

Impact of Spirituality in Palliative Care for Cancer Patients: An Integrative Review.

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Abstract. Spirituality is an essential aspect of holistic patient care, especially in palliative care, where the search for meaning and purpose in life becomes even more relevant. For terminal oncology patients, spirituality can provide emotional comfort and relief from suffering. This study explores the significance of spirituality in palliative care for cancer patients, examining its impact on quality of life and emotional and physical well-being. An integrative literature review was conducted, analysing 17 articles selected from a total of 489 identified in PubMed, SciELO, and BVS databases. The focus was on the relationship between spirituality, oncology, and palliative care. Spirituality is defined as the search for meaning and purpose, with or without religious association. The study found that spirituality significantly contributes to reducing suffering, offering relief, comfort, and a reframing of life for terminal patients. Additionally, it provides biopsychosocial benefits for patients, their families, and healthcare teams. However, spiritual care is often overlooked by many professionals, partly due to the lack of training and clear guidelines for its integration into palliative care. The study concludes that spirituality should be considered a fundamental component of oncology care, requiring greater attention and inclusion in care protocols.

Keywords. Oncology, Spirituality, Palliative Care.

1. Introduction

Living with a potentially life-threatening illness, treatment failure, disease progression, the impossibility of a cure, fear of the future, and the constant proximity to death translate into moments of fragility and uncertainty, experienced successively by patients with terminal cancer. In this context, the introduction of palliative care and its various therapeutic approaches has become essential for maintaining the well-being of patients and their families during end-of-life care.

Palliative care encompasses a multidisciplinary approach known to alleviate the suffering and pain of terminal patients, providing physical, mental, and spiritual well-being.¹ It is estimated that 56.8 million people worldwide need palliative care annually.² Despite this significant number and growing access to the service, only 14% of patients receive proper care¹, underscoring the urgent need for the development of public policies, along with research and training, that can improve the adequate provision of palliative therapies and allow easier access for the population to this much-needed care.

The World Health Organization recognizes that spiritual care is a necessary tool for good palliative care practices, based on the principles of patient-centered care. Defined as the human inclination to seek purpose and meaning in life, spirituality aims to understand the relationship with the sacred and the transcendent and may or may not be associated with religious practices.^{2,3} Despite different definitions, spirituality and religiosity complement each other and can encourage the pursuit of faith, religions, and their rituals. At a physiological level, it is known that practicing spirituality places an individual in a state of reduced stress, influenced by positive effects on the immune, cardiovascular, and endocrine systems.⁴

In this sense, it is believed that encouraging spirituality can play an important role in the quality of life of cancer patients, especially those in palliative care, particularly in seeking understanding of the end of life and its re-signification. These aspects can influence the emotional and physical well-being not only of the patient but also of their families and the healthcare professionals around them.

With the growing discussion about palliative care, it is necessary to truly understand the impact of spirituality on terminal patients.

2. Aim

This study aims to analyze the Brazilian and international bibliographic literature on the topic, seeking to understand the impact of spirituality in the palliative care of cancer patients.

3. Method

This is an integrative review study, guided by the following key questions: "What is the experience of terminal patients with spirituality/religiosity?" and "What are the impacts of religion and spirituality on palliative care?" The study involved a search in electronic databases such as PubMed, Scientific Electronic Library Online (SciELO), and the Virtual Health Library (BVS), using the descriptors: "Oncology," "Spirituality," and "Palliative Care."

The inclusion criteria considered only publications from January 2014 to January 2024, establishing a 10-year time frame. Publications indexed in English or Portuguese were included for analysis if they used the following methodologies: original articles, systematic reviews, integrative reviews, and case reports. The selected studies had to include the relationship between spirituality and cancer patients, spirituality and palliative care, and the three central themes: palliative care, cancer patients, and spirituality.

Exclusion criteria included publications in other languages, duplicates across databases, studies outside the selected time frame, and those that did not address the topic of spirituality and its relationship with cancer patients or palliative care.

4. Results

The preliminary research using the descriptors "Oncology," "Spirituality," and "Palliative Care" provided access to 489 scientific publications. After a thorough analysis, 2 duplicate articles were identified across the databases. Following the reading of abstracts and the application of inclusion and exclusion criteria, the analysis group was narrowed down to 26 articles. In a third phase, after detailed reading, an additional 9 articles were excluded, finalizing the study population at 17.

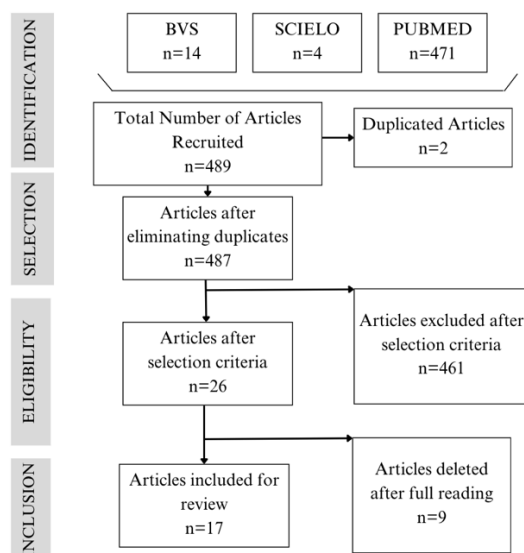


Fig. 1 – Eligibility criteria for articles.

The selected publications were arranged and organized according to: article title, authors, year of publication, country of origin, and main results, as shown in Table 1. Regarding the country of origin, 52% of the productions come from the United States of America, followed by 35% from Brazil, 5% from Iran, and finally 5% from Poland.

Tab. 1 - Description of the articles selected for integrative review.

| No | Author (s) | Year | Country | Findings |
|----|---------------------|------|---------|--|
| 1 | Bal, Lazenbv | 2015 | USA | Spiritual well-being is associated with quality of life. |
| 2 | Silva, Araujo | 2015 | Brazil | Case report of a terminal oncology patient with difficult-to-control pain who responded to spiritual intervention. |
| 3 | Memaryan, Jolfaey | 2016 | Iran | Spiritual care is necessary and important in palliative care. Protocols and guidelines should be created. |
| 4 | Pinheiro | 2016 | Brazil | Faith and spirituality are supportive resources for dealing with the fear of a patient's family member's death. |
| 5 | Rocha, Pereira | 2017 | Brazil | Spirituality, faith, and belief in God help family caregivers overcome obstacles and develop hope and forgiveness. This approach is essential. |
| 6 | Meneguim, Matos | 2017 | Brazil | Quality of life is linked to health, well-being, happiness, and spirituality. Spirituality and religion contribute to alleviating suffering in oncology patients. |
| 7 | Steinhauser | 2017 | USA | Spirituality is a key factor in how patients understand illness and cope with pain and suffering. Oncologists and palliative care professionals should focus on patients' spiritual and religious well-being. |
| 8 | Mistretta | 2017 | USA | Spiritual well-being can improve the quality of life of terminal cancer patients. Most studies focus on adults; little is known about the spiritual influence on young patients. |
| 9 | Silva | 2018 | Brazil | Nurses consider the spiritual approach important, affecting the oncology treatment process; however, they do not feel prepared to deal with death. |
| 10 | Balboni, Balbodi | 2018 | USA | Palliative care recognizes that severe illnesses can cause physical, emotional, social, and spiritual pain. Spirituality is still neglected in these care approaches. |
| 11 | Balducci | 2019 | USA | Spirituality in geriatric oncology patients is associated with a lower risk of depression and suicide. Spiritual connection enhances the team-patient relationship, making palliative care more effective. |
| 12 | Snamam | 2020 | USA | Spirituality in children with cancer is associated with positive effects on quality of life, schooling, and physical functioning. Religious families found it easier to discuss their children's death. Grieving siblings with religious beliefs coped better with loss. |
| 13 | Plauto, Cavalcanti, | 2022 | Brazil | Faith and spirituality have positive aspects in coping with the stress of palliative and oncology physicians. Spirituality should be included as a health protection factor. |
| 14 | Siddiqui | 2023 | USA | Spirituality is linked to physical, psychological, and cognitive well-being in children with cancer. Despite its significance, spirituality is still neglected in palliative care. |
| 15 | Stelcer | 2023 | Poland | Spiritual issues are part of clinical interest in medicine. Physicians should also focus on the patient's spiritual well-being as a health resource. |
| 16 | Mercier, Maglio | 2023 | USA | Spiritual needs are common in patients with serious illnesses. Cancer patients require spiritual support throughout the disease journey. Spiritual support helps maintain hope, promotes well-being, and aids the multidisciplinary team. |
| 17 | Balboni | 2024 | USA | Spiritual care is related to better quality of life in critical patients, especially oncology patients. Medical care should integrate spirituality and the patient's spiritual values. |

5. Discussion

The trajectory of an oncology patient is marked by a complex web of emotions and challenges, which begin from the moment cancer is discovered. The diagnosis is often accompanied by feelings of fear and insecurity that alter perceptions of health and death. Uncertainty about the future, the feeling of losing control over one's own body, invasive treatments, and responses to side effects can trigger anger, frustration, anxiety, and even depression.⁵

Cancer patients frequently experience a sense of helplessness regarding their own lives, and a "lack of meaning" becomes part of their routine, bringing to light the essence of what is called spiritual pain.^{6,7} In this context, addressing spiritual care serves as an effective and necessary component for coping with the disease. According to Mercier (2023), spiritual support for cancer patients should be provided throughout the entire journey of the illness.

Several studies^{8,9,10,11,12,13,14,15,16,17} confirm that spiritual care is linked to improved quality of life and well-being in terminal cancer patients. Described by many patients using words such as relief, comfort, hope, faith, and meaning,¹⁸ spiritual care enables the transformation of pain into satisfaction and solace, fostering a new understanding of life's fragility and its end.

Moreover, among all the biopsychosocial benefits identified, Swami (2018) makes it clear that spirituality is a key, even essential, factor in shaping how oncology patients perceive their illness, significantly contributing to pain and suffering relief. Thus, spiritual care should be considered a fundamental principle of palliative care.

In middle-aged and elderly cancer populations, the spiritual perspective becomes even more crucial. In many cases, these patients are already engaged in some form of religious practice, making the introduction of spirituality easier. Spiritual influence in this age group can even reduce the risk of developing anxiety, depression, and suicidal tendencies, and can also enhance the doctor-patient relationship. Balducci (2019) notes that healthcare teams' attention to the spirituality of geriatric cancer patients creates a sense of "honor," linked to the awareness that the professional respects the individual's values and beliefs, generating the trust necessary for treatment adherence.

Despite the difficulty in providing curative treatment for elderly cancer patients, palliative care combined with a spiritual approach tends to improve the patient's physical journey, benefiting the quality of life for both the patient and their family by controlling symptoms, promoting a state of peace, a sense of belonging, and satisfaction.¹⁰

The search for spiritual attention and a new sense of life can stem from the patient's intrinsic need. In light of this, Mistretta (2017) highlights that adults with cancer tend to express a desire for greater attention to their spiritual well-being, though the impact of spirituality on young people diagnosed with cancer is still rarely discussed. Addressing the diagnosis of malignant neoplasms and the end of life in children, adolescents, and young adults tends to be a cruel and difficult subject, not only for the patient but also for their family members. Providing palliative care and spiritual support for this group can be even more complex. Despite limited studies on the subject,

Snamam (2020) and Sidiqui (2023) confirm that children with cancer who receive spiritual support show positive responses in terms of quality of life, as well as physical, psychological, cognitive, and academic well-being. Regarding palliative care for children with terminal cancers, spirituality also serves as a support for grieving families. Parents and siblings with religious beliefs find it easier to talk about the death of a child with cancer and overcome their grief.¹⁰

That said, it is evident that spiritual care benefits not only the patient but also family caregivers and the multidisciplinary team. Feeling that their pain matters and is not minimized allows family members to find the strength to carry on. Regarding the healthcare team's perspective, addressing spiritual pain is necessary and brings significant benefits to the well-being of patients. According to Stelcer (2023), care for the ill must include spiritual support as a healthcare resource. Physicians should focus not only on resolving physical symptoms but also on the existential issues these patients endure. This patient-centered care, along with the recognition of their religious and spiritual experiences, can even enhance the healthcare environment. In research conducted by Plauto (2022), exercising faith and spirituality has the potential to reduce the stress faced by palliative care physicians and oncologists in their daily routine.

The beneficial effects of valuing spiritual and religious experiences on the well-being of oncology patients in palliative care are clear. However, despite the acknowledgment of its importance, spirituality is still neglected.⁷ Feelings of inadequacy, insecurity, lack of time, lack of training, fear, and difficulty are reported by healthcare professionals who feel unprepared to introduce spirituality into cancer patient care.²⁰ In addition to feeling unprepared to address the topic, a study by Silva (2018) indicates that oncology nurses struggle with facing the process of death on a daily basis.

The challenge of initiating a spiritual approach is documented in various studies.^{7,9,11,21} In this regard, Mmaryan (2016) emphasizes the urgent need for developing guidelines and public health policies to train multidisciplinary teams and promote the provision of spiritual care services on a broader scale.

6. Conclusion

The use of spirituality as a strategy to improve well-being and reframe the finitude of life in patients with malignant neoplasms under palliative care has shown a positive impact across different age groups. Despite this outcome, few studies address its influence on the younger population.

It is evident that promoting this topic benefits not only the patient but also family caregivers and the

multidisciplinary team. However, doubts and a sense of unpreparedness still linger among healthcare professionals, highlighting the need for the development of clinical guidelines on how to approach the subject.

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