

LIMITATIONS AND POTENTIALITIES OF RELIGIOUS/SPIRITUAL LEADERS BEFORE WOMEN UNDERGOING TREATMENT FOR BREAST CANCER

Elton de Lima Macêdo*

Luciana Dantas Farias de Andrade**

Glenda Agra***

Alana Tamar Oliveira de Sousa****

Alyne Mendonça Saraiva Nagashima*****

Magaly Bushatsky*****

ABSTRACT

This study aimed to analyze the limitations and potentialities of the influence of religious/spiritual leaders on patients with breast cancer. This was a research of the exploratory type with predominantly qualitative approach, methodologically based in the Dialectical Historical Materialism. We conducted interviews using semi-structured scripts with 19 women diagnosed with breast cancer and followed up in a major oncology service; data were analyzed through the discourse analysis technique. Based on the existing contradictions, it was possible to build one analytical category entitled "Religious/spiritual leaders: limitations and potentialities of their influence in coping with breast neoplasms" and three empirical categories: "Therapeutic measures provided by religious/spiritual leaders for women to cope with the process of neoplastic breast"; "Therapeutic healing alternatives encouraged by religious/spiritual leaders in cases of women with breast neoplasms"; and "Absence of religious/spiritual leaders in coping with breast neoplasms". The challenge to overcome the limitations and the potentialities of the influence of religious/spiritual leaders can converge to stimulate complementary therapies in the hospital environment, complementing the allopathic treatment, especially in the oncological context.

Keywords: Religion. Medical Oncology. Leadership. Nursing.

INTRODUCTION

Religion is an object of study for human beings. It has been analyzed by philosophers, sociologists, anthropologists and other professionals in the search for the concretization of their essence in humanity, taking into consideration that despite its invisible nature, it is in religion that people often place their hope for solutions to life's problems. When associated with the pathological process, religion/spirituality is usually sought to alleviate the pain and suffering brought about by the disease⁽¹⁾.

Concepts of religion and spirituality can be linked to the daily life of people, but they differ from each other; spirituality, a priori, does not require religious doctrines because it can be defined as something abstract inside the human being, for the expression of love, solidarity with others and living in harmony with the community per se turn people into spiritualized individuals⁽²⁾; In turn, religion relates to institutions where people express their beliefs and follow their doctrines so as to find answers that will give meaning to life⁽³⁾.

Considering religion/spirituality as an alternative for

their inner longings, the faithful find in religious/spiritual leaders the main guides in the quest for salvation of their souls and comfort in situations of fragility caused by diseases. This is obtained through religious/spiritual practices involving embracement, provision of services, prayers, motivation and, often, through the stimulus to abandoning allopathic treatment because they believe in the so desired cure, which can be interpreted in the daily life of cancer patients, or patients with other debilitating diseases and vulnerable to death⁽⁴⁾.

Cancer is defined as a process of cellular alteration represented by a set of more than 100 diseases that share as common characteristic the disordered growth of cells with probability of invasion of tissues and organs and consequent metastasis to other parts of the body. According to data from the National Cancer Institute (INCA), more than 59,700 new cases of female breast cancer at the national level are estimated for the biennium 2018/2019; the estimate is of 880 new cases for the state of Paraíba, a piece of information that can be considered a reason for concern⁽⁵⁾.

Breast neoplasms are recognized as the second cause of national mortality, behind only cardiovascular

*Nurse. Resident of Nursing in Cancerology at the Oswaldo Cruz University Hospital HUOC-UIPE, Recife, PE, Brazil. Email: eltoneltonlm@hotmail.com

**Nurse. PhD in Psychology. Professor of Nursing Bachelor Course at the Federal University of Campina Grande, Cuité Campus, PB, Brazil. Email: luciana.dantas.farias@gmail.com

***Nurse. Master in Nursing. Professor of the Nursing Bachelor Course at the Federal University of Campina Grande, Cuité Campus, PB, Brazil. Email: g.agra@yahoo.com.br

****Nurse. PhD in Nursing. Professor of Nursing Bachelor Course at the Federal University of Campina Grande, Cuité Campus, PB, Brazil. Email: alanatamar@gmail.com

*****Nurse. PhD in Nursing. Professor of Nursing Bachelor Course at the Federal University of Campina Grande, Cuité Campus, PB, Brazil. Email: alynemns@hotmail.com

*****Nurse. PhD in Child and Adolescent Health. Adjunct Professor of the School of Nursing Our Lady of Grace, University of Pernambuco, Recife, PE, Brazil. Email: magalybush@gmail.com

diseases⁽⁶⁾. In these cases, religion/spirituality may be a therapeutic modality mediated by religious/spiritual leaders and/or health professionals, understood as potentially positive aspects in the present study. As for the limitations, we point to some religious practices that induce the faithful to interrupt allopathic therapy⁽⁷⁾, absence of chaplaincy in the hospital context, and lack of training of health professionals to accept different religious and spiritual values. The recognition of spiritual anxieties is part of the process of caring for cancer patients; only with this recognition, it will be possible to plan comprehensive care measures, respecting the beliefs and desires of the patient and promoting empathic relationships between the health team and patients that surpass the physiology, anatomy and allopathy and converge towards comprehensive, humanized care⁽⁸⁾.

Regarding this assistance, the nursing professional stands out in this spiritual care because they are close to patient 24 hours a day in the process of oncological evolution. However, the spiritual assistance offered by these professionals is still incipient, and this justifies the need for continuing education not only to the human resources of nursing, but of the interdisciplinary team as a whole^(9,10).

The present study was carried out in a major hospital for cancer treatment in Paraíba, and will therefore serve as a model for future research and subsidize health professionals, community leaders, religious/spiritual leaders, teachers and students in order to converge to a broader scope this theme, in the context of other chronic non-communicable diseases, raising reflection on religion/spirituality as a complementary low cost treatment.

Thus, there was a need to elucidate the following question: what are the limitations and potentialities of the influence of religious/spiritual leaders regarding breast cancer patients in the context of cancer treatment in a major hospital in Paraíba? In order to answer this question, the objective was to analyze the limitations and potentialities of the influence of religious/spiritual leaders in patients with breast neoplasms.

METHODOLOGY

This is an exploratory, qualitative study under the aegis of the methodological theoretical framework of dialectical historical materialism⁽¹¹⁾, carried out in a philanthropic teaching hospital in the city of Campina Grande, Paraíba. This hospital serves patients with oncological diseases, a reference in the Borborem region of Paraíba and has several specialties, among

them surgery, chemotherapy, radiotherapy, hospitalization and outpatient follow-up.

The inclusion criteria adopted to select the profile of participants were: women between 45 and 55 years of age, because the highest prevalence of breast cancer is found in this age group⁽⁵⁾; medical diagnosis of stage I, II, III or IV breast cancer; patient undergoing allopathic treatment and who shared in religious/spiritual activities for at least six months. The exclusion criteria were: women who reported following religious/spiritual practices but who did not express the support of religion/spirituality or did not feel that religion/spirituality could be understood as a modality of care.

Data collection took place in May, June and July 2016 in two stages: first, in the form of consultation of the medical records in order to identify the inclusion criteria; then, in the second stage, there was a meeting with the women to invite them to give interviews.

To assist in the production of empirical material, interviews were conducted using a semi-structured script, recorded and transcribed shortly after the interview. The technique of discourse analysis was used to analyze the data, so that it was possible to build thematic categories that elucidated the experiences of women with breast neoplasms regarding the religious/spiritual influences during treatment. The empirical material derived from the transcriptions of the speeches was read repeated times in order to extract the abstraction and coherence between them, converging to the category of analysis or analytical category⁽¹²⁾.

As the research presents a qualitative design, the sample of this study was determined based on the principle of saturation: the inclusion of new participants was suspended when the data obtained began to repeat in the evaluation of the researchers. Thus, 19 women diagnosed with mammary cancer participated in the study⁽¹³⁾.

Data collection was only started after approval of the Research Ethics Committee of the Alcides Carneiro University Hospital - HUAC, under the opinion of number 1,419,406 and CAAE 51777415.7.0000.5182, regulated by Resolution 466/12 on research involving human beings and the study of the Ordinance 140/2014 of the Ministry of Health that redefines the criteria and parameters of human resources in oncology with the guarantee of confidentiality and anonymity of participants.

In order to keep the identity of the participants confidential, the speech fragments received alpha numeric codes (i1 to i19), where "i" means interviewee

and the number indicates the order in sequence of interviews. Thus, "11" represents the first woman interviewed.

RESULTS AND DISCUSSION

Nineteen women with a medical diagnosis of breast cancer aged 49 to 52 years participated in the study. The majority were married (12), had 1 to 2 children, had not finished middle school, were farmers, and followed the doctrine of Catholicism (12). Although the Catholic religion was more prevalent in the study, other religions

such as Protestant (06) and Spiritist (01) were mentioned by the participants.

The technique of Discourse Analysis made it possible to collect a text where everything seemed scattered, empirical; after codification, units of representation called empirical categories were achieved. They served to converge, under a careful analysis of their abstractions, to the prevailing thematic levels, to reach the analytical category related to the speech of women diagnosed with breast neoplasms. A box was prepared for a better visualization of the categories, as follows:

Box 1. Distribution of the analytical category and empirical categories based on the statements of women diagnosed with breast neoplasms. Campina Grande - PB, 2016.

ANALYTIC CATEGORY	EMPIRICAL CATEGORIES
Religious/spiritual leaders: limitations and potentialities of their influence in coping with breast neoplasms	Therapeutic measures provided by religious/spiritual leaders for women to cope with the process of neoplastic breast
	Therapeutic healing alternatives encouraged by religious/spiritual leaders in cases of women with breast neoplasms
	Absence of religious/spiritual leaders in coping with breast neoplasms

Source: Research data, 2016

ANALYTICAL CATEGORY: Religious/spiritual leaders: limitations and potentialities of their influence in coping with breast neoplasms

In their organizational process, institutions need a leader who motivates the professionals to develop their work with excellence, who determines the work process of the institution seeking to achieve common goals. Leadership has to be assumed by people who hold power over the others in the attempt to pursue the best performance of organizations. Generally, leaders share some characteristics, which may be in the essence of the human being, be acquired through interpersonal relations with the work team, or through technical and scientific support in vocational courses⁽¹⁴⁾.

In this context, in their dogmatic aspects and hierarchical structures, religious/spiritual institutions need religious/spiritual leadership, who display a charismatic and fraternal attitude and are willing to lead people to communicate with a transcendent being, to strengthen the faith and to raise hope for better days. A leader is considered the vehicle through which faithful people establish intimate relationships with a higher being, alleviating the suffering brought about by the process of illness⁽¹⁵⁾.

In these circumstances, the interviews of women

undergoing treatment for breast cancer made it possible to understand the limits and potentialities of the influence of the religious/spiritual leaders on the behavior of women facing the treatment of breast neoplasms. The speeches of the participants allowed the construction of three empirical categories that revealed the attitudes of these religious/spiritual leaders in face of their processes of illness and treatment.

EMPIRICAL CATEGORY I: Therapeutic measures provided by religious/spiritual leaders for women to cope with the process of neoplastic breast

Regarding the therapeutic measures provided by the spiritual leaders, the interviewees mentioned that the priests and pastors directed them to seek strength through faith in God, pray along with women in their homes, and seek to help them in any difficulty caused by the illness. However, it is noted that these religious/spiritual leaders not only motivate religious/spiritual practices but also encourage women not to neglect the allopathic treatment because of the exaltation of religious beliefs or spirituality, as set out in the following statements:

[...] He told me to never lose faith ... He directed me to always have strength through faith and that I should always

follow the paths of faith in God and those of medicine, because God has left man's intelligence to do that. (i5)

[...] His instruction (the religious/spiritual leader) is that we should follow medical guidelines because we believe that if God allowed the existence of doctors on earth, it is to help us, when here in our human force as a patient we do not have anything else to do. Then we look for the doctors and when the doctors cannot do anything else, then God also intervenes if He wants, right? With respect to this they do not prevent it, no, on the contrary; he directs us to seek medical help. (i7)

[...] Because, I will not quit the treatment because of religion, no, they (the religious/spiritual leaders) say that we must continue the treatment, but continue in prayers, they come to my house, they give us the word of faith, and we are strengthened. They are like a family. They come together to pray for the sick; they want to know if we need anything, groceries, they're very family. (i18)

Spiritual leadership in the community plays a very important role, as its influence and power relations provide several opportunities for a more harmonious and healthy life. Religious/spiritual leaders seek to offer prayers, conversations, religious/spiritual assistance, health promotion, rapprochement with the transcendent being, and others⁽¹⁶⁾. Thus, in the process of breast cancer, which makes women debilitated and vulnerable, patients usually seek spirituality as a way to relieve suffering. In this perspective, the religious/spiritual leader offers support to these persons in the face of such disease, providing improvements in their quality of life in the face of breast neoplasms⁽⁸⁾.

It was observed in the aforementioned speeches that religious/spiritual leaders offer spiritual assistance to women with breast neoplasms, and also encourage them to keep in the allopathic therapy. The potential contribution of leadership in the context of coping with breast cancer stands out here; the interviewees highlighted that a transcendent being granted medical knowledge to the people in the earth. Religious beliefs and spiritual practices are, therefore, interpreted as complementary to allopathic cancer treatment⁽¹⁷⁾.

EMPIRICAL CATEGORY II: Therapeutic healing alternatives encouraged by religious/spiritual leaders in cases of women with breast neoplasms

The interviewees mentioned that religious/spiritual leaders pointed out that, when facing breast cancer, women should intensify the search for religiosity/spirituality. It is noticeable the power relations that religious/spiritual leaders hold over people, when

they exhort people to exalt religious spiritual beliefs or practices as therapeutic and healing alternatives for coping with breast cancer, facts observed in the speeches listed below:

[...] He influenced a lot to look for religion more fully. He said (the religious/spiritual leader) to stick to God, keep on, all the positive things, he said nothing negative. (i11)

[...] So it is as I told you, the Pastor always taught me, always guided me and I always followed his directions, because I trust what he says, that he passes to me, he is my Leader, I respect him, I consider him, and love him very much, and I know he wants my good, that's why God put him in the ministry right, my Pastor is a blessing. (i12)

[...] Because the Pastor is going to teach me all those things, right?... he will teach me those prayers, he will teach me and I will believe that it is the Pastor who is healing me; no, I do not believe it. I believe that it is God who is actually healing me, because go after that, I believe that I will receive some blessing from there... that's what is being taught, but at no time I put in my heart that is the Pastor who is healing me, I have to believe that He is healing me, I have to believe, that it is Jesus that is healing me, that I am receiving that guidance from him... he is receiving from the hand of God. (i4)

Before the diagnosis of breast cancer, religiosity/spirituality is a way to find alternatives for these women to face the oncological process. Religious/spiritual leaders are the main motivators of religiousness/spirituality and promoters of spiritual assistance to these people. In this context, the speeches of the interviewees corroborated that religious/spiritual leaders encourage the search for religion as a therapy because they emphasize positive aspects to face the oncological process⁽⁹⁾.

However, religious/spiritual leaders hold a significant power over communities. In this sense, their guidance influences the faithful to adopt attitudes that exalt religious/spiritual practices in before illnesses. The behavior of women associated with the influence and power of leaders and their vulnerability before the sickness of their body and soul is a source of concern because religious/spiritual practices need to be associated with allopathic therapy. It is therefore observed that the influence of religious/spiritual leaders can reduce the search for allopathic treatment in the process of coping with breast neoplasms from the moment they instruct women to intensify healing through faith^(3,16).

In this context, healing is mediated by religious/spiritual leaders, as noted in the words of the interviewee i4. This interviewee contradictorily pointed out the merit of healing to the God in whom she believes. Healing can be granted by a sacred being; the

person can dedicate energies to God and expect healing to come from the transcendent. Yet, it is argued that the restoration of the state of health must be accomplished simultaneously with biomedical conducts^(16,17).

EMPIRICAL CATEGORY III: Absence of religious/spiritual leaders in coping with breast neoplasms

The speeches revealed situations in which there were limitations of religious/spirituality on the part of the religious/spiritual leaders before the process of sickness, i.e. breast cancer. The interviewees reported that they did not look for leaders and did not talk about coping with breast cancer, as evidenced in the following reports:

[...] No, because I never talked to him (the religious/spiritual leader) about this, I did not comment anything, because it was just like that, suddenly. (i2)

[...] He did not know anything; I never discussed it with him. (i8)

[...] No, because he (the religious/spiritual leader) already knew that I already attended, I was already going to the mass of light, I already served in the church; so he did not influence at all in that time. I did not get to talk openly. (i15)

In the face of breast cancer, women must not be seen in their biological aspects only; they should receive a comprehensive care that encompasses biological, psychological, social, spiritual and political aspects. Thus, among the health care measures, the systematization of nursing care has to be highlighted. In this systematization, in which nurses act as protagonists of care, spiritual assistance can also be provided by the nursing team because the North American Nursing Diagnosis Association (NANDA) classifies spirituality as an essential care measure to be given to individuals facing the process of illness⁽¹⁸⁾.

In this sense, spiritual assistance and guidance offered by religious/spiritual leaders were not requested by women when they were facing the illness, even though the interviewees shared with frequency in religious practices, according to the aforementioned statements. Spiritual care is recognized as important by health professionals, especially by nursing professionals, but biomedical care is necessary during the process of caring for sicknesses. When there is no dialogue between members of religious/spiritual institutions during the illness, care becomes fragmented and fragile during allopathic therapy and health professionals generally act in a mechanistic and curative manner^(9,18). However, the interviewee i18 emphasized that, even though she did not seek guidance from religious/spiritual leaders, she was not prevented from using the benefits of

religious/spiritual practices to cope with cancer⁽⁹⁾.

It is worth emphasizing that religious/spiritual assistance can be offered in hospital institutions through chaplaincies, which are organizations installed in health services whose function is to offer religious and spiritual support to hospitalized individuals. These activities are carried out by religious/spiritual leaders in an ecumenical way so that the faith of patients can be strengthened, and they can feel a relief from suffering, and help can be provided to families, to find the strength to go through the difficulties of seeing their loved ones affected by the illness. However, for this religious/spiritual intervention to occur, it is necessary that the person expresses the desire for religious/spiritual care and consents the entrance of the religious/spiritual leader in the hospitalization ward^(2,19).

FINAL CONSIDERATIONS

Religion, in its dogmatic and doctrinal aspects, has been studied in a positive way in the scope of human subjectivity. Religious/spiritual leaders motivate people to express their spirituality leading them to believe in a sacred being. In case of breast neoplasms, the interviewed women receive self-care guidelines from religious/spiritual leaders of their religious doctrine which motivated them to have faith in religious beliefs and trust in a transcendent being, as well as to adhere to allopathic treatment, as a strategy for a better coping with the breast cancer process.

It is worth noting that religious/spiritual leaders have a great power over the community. In the case of breast neoplasms, it was perceptible to observe their potentialities when their guidance motivated the women to seek in the religion complementary alternatives for the allopathic treatment of the disease. Such practices, together, promote a better coping with cancer.

However, limitations of the influence of religious/spiritual leaders were observed when self-care guidelines prioritize healing through faith over allopathic treatment, leading to the patients to vulnerability to the possibility of abandoning their medical treatment.

The religious/spiritual assistance offered by leaders and health professionals can be a contributor to cope with neoplasms. It is necessary to broaden the discussions involving complementary therapies in the context of highly complex care, increasing the flexibility for the influence of religious/spiritual leaders in chaplaincies as human resources that can assist patients and health teams in the coping with the oncological process, especially breast cancer.

In this sense, there is a need to carry out more studies in the area, to increase the discussions about the theme in the context of the Unified Health System which still

needs to improve in many aspects, especially in the theme of holistic care for individuals, families and the community.

LIMITES E POTENCIALIDADES DO LÍDER RELIGIOSO/ESPIRITUAL DIANTE DE MULHERES EM TRATAMENTO ONCOLÓGICO MAMÁRIO

RESUMO

Neste estudo, objetivou-se analisar as limitações e potencialidades da influência do líder religioso/espiritual diante de pacientes com neoplasias mamárias. Trata-se de pesquisa do tipo exploratória predominantemente qualitativa, embasada metodologicamente no Materialismo Histórico Dialético. Foram realizadas entrevistas com base em roteiros semiestruturados com 19 mulheres diagnosticadas com neoplasia mamária e acompanhadas por um serviço de oncologia de referência analisadas através da técnica de análise de discurso. A partir das contradições existentes foi possível construir uma categoria analítica intitulada "Líder religioso/espiritual: limitações e potencialidades de sua influência no enfrentamento das neoplasias mamárias" e três categorias empíricas: "Medidas terapêuticas proporcionadas pelos líderes religiosos/espirituais para as mulheres enfrentarem o processo neoplásico mamário"; "Alternativas terapêuticas de cura motivadas pelos líderes religiosos/espirituais diante das mulheres com neoplasias mamárias"; e "Ausência do líder religioso/espiritual no enfrentamento das neoplasias mamárias". O desafio para superar as limitações e potencialidades da influência dos líderes religiosos/espirituais pode convergir para o estímulo das terapias complementares no ambiente hospitalar complementando o tratamento alopático, principalmente no contexto oncológico.

Palavras-chave: Religion. Medical Oncology. Leadership. Nursing.

LÍMITES Y POTENCIALIDADES DEL LÍDER RELIGIOSO/ESPIRITUAL ANTE MUJERES EN TRATAMIENTO ONCOLÓGICO MAMARIO

RESUMEN

Este estudio tuvo el objetivo de analizar las limitaciones y potencialidades de la influencia del líder religioso/espiritual ante pacientes con neoplasias mamarias. Se trata de una investigación del tipo exploratoria predominantemente cualitativa, basada metodológicamente en el Materialismo Histórico Dialéctico. Fueron realizadas entrevistas con base en guiones semiestruturados con 19 mujeres diagnosticadas con neoplasia mamaria y acompañadas por un servicio de oncología de referencia analizadas a través de la técnica de análisis de discurso. A partir de las contradicciones existentes, fue posible construir una categoría analítica intitulada "Líder religioso/espiritual: limitaciones y potencialidades de su influencia en el enfrentamiento de las neoplasias mamarias" y tres categorías empíricas: "Medidas terapéuticas proporcionadas por los líderes religiosos/espirituales para que las mujeres enfrenten el proceso neoplásico mamario"; "Alternativas terapéuticas de cura motivadas por los líderes religiosos/espirituales ante las mujeres con neoplasias mamarias"; y "Ausencia del líder religioso/espiritual en el enfrentamiento de las neoplasias mamarias". El desafío para superar las limitaciones y potencialidades de la influencia de los líderes religiosos/espirituales puede convergir para el estímulo de las terapias complementarias en el ambiente hospitalario complementando el tratamiento alopático, principalmente en el contexto oncológico.

Palabras clave: Religión. Oncología. Liderazgo. Enfermería.

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Corresponding author: Elton de Lima Macêdo. Avenida Sul Gov. Cid Sampaio N°5061, Apt 609, Imbiribeira, Recife-PE CEP: 51160-000. Email: eltoneltonlm@hotmail.com. Telephone: 083 99607-5375

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