

PERCEPTION OF WOMEN WITH BREAST CANCER ABOUT THE CARE OF NURSING TO SPIRITUALITY<sup>1</sup>

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## ABSTRACT

**Introduction:** Spirituality is an important aspect of caring people with cancer. **Objective:** To understand how women with breast cancer have perceived the spiritual care provided by nursing from the perspective of Transpersonal Care Theory. **Methods:** a descriptive, qualitative study with 14 women in chemotherapy treatment for breast cancer in a school hospital. The data were collected in 2015, using as an instrument the semi-structured interview. For analysis, it was used the Content Analysis, based on the theoretical framework of Transpersonal Care Theory. **Results:** the following topics emerged: (i) nursing and spiritual care: a relationship of trust; (ii) the environment and support as connection and spirituality. **Final considerations:** it is concluded that women perceive the nurse as a professional that promotes spiritual care, providing it with an environment that represents comfort and safety for the patients, as well as being available to explore inter-personality as a possibility of care in this human dimension.

**Keywords:** Nursing. Spiritual care. Transpersonal care. Breast Cancer.

## INTRODUCTION

Cancer is an experience that due to its stigmas and socio-cultural meanings refers to the confrontation of questions of existential order and the search for resources that help to find meaning for what has been lived<sup>(1)</sup>. From this perspective, science has been recognizing the role of spirituality in the life of the human being<sup>(1,2)</sup>.

In the case of cancer, studies have pointed to spirituality as a dimension present in all phases of illness, which can contribute to the confrontation of disease and quality of life<sup>(2,3)</sup>. Spirituality represents a source of support that enables people to feel more supportive, confident, hopeful and motivated<sup>(4,5)</sup>.

Among the different types of cancers, breast neoplasm is the most frequent among women in all regions of Brazil, except in the northern region, where it occupies second place, losing only to cervical neoplasia<sup>(6)</sup>. Especially with the female population, studies have obtained favorable evidence that spirituality can

influence functional, social and physical well-being, promoting quality of life for women that are diagnosed with breast cancer<sup>(3,7)</sup>.

In view of this, spirituality can be defined as the continuous pursuit of each person by the meaning and purpose of life, inner peace and comfort, connection with the other, feelings of admiration, gratitude and love<sup>(1)</sup>, it does not necessarily need to involve religion. It differs from religiosity, which is conceived as a system of beliefs and practices, which is based on a set of teachings that describe the meaning, purpose, and place of people in the world, as well as their responsibilities and life after death<sup>(1)</sup>.

In the context of these definitions, it can be seen that people who do not follow a religion can have a source of support in spirituality that strengthens them in the life's events, just as those people who follow them do not always find strength in their doctrines<sup>(3)</sup>. This perspective converges to the discussions presented in the studies that address the predominance of the positive effects of spirituality in the presence of serious illnesses

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and suffering, although they also point out that they may be unfavorable if it is associated with punitive beliefs<sup>(2,7)</sup>. However, the way in which women with breast cancer relate the spiritual dimension to the situations of illness and care received, as well as this dimension can provide better health conditions and quality of life are aspects that still need to be explored and better known.

Among the theoretical references that base the practice of nursing in order to promote health in an integral, holistic and sustained way by humanist principles, the Theory of Transpersonal Care, developed by Jean Watson in 1979, stands out for those who do not know can see the fragmented human being, nor should it be attended to by parts<sup>(8,9)</sup>. This theory favors human care in a convergent way, integrating modes of knowing, being and doing; still recognizes that everything in the universe is related and seeks to value aspects related to subjective experiences, personal meaning and ways of coping with everyday situations, such as spirituality<sup>(9-11)</sup>.

Nursing care is, at various times, physical, and involves procedures and techniques, being objective and fact-based. However, the responses of human care and the presence of nursing in the relationship with patients transcend this material and physical world. People, even those who do not express religiosity, have beliefs that give meaning to their lives<sup>(8,9)</sup>.

Thus, considering that nursing is in direct and systematic contact with women diagnosed with breast cancer who undergo oncological treatment and who, therefore, have the potential to evaluate and to include in the caring process the spiritual dimension, it is important to answer the following question: how do women with breast cancer perceive the care provided by nursing with regard to spirituality? Thus, the objective is to understand how these women perceive the spiritual care provided by nursing, from the perspective of Transpersonal Care Theory.

## METHODOLOGY

This is a qualitative, descriptive study, carried out in 2015, with 14 women diagnosed

with breast cancer undergoing chemotherapy at an Oncology Service of a school hospital in the interior of Rio Grande do Sul, Brazil.

The first contact with the study participants occurred in the chemotherapy outpatient waiting room; during that occasion, a verbal invitation was made, the objectives of the research were presented, as well as their procedures and explanations.

As inclusion criteria, women who are over 18 years-old and in chemotherapeutic treatment were chosen for more than four months, valuing a minimum period to confront diagnosis and treatment; as criteria of exclusion, women without physical, emotional or cognitive conditions. In order to define the number of participants, randomly selected, the principle of empirical saturation was used, interrupting the collection when the data allowed the understanding of the object and when the objective was answered.

The data collection was performed through a semi-structured interview previously scheduled; the participants went to an ambulatory room, reserved and free from interference. Before starting, the Free and Informed Consent Form was read and the signature was requested in two copies, one of them was delivered to the study participant. The introductory question for the interview was "Tell me: how do you think about nursing care in the spiritual aspect?". The interview duration lasted from one to three hours. To guarantee the anonymity of the women's identity, the initial letters of Lotus Flower (Flor de Lótus – FL, in Portuguese language), "FL" followed by subsequent numbers (FL1, FL2 ... FL14), were used.

The interviews were audio-graphed with the consent of the participants, transcribed and submitted to content analysis<sup>(12)</sup>. In the pre-analysis, through the careful reading of the answers, the objectives of the research were resumed to organize the indicators that guided the systematization of the results. The exploration of the material was based on the codification, with the transformation of the raw data to reach the nucleus of comprehension of the text and elaboration of themes and sub-themes. The treatment and interpretation of the results were conducted by analyzing their content and discussing them based on the

Clinical Caritas Process and the literature.

The Theory of Transpersonal Care is organized into ten principles that constitute the Clinical Caritas Process and direct care: to practice kindness and equanimity for oneself and for another; to be present and value the belief system of being cared for; to cultivate spiritual practices and deepen individual knowledge; to keep the authentic caring in an aid-trust relationship; to support expression of positive and negative feelings; to use science and intuition creatively in problem solving; to be truly linked in the teaching-learning experience; to provide physical, emotional and spiritual restoration environment; to promote alignment of body, mind and spirit to meet the needs of being cared for; to consider the spiritual aspects of life and death<sup>(10,11)</sup>.

The study was guided by Resolution 466/2012 of the National Health Council, and the research protocol was approved by the Research Ethics Committee of a public university, according to Opinion No. 991.305 and CAAE: 40679515.1.0000.5346.

## RESULTS AND DISCUSSION

The women interviewed are between the ages of 30 and 70 and live in urban areas. About these women, seven reported that are married; only one doesn't have children; 11 have completed high school or more. The diagnostic time ranged from four months to eight years, with five women in stage II; five, in stage III; and four in stage IV.

The analysis of the data made it possible to apprehend the perceptions of women with breast cancer regarding the spiritual care provided by nursing during the chemotherapy treatment through the themes: "nursing and spiritual care: a relationship of trust" and "environment and support as a connection to spirituality".

### Nursing and spiritual care: a relationship of trust

Women perceive care as a relationship of trust established with nursing, especially with the nurses with whom they live longer, and thus have stronger bonds during the course of

treatment.

Nursing care first seeks to meet the biological demands related to clinical dimensions, information about the disease and about the treatment and health education, which aim at self-care and the possibility of having, even if it is provisional way, control of the situation. The way this process is conducted by the nurse, during the nursing consultations, is perceived as a sign of the relationship that will be established with the professional.

They explained the time of medication, the remedies for vomiting and malaise. That will fall hair, the pee will turn red, but it is not blood, do not worry. This is very important. They say: take care of food, drink plenty of water. (FL5)

When I got here, the first time, the nurses were very important, they called me to talk; they said it was a nursing visit. They told me what was going to happen, they gave me in writing what I could do to improve and help with the treatment. (FL10)

It is understood that the nurse facilitates the fulfillment of the expectations and needs of the woman from the nursing consultation. With care, they promote support to the physical dimension; but, as a result, by establishing a sensitive relationship based on a communicational process in which women can raise their issues, they also offer emotional and spiritual support. In order to take care of the transpersonal perspective, it is essential to understand the impact caused by illness to the person, since such an understanding makes it possible to propose actions and care interventions consistent with the needs of the moment lived<sup>(13)</sup>.

In this context of care, it is possible to identify the presence of the first element of the Clinical Caritas process, which refers to the practice of love, kindness and equity for oneself and for another, since, for spiritual care, it is necessary to privilege the promotion of life, comfort, dialogue and therapy, valuing the individual potential of each patient<sup>(11,14)</sup>. Care in nursing implies being in the place of the other (second element), starting with the understanding of the meanings of the life experiences of the caregiver and the cared person, considering the spiritual dimension in the interpersonal relationships that are essential to the caring process<sup>(10,11)</sup>.

For transpersonal care, it is necessary to be present in an integral way, to listen and to perceive what the patients mean. The practice of care is only effective in the development and permanence of an authentic relationship of care, when it is actualized through a relationship of help, trust and sensitivity (third element)<sup>(10)</sup>.

The Theory of Transpersonal Care contemplates the human being in a holistic way, that is, body, mind and soul, and suggests a conscious look at care <sup>(10)</sup>. Corroborating this perspective, a study that seeks to understand the perception of mastectomized women and nursing care shows that spiritual care should be realized with simplicity in the ethics of responsibility, solidarity and compassion based on well done work, competence, in the honesty and transparency of actions<sup>(15)</sup>.

Regarding the spiritual care promoted by nursing, the study participants considered receiving this form of care. They perceive it in the actions that denote affection, attention, patience, respect, protection and in the gesture of caring for them.

I think the proximity, the conversation, being seen as a unique person, being there on the side, being available. This I think is very important. So the care, the attention, to feel cared... when you feel you're important as a person, it is very important and it makes a lot of difference. (FL3)  
The affection and attention of all of them [...] They did not talk about religion with you, do you understand? But yes, I think by their attention and affection, not with words and prayers, none of this, but in their way, they surely show spirituality. (FL6)

I think nursing takes care of our spiritual side, yes. They calm down, give us strength, show that they care about our vomiting, if we are feeding ourselves to not lose weight, saying that we are beautiful, even without hair and without eyebrows. (FL14)

The spiritual care promoted by nurses is perceived through the interaction with women, in the words of comfort, in strengthening hope, in the actions that denote acceptance of what they are living as a normal part of this process. Nursing can incorporate faith-hope (fourth element) to provide a sense of confidence and well-being by reinforcing one's significant beliefs in order to unify the objective and subjective dimensions that are present in the caring process, as experiences cannot be

technologically quantified<sup>(10,11)</sup>.

Another element of the Clinical Caritas process refers to the fifth one, which is about being present to support the manifestations of positive and negative feelings, strengthening the connection with you and with the other. This is evidenced in the promotion and acceptance of the expression of these feelings and effected through an intense connection between the spiritual dimension of the nurse and the person being cared for<sup>(10,11)</sup>.

From the transpersonal care, the nurse welcomes manifestations of uncertainty and apprehension about the unknown, encourages the narrative as a way of expressing the understanding, and stimulates the reflection of feelings and experiences, allowing the expression of spirituality according to the beliefs of each patient<sup>(9)</sup>. Acting with sensitivity and availability, nursing allows caring relationships that enable the promotion of spiritual growth<sup>(16)</sup>. By valuing the spiritual dimension of the patient, the nurse can favor the quality of life, influencing their comfort and satisfaction, as well as contributing to coping with the disease and their self-esteem<sup>(17)</sup>.

When considering the presuppositions of transpersonal care, nursing can extract various combinations of expressions and feelings through spirituality, individuality and sincerity<sup>(11)</sup>. The clarity of these expressions assists in caring, and some patients may rely more on attitudes; others, in words; still others, in sounds, in touches, also in silence. Nurses and patients can communicate through nonverbal expressions.

We used to talk, I and the nurse. Her energy, the patience, she did not see me as any one, she called me by name. She took care of me, used to send me clean and scented after the bandage to home! (FL8)

I always felt very well taken care of by all, they were always worried about us, they show that they care; they ask how the last chemo was. You feel valued when you go there. (FL11)

When they say "good morning" this makes a lot of difference for us, they have no idea how important it is to be welcomed, cared with affection. The nursing work is very beautiful; we realize that they like what they do. (FL12)

The nurse's ability to interact and to be available to patients, combining sensitivity, knowledge and technical skills, was perceived

as relevant. This allows a differentiated assistance, which favors spiritual well-being. Attitudes such as knowing how to listen, clarifying doubts, explaining procedures and treatments provide safety, confidence and minimize distress. In this bias, a transpersonal relationship of caring prioritizes values, principles and attitudes, characterized in a union with the other, raising the consideration for the person and his way of being in the world. This awareness of caring can be developed daily in professional and personal life<sup>(14,16,18)</sup>.

For women, chemotherapy sessions generate anxiety and fear because this treatment is related to an unknown situation. This time was pointed out as painful and difficult to overcome because they were unable to cope with widespread malaise, low immune resistance caused by chemotherapy, and lack of information about how drugs work in the body.

We get so scared, and even they talk to us, we know nothing. Anguish and fear seem to only get worse. But then, you gain security through their confidence (nurses). (FL7)

I was very afraid because I did not know anything, I did not know about the reactions. It was totally unknown. I arrived with a lot of fear, but the whole staff was guiding, welcoming, there is always someone coming and going, taking care of the medicine and the catheter. (FL13)

I think that right now taking care of us is very well. We know nothing of what will happen, and looking at the nurses and feeling trust makes a difference. (FL14)

The experiences related on the chemotherapy treatment can generate distorted, imaginary and intimidating perceptions, associated with negative fantasies related to death, incapacities and shame, representing a threat to integrity and vulnerability<sup>(19)</sup>.

It is observed that the more individualized the feelings the nurse expresses, the more intense the process of caring will be, recognizing the subjective dimensions that are often not expressed, but which reveal themselves in support, in emotional and spiritual comfort. This is found in the tenth element of the Clinical Caritas, concerning the acceptance of phenomenological existential forces, which is to be attentive to the spirituality and the existential dimension,

taking care of oneself and of the cared person<sup>(10,11)</sup>.

In transpersonal care, there is the union between two people, in which both are capable of transcending themselves, the time, the space and the history of their lives. That is, the nurse, in the phenomenological field, shares the experience of the patient, and the patient, likewise, shares the nurse's experience. This experience becomes part of a larger, deeper and more complex pattern of life and care<sup>(10,11)</sup>.

In this context, the sixth element of the Clinical Caritas process is understood in the creative use of the self, made effective in the commitment to care and protection practices through creative, aesthetic, intuitive and sensitive knowledge. Transpersonal caring is based on the premise that nursing needs to develop a scientific knowledge related to a dimension –that is not established by science – of human potentialities, called spiritual potentialities<sup>(8,10)</sup>.

When clarifying about chemotherapy and side effects, the presence of the teaching-learning process in the context of caring (seventh element of Clinical Caritas) is identified, in which the nurse is engaged genuinely in a practical, teaching and learning experience, through observation and respect for the patient as a whole, fragility and limitations. The union between the patient and the nurse allows both to have a more effective relationship with their spiritual side<sup>(10,11)</sup>.

We see people who do not care about it. Here's the serum, the medicine. It looks like a machine. And you cannot judge, because they are doing their job, but you can do your work in many different ways. It can only do it, or it can make a difference. (FL8)

I think it makes all the difference a hospital where nursing focuses on the patient, who believes it is possible. (FL9)

By adopting specific and particularized attitudes that promote trust and security, the nurse is also providing spiritual support and assistance in empowering women to cope with the therapeutic process and illness.

Listening and talking are related to actions that individualize care and foster a genuine relationship of help. Understanding the meaning of spirituality for the patient and how significant events, such as illness, can affect

her, is important for the nurse to identify needs and to propose care actions in a holistic and ethical way, since evaluation and intervention should be part of integral care<sup>(16)</sup>.

### **The environment and support as a connection to spirituality**

The environment, as a place that can be related to spiritual care, is evidenced as a place that needs to offer comfort, able to promote security and intimacy with the team. An enlightened, well-organized and well-lit environment favors the connection between people and feelings of warmth, protection and trust.

That environment downstairs was like the "bear's burrow", it doesn't have a good floor, the reception changed a lot. That dark thing... I don't like to remember it. The environment makes all the difference. (FL7)

When I got downstairs in the old ambulatory, I got scared. I thought: what are you going to do with me? It was all dark, closed, I was apprehensive. It looked like a hole ... But it's nice that it changed. Here everything is so much better, it has clarity, light, it is spacious ... The energy is totally different. (FL13)

As some study participants began treatment at the former site where the chemotherapy service was located, they sought to make explicit that it was a dark and cold place. By referring comparatively to the new space as a sunny and illuminated place, they emphasize change as a favorable factor for therapeutic care.

From this perspective, the eighth element of the Clinical Caritas Process, which relates to healthy involvement at all levels - physical, socio-cultural and spiritual - is identified, in which one is conscious of the whole, aesthetics, comfort, dignity and peace, and may influence the way treatment is perceived. Thus, a healing environment for the physical and spiritual body that respects human dignity is possible through the promotion of a conscious care relationship<sup>(9,10,11)</sup>.

Promoting an environment of support, physical, psychosocial and/or interpersonal protection is one of the requirements for transpersonal care. Care should be taken of the nurse as an environment, of the patient as a single person, and of the needs of light, art,

cleanliness, privacy, beauty, safety, asepsis, comfort measures and the time of other patients. There is a process of constant interaction between the environment and the human being that can facilitate, create or prevent effective care involving nursing and patients<sup>(10,16,17)</sup>.

Nursing has the resources and personal attitudes to provide comfort, privacy and patient safety related to an aesthetic and clean environment. A pleasant environment enhances the emotional and affective state, facilitates interactions and promotes a sense of spiritual well-being. The care environment is one that offers potential development while allowing the person to choose the best action for themselves at any given time<sup>(14, 16)</sup>. Thus, the care provided from the use of technical skills added to affective-relational skills creates a field of care<sup>(14)</sup>.

A study that deals with the subjectivity of spirituality in the area of care refers that spiritual care is sustained in the human plane when it expresses joy, sensitivity, faith, love, hope, solidarity, tolerance and attention, by valuing the culture and beliefs of those who cares and who is cared for, that is, respecting the personal history of both<sup>(20)</sup>.

The Theory of Transpersonal Care advocates the need for a reconstitution (healing) environment at all levels, physical and non-physical, which implies a subtle environment of energy and consciousness, where wholeness, beauty, comfort, dignity and peace are potentialized<sup>(10)</sup>. Healing is understood in the sense of recomposing and restructuring the health of the person, integrating mind, body and soul into a uniqueness, not only for the purpose of healing<sup>(10,11)</sup>.

Nursing needs to include, in daily care practice, elements such as the appropriate environment and climate. These aspects favor the link and the approximation between the professional and the patient, being essential for the development of the care and the promotion of well-being<sup>(16)</sup>. In considering the empathic relationship in the Human Care Theory in the current context of nursing, a study affirms that it is essential to combine technical aspects with humanistic care, as well as to seek the appreciation of an approach based on empathy

and compassion, encouraged in the formation and training of health professionals<sup>(18)</sup>.

The attendance to survival, functional and growth needs is found in the ninth element of the Clinical Caritas Process, being considered as a potentiator of mind, body and spirit in all aspects of care<sup>(10,11)</sup>. This, who reveals caring for the other in its totality, is perceived by the recipient.

Only those who have this spiritual vision can reach and show it, to shelter and welcome the sick person. This is very important because it is a very difficult time. (FL3)

They know that our case is serious, but they treat us with all the care and respect. They know that the person is in a fragile moment there in their hands. They control what they say. They talk about nice things, they play games, and they take care very well of us. We feel their concern, that they care a lot about us. (FL5)

According to Transpersonal Care Theory, human needs consist in being loved, cared, accepted, understood, and valued<sup>(10)</sup>. In the creation and maintenance of a reconstitution environment, considering the correlations with the environment, the cosmos and the universe, the nurse needs to be the environment, and the patient must be seen as a unique person, integrated into a way of living, as a whole, body, mind and soul<sup>(14)</sup>. The health/illness/death process is perceived and understood according to the culture in which the patient is inserted; the nursing actions, evidenced during the care act and before the care environment<sup>(10,16)</sup>.

It is necessary to remember that the interaction between the nursing and the person being cared results from a process of exchanges that happen in an environment that can favor them or not. Considering the importance of the environment implies recognizing its influence on the relational process and that, in order to provide a structure for care, it must be actively and continuously considered and thought from

the perspective of the patient's comprehensiveness<sup>(16,18)</sup>.

As limitations of this study, it is highlighted the fact that it was carried out with participants of a specialized service with unique characteristics, which may restrict the generalization potential of the results.

## FINAL CONSIDERATIONS

It is concluded that women diagnosed with breast cancer perceive the care provided by nursing, regarding spirituality, from the perspective of the Transpersonal Care theory, related to the promotion of care and bonding, words of comfort and understanding in the biological care. Emphasis, ethical posture, attention, patience, respect and protection as promoters of spiritual care are emphasized.

The environment is perceived as important for the reception and for the spiritual expression of the patient, and also for the oncological treatment, and can transform the perspectives on the health condition. Considering and evaluating the context of the environment as an element of care may favor the connection between spiritual well-being and physical recovery.

The Theory of Transpersonal Care evidences that the practice of nursing care, regarding the spiritual dimension of patients, it needs to be improved to address this gap. For this, it is necessary to advance in the researches and to introduce the theme in the formation and the qualification of the professionals, stimulating so that they are sensitized and can promote the care in the perspective of the integrality of the human being, including the spirituality. Finally, it is up to the nursing to be available to this and to approach the subject in the daily practice of the care, the academic formation, the research and the extension.

## PERCEPÇÃO DE MULHERES COM CÂNCER DE MAMA SOBRE O CUIDADO DE ENFERMAGEM À ESPIRITUALIDADE

### RESUMO

**Introdução:** A espiritualidade é um importante aspecto do cuidado as pessoas com doenças oncológicas. **Objetivo:** compreender como as mulheres com diagnóstico de câncer de mama percebem o cuidado espiritual, prestado pela enfermagem, na perspectiva da Teoria do Cuidado Transpessoal. **Métodos:** pesquisa descritiva, qualitativa, realizada com 14 mulheres em tratamento quimioterápico para câncer de mama em um hospital-escola. Os dados foram coletados em 2015, utilizando-se, como instrumento, a entrevista semiestruturada. Para análise, utilizou-se a Análise de

Conteúdo, fundamentada no referencial teórico da Teoria do Cuidado Transpessoal. **Resultados:** emergiram as seguintes temáticas: (i) a enfermagem e o cuidado espiritual: uma relação de confiança; (ii) o ambiente e o apoio como conexão e espiritualidade. **Considerações finais:** conclui-se que as mulheres percebem a enfermeira como uma profissional que promove cuidado espiritual, cabendo a ela proporcionar um ambiente que represente conforto e segurança para as pacientes, assim como mostrar-se disponível a explorar a interpersoalidade como possibilidade de cuidado nessa dimensão humana.

**Palavras-chave:** Enfermagem. Cuidado espiritual. Cuidado transpessoal. Câncer de mama.

## PERCEPCIÓN DE MUJERES CON CÁNCER DE MAMA SOBRE EL CUIDADO DE ENFERMERÍA A LA ESPIRITUALIDAD

### RESUMEN

**Introducción:** la espiritualidad es un importante aspecto del cuidado a las personas con enfermedades oncológicas. **Objetivo:** comprender cómo las mujeres con diagnóstico de cáncer de mama perciben el cuidado espiritual, prestado por la enfermería, en la perspectiva de la Teoría del Cuidado Transpersonal. **Método:** investigación descriptiva, cualitativa, realizada con 14 mujeres en tratamiento quimioterapéutico para cáncer de mama en un hospital-escuela. Los datos fueron recolectados en 2015, utilizándose como instrumento la entrevista semiestructurada. Para análisis, se utilizó el Análisis de Contenido, fundamentado en el referencial teórico de la Teoría del Cuidado Transpersonal. **Resultados:** surgieron las siguientes temáticas: (i) la enfermería y el cuidado espiritual: una relación de confianza; (ii) el ambiente y el apoyo como conexión y espiritualidad. **Consideraciones finales:** se concluye que las mujeres perciben a la enfermera como una profesional que promueve cuidado espiritual, tocando a ella proporcionar un ambiente que represente confort y seguridad para las pacientes, así como mostrarse disponible a explorar la interpersoalidade como posibilidad de cuidado en esta dimensión humana.

**Palabras clave:** Enfermería. Cuidado espiritual. Cuidado transpersonal. Câncer de mama.

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