with hope	3.3%	3.3%	6.7%	86.7%
I feel that my life has changed for the better	16.7%	23.3%	13.3%	46.7%
I've learned to value the little things in life	0%	3.3%	20%	76.7%

Source: elaborated by the authors (2024).

Two categories related to the relationship between emotional crisis and spirituality were developed. The first, "Emotional crisis in the oncological context", outlines five phases of the crisis, although not all of them appear in every statement. The initial phase, denial, is characterized by shock and difficulty in accepting the diagnosis:

> I couldn't believe it, like... when the doctor told me, I even thought the test result was a mistake. It took a while for it to sink in, and you just say to yourself: I don't have cancer, this is wrong (E27).

> I thought I didn't have it; I believed it was something else. Even when I received the result, I still couldn't believe it (E1).

The second phase is characterized by heightened tension, where the individual often experiences feelings such as anger, frustration, sadness, and distress following the confirmation of the diagnosis. Some of these feelings are expressed in the following statements:

> It's hard for me to feel anger; sometimes I get overwhelmed. I used to cry so much that I thought I was going to die (E17).

> I felt sad because when I found out, I had just finished my course, I was working on my final paper, and I felt a bit fragile (E25).

> I didn't feel anger, I felt more sadness; from time to time, I feel even sadder. There are times when I still feel a bit upset, but then I get better (E6).

The third phase is marked by general disorganization, during which individuals enter the "bargaining" stage in an attempt to be healed, after realizing that denial and heightened tension have not resolved the situation. At this stage, they become more introspective and seek to make sense of their experience, as reflected in the following accounts:

> I surrendered myself to God. I asked Him to heal me the second time, and that whenever I needed it, He would heal me again. I made several promises and asked God to heal me and give me strength (E18).

> One day, I told God that if He healed me from this illness, I would organize a thanksgiving service at my house and share the testimony of how He had healed me (E28).

The fourth phase involves an attempt at reorganization, where the individual acknowledges that there is no escaping the situation. They begin to form bonds and strengthen their protective factors in order to rebuild their lives and adapt to living with cancer. This is reflected in the following statements:

> Faith, courage, and other things, as well as my family and my brother, gave me peace and helped me (E4).

> It was my family; the most important were God and my family. Whenever I needed something, they were there to help me accept it—friends, family, and God, above all (E27).

The fifth and final phase is characterized by general organization, which involves acceptance. This stage is reflected in the following statements:

> I just accepted it, because sometimes I see people who become desperate and anxious about it, which only makes them sicker. But not me. Thank God, I stayed calm from the beginning until now, thank God, I remained at peace (E14).

> Here I am, ready for anything, my friend. I won't say I'm afraid—I feel ready. No, I never denied it, neither to myself nor to anyone else (E2).

The second category is called "The influence of spirituality on the emotional crisis experienced by cancer patients".

All participants scored high on the spirituality scale (>2.5), indicating positive spirituality. Therefore, a comparative analysis was not possible, as there was no distinct group showing negative spirituality.

The results revealed that, out of the 30 participants, 23 successfully resolved the crisis by developing healthy coping mechanisms, reorganizing their lives, and positively confronting their current condition. Two participants experienced an unsuccessful resolution, developing maladaptive mechanisms such as social isolation or perceiving their situation as a "burden." Finally, five participants were unable to reach a resolution, remaining trapped in one of the phases of the crisis.

Considering the findings related to preserved spirituality, including the phases experienced and the presence of scores either at or near the minimum value, as well as those closer to or at the maximum value, a mean range for positive spirituality (≥2.6 to 4) was selected. This resulted in a parametric score of 3.3, which was used to assess the influence of spirituality on the emotional crisis by comparing the resolution of the crisis between participants with lower scores (2.6–3.2) and those with higher scores (3.4–4.0).

Among the participants with lower scores (ranging from 2.6 to 3.2), one demonstrated an unsuccessful resolution of the crisis. In other words, while navigating the phases, they ultimately perceived the illness as a burden and displayed low emotional stability. Thus, in some cases, spirituality had no positive influence on the resolution of the crisis, with low scores indicating negative spirituality and little impact on the emotional crisis experienced. However, within the same category of lower scores, five participants successfully resolved the crisis, demonstrating acceptance of the illness, faith, hope for the future, and viewing spirituality as their primary protective mechanism.

One participant failed to resolve the crisis and was excluded from the analysis. Despite some lower scores, most participants ultimately achieved a successful resolution of the crisis, suggesting that the lower scores had no significant impact on crisis resolution. This supports the hypothesis that patients with positive spirituality are better equipped to respond to emotional crises.

Among the higher scores (ranging from 3.4 to 4), one participant showed an unsuccessful resolution of the crisis, displaying a melancholic tone and expressing feelings of shame and a desire for

social isolation. However, within this same category of higher scores for positive spirituality, 18 participants successfully resolved the crisis, with narratives rooted in faith, bargaining.

DISCUSSION

The results of the categorization align with findings from other Brazilian studies, highlighting factors such as being female, having participants over 50, incomplete elementary education, low family income (around two minimum wages), being married, and residing in the countryside.[12] The concept of being spiritual can be understood as a human tendency to search for meaning in life and establish connections with oneself. Thus, spirituality is characterized as a protective factor against emotional crisis.[13]

The clinical profile outlined the stages of the emotional crisis the participant is undergoing, with patients recently diagnosed typically experiencing the early stages, such as denial and heightened tension. The association of this data with the sociodemographic profile helps identify the individual's protective factors and allows for an observation of whether they have reached the final stage of the process, called "general organization".[14-15]

In Brazil, the most prevalent types of cancer among men are prostate, lung, colorectal, stomach, and oral cancers. Among women, the most common are breast, colorectal, cervical, lung, and thyroid cancers.[16] The cancers with the highest prevalence in the sample are similar to those most commonly found in the national context. This study has the potential to contribute to the spiritual care of cancer patients on a national level, particularly by shedding light on the insights gained regarding the aforementioned types of cancer and their related emotional crisis needs.

Analyzing sociodemographic and clinical factors is essential for understanding the stages of the emotional crisis experienced by cancer patients and how spirituality plays a role in facilitating a successful resolution. The stages include denial, heightened tension, general disorganization, attempts at reorganization, and general organization. The denial stage is marked by fear and a desire to avoid confronting the challenges of the illness, with its stigma fostering shame and causing the individual to reject their identity as a "patient".[17-18] The feeling of powerlessness can hinder adaptation and acceptance of the illness.[19] In the second stage, heightened tension, the individual seeks to isolate themselves from family and friends. Threatening incidents may cause emotional distress.[19] Emotional distress arises from the loss of control over one's destiny, the burden the illness places on loved ones, the symptoms and functional impairments caused by treatment, and the disruption of daily activities. In this context, the individual may become hostile and withdraw from social interactions.[20]

General disorganization, the third stage of the crisis, involves bargaining, where individuals make promises and set goals in exchange for desired outcomes[17-20,21] Most participants used spirituality as a coping strategy, finding meaning in their illness and seeking survival, which may reduce the impact of cancer and enhance quality of life.

The fourth stage, the attempt at reorganization, is characterized by the support of family, friends, and spirituality in enhancing the individual's emotional well-being. The family provides physical and emotional support, while spirituality helps mediate psychological suffering, fostering hope and alleviating the stress caused by the crisis.[14-22] With this support, individuals begin to adopt a more positive outlook, developing a new mindset and gaining greater confidence in facing their condition.[18]

The final stage, general reorganization, is characterized by the acceptance of the diagnosis and the presence of protective bonds developed in the previous stages. Some individuals accept the diagnosis immediately, while others need to go through all the previous stages. Those who accept the diagnosis embrace positive attitudes, adopt a healthier lifestyle, and gradually resume their family roles and social interactions.[17-18]

Prolonged experience with the illness can facilitate the acceptance process by reducing the anxiety associated with it.[23] In this final stage, the development of a more spiritual perception of life throughout the process provides meaning to life and its struggles, fostering a sense of fulfillment and acceptance of the illness. During emotional crises, spirituality can provide balance, a sense of belonging, inner peace, and resilience, alleviating existential anxiety and deepening the understanding of life and death. This support is particularly crucial in cases of profound loss or significant changes in life, such as grief or serious illness.[2]

These are crucial aspects for the well-being and quality of life of patients; however, the integration of this topic into healthcare practice is still in its early stages, requiring increased investment in professional training.[21-24,25]

Spirituality, as a protective factor in emotional crises among cancer patients, emerges as an effective coping strategy and is linked to a higher quality of life and lower levels of stress.[25-26] This finding aligns with research indicating the positive influence of spirituality, as a support strategy, during times of emotional crises. Spirituality is the quest for meaning and connection with a higher power or the essence of life, extending beyond formal religiosity. It serves as a resource for facing adversity, promoting hope, resilience, and alleviating tension during emotional crises, while supporting mental health by reframing painful experiences.[26-27]

The study's limitations include participants' difficulty distinguishing spirituality from religiosity and expressing their feelings, as well as discrepancies between their narratives and scores, raising concerns about the sincerity of their responses. Further research on emotional crises in oncology is needed. This study highlights the role of spirituality as a protective factor in the emotional crises experienced by cancer patients. Healthcare professionals should recognize and assess both the emotional crisis experienced by patients and their spirituality, as this can guide the development of tailored intervention strategies to promote health.

CONCLUSION

Spirituality acts as a protective factor during the emotional crisis triggered by a cancer diagnosis. Based on this study, participants scored positively for strong spirituality on the applied scale, with most showing results that suggest a successful resolution of the emotional crisis. Finally, the study underscores the importance of healthcare professionals recognizing and assessing both the emotional crisis and spiritual health of cancer patients, in order to implement appropriate interventions that address not only the physical aspects but also the psychological and emotional dimensions, ultimately promoting better adherence to and continuity in the prescribed treatment.

CONTRIBUITIONS

Contributed to the conception or design of the study/research: Silva JS, Pereira TF, Fernandes MA. Contributed to data collection: Silva JS, Pereira TF. Contributed to the analysis and/or interpretation of data: Silva JS, Pereira TF, Fernandes MA. Contributed to article writing or critical review: Silva JS, Pereira TF, Fernandes MA, Rocha EP, Avelino FVSD, Branco ALC. Final approval of the version to be published: Silva JS, Pereira TF, Rocha EP, Fernandes MA, Avelino FVSD, Branco ALC.

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Conflicts of interest: No
Submission: 2023/12/19
Revised: 2024/11/12
Accepted: 2024/12/07
Publication: 2025/02/19

Editor in Chief or Scientific: Jose Wicto Pereira Borges
Associate Editor: Rodrigo Jácob Moreira de Freitas