

Religiosity and Spirituality of Women with Breast Cancer Submitted to Surgical Treatment

A Religiosidade e Espiritualidade de Mulheres com Câncer de Mama Submetidas a Tratamento Cirúrgico

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ABSTRACT

Objective: To understand the importance of spirituality and religiosity in the experience of women with breast cancer undergoing surgical treatment. **Method:** The qualitative approach and the Bardin content analysis technique were used. It counted on the participation of 13 women. The data were collected through the digitally recorded audio interview and was guided by the question: How was it, in your opinion, to face the disease from diagnosis to surgical treatment, focusing on its spirituality and religiosity? **Results:** Content analysis demonstrated the importance of spirituality and religiosity in the coping and surgical treatment of cancer and determined the categories: Faith as a foundation; Religious practice; Sickness and death as God's determination; God as source of strength and hope; Moments of anger towards God; The healing attributed by God as grace and miracle; Proximity to belief in face of the illness; The importance of a holistic look at nursing. **Final Thoughts:** Breast cancer affects not only the physical dimension of women, but the emotional aspects, their social and family network. In this sense, religiosity and spirituality were alternatives sought by women to face the disease, while faith provided the hope of healing.

Keywords: Breast Neoplasms; Religion; Spirituality.

RESUMO

O objetivo é compreender a importância da espiritualidade e religiosidade na experiência vivenciada por mulheres com câncer de mama submetidas a tratamento cirúrgico. Utilizou-se abordagem qualitativa e técnica de análise de conteúdo de Bardin. Contou com a participação de 13 mulheres. A coleta dos dados ocorreu por meio da entrevista áudio gravada digitalmente e foi norteada pela questão: como foi, em sua opinião, enfrentar a doença desde o diagnóstico até o tratamento cirúrgico, focando na sua espiritualidade e religiosidade? A análise de conteúdo demonstrou a importância da espiritualidade e religiosidade no enfrentamento e tratamento cirúrgico do câncer e determinou as categorias: "A fé como alicerce", "Prática religiosa", "Doença e morte como determinação de Deus", "Deus como fonte de força e esperança", "Momentos de revolta com Deus", "A cura atribuída por Deus como graça e milagre", "Proximidade com a crença diante do adoecer", "A importância de um olhar holístico da enfermagem". O câncer de mama afeta não só a dimensão física das mulheres, mas os aspectos emocionais, sociais e familiares. Neste sentido, a religiosidade e a espiritualidade foram alternativas buscadas pelas mulheres para enfrentar a doença, enquanto a fé proporcionou a esperança da cura.

Palavras-Chave: Neoplasias da Mama; Religião; Espiritualidade.

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INTRODUCTION

Breast cancer is the most common type of the disease and the leading cause of cancer death in the world's female population. In Brazil, in 2014, 57,120 new cases of the illness were confirmed and even though early preventive and screening methods were available free of charge in order to reduce the high morbidity and mortality rates caused by this disease, it is still difficult to reach satisfactory numbers considering the various causal factors involved. For the 2016-2017 biennium, the mortality rate remains high and the incidence is 58,000 among Brazilian women ⁽¹⁾.

Breast neoplasm promotes emotional and physical experiences that endure from the discovery of the breast nodule to the choice of treatment. Such a therapeutic approach may be adjuvant, consisting of chemotherapy, radiotherapy and hormone therapy and / or surgery, a more efficient treatment for disease control. The latter refers to mastectomy and conservative surgery ⁽²⁻³⁾.

The time of the diagnosis of breast cancer can have an important psychological impact on the daily lives of women, which triggers innumerable feelings ranging from stress, tension, fear, to acceptance and motivation to face the barriers arising from the disease process ⁽²⁾. Therefore, such feelings highlight the need for a humanized and individualized treatment, covering physical, emotional, social and spiritual aspects ⁽⁴⁾.

In this context, religion and spirituality may be strategies chosen by women to confront and combat the stress caused by neoplasia ⁽⁵⁾. Spirituality gives meaning to values, behaviors and experiences in the lives of human beings, sometimes materializing as religious practices. There is an interconnection between religiosity, spirituality and health. Historically, the powers of healing were in the hands of those who dealt with the spirituality, such as priests, shaman and sorcerers, who were sought to deal with the evils of the body. Both the cause and the cure of the disease were related to religious factors.

Nowadays, some people still attribute the cure of illness to faith and belief in God ⁽⁶⁾.

It is observed that religiosity and spirituality provide strength and confidence to patients with neoplasia to face difficult situations throughout the process of the search for healing, thus evidencing the use of faith as necessary in their course of life. There is evidence of the link between faith and religious practices and the process of curing the disease ⁽⁷⁾.

The breasts are an integral part of femininity. In this way, the women who have gotten a mastectomy undergo a loss of identity, and in this aspect, spirituality emerges as a determining factor in overcoming this trauma. In the face of such evidence, the importance of health professionals in developing a care plan that addresses issues related to the spirituality and beliefs of women is emphasized, thus providing integral health care as established in the principle of integrality of the Unified Health System (SUS) ⁽⁸⁾.

Therefore, it is believed that it's important to provide spiritual support to women in the stage of breast cancer treatment, such as surgery, for example. In this regard, it is fundamental to know the spirituality and religiosity of these women, since it can contribute to a more holistic and humanized nursing care. Such term understands the spiritual dimension and also interventions, such as knowing how to listen, being present in pain and suffering, answering questions about the disease, providing hope and care during diagnosis and treatment. Such things can be considered an attentive response to the women with breast cancer. In addition, it strengthens spiritual care in nursing and value the relationship between the humanization of care, spirituality / religiosity and coping with the disease.

In view of this, the motivation of this research appeared: to highlight the importance of spirituality and religiosity in women diagnosed with breast cancer and who underwent conservative surgery, total or partial mastectomy. The study, therefore, aimed to understand the importance of spirituality and religiosity in the experience of

women with breast cancer undergoing surgical treatment.

METHOD

A qualitative study, which aimed to understand the phenomenon according to the subject's point of view. It was characterized by the history of relationships, representations, beliefs, perceptions, opinions and products of people's interpretations of how they live, construct their artifacts and themselves, as well as what they feel and think⁽⁹⁾.

The study was carried out in a social assistance organization located in the city of Botucatu, State of São Paulo, Brazil, called BOTUCCAM (Botucatu in the Fight Against Breast Cancer), which was made official on November 08, 2002. Its mission is to provide women and families in situations of vulnerability or social risk due to breast cancer access to social rights, improvement in the quality of life and development of their autonomy. The organization offers a service for the care of the women and their families, social coexistence, weekly social groups in which they are welcomed, crafts, lectures, walks, leisure and artisanal production of breast implants.

Thirteen women participated in the study, nine of whom were submitted to mastectomy, three to conservative surgery and one was submitted to conservative surgery (quadrantectomy) in one breast, with subsequent mastectomy in the other. As inclusion criteria, it was established that the women had a confirmed diagnosis of breast cancer, had undergone conservative surgery and / or mastectomy, were included in the BOTUCCAM project, accepted to participate in the study and felt psychologically ready to talk about the feelings experienced since the diagnosis. Women who had cognitive deficits and who were hospitalized during the data collection period were excluded.

The data collection took place from June to September 2014 and for that purpose, an instrument was used that addressed aspects related to the characterization of women and the following guiding question: How was it, in your

opinion, to face the disease from diagnosis until the surgical treatment, focusing on your spirituality and religiosity?

It should be noted that the testimonials were digitally recorded audios. The interviews ceased by saturation of the information obtained, which is evaluated by the repetition aspect⁽¹⁰⁾.

The data analysis regarding the guiding question was performed through the Bardin Content Analysis proposal. This research technique works with words and their meanings, trying to know what is behind the analyzed content. It consists of the following phases⁽¹¹⁾: Pre-analysis: in this phase it's carried out floating reading, hypothesis survey, objectives and elaboration of indicators that support the interpretation; Exploration of the material: the data are grouped from the observation of the interviews; Treatment of results and interpretation: categorize and classify similar elements and, through differentiation, regroup information.

After completing these steps, the categories were defined by grouping the relevant terms by content similarity. The subjects were identified in the research according to nomenclatures that kept the women's names confidential. Keeping this in mind, each participant was assigned an "E" code followed by a number, that is, E1, E2 and so on until E13.

The study complied with the formal requirements contained in the national and international standards which regulate research involving human beings and was referred to the Ethics and Research Committee of the Faculty of Medicine of Botucatu and approved through remark number 670746 of June 2, 2014.

RESULTS

To that end, the results were organized, presented and analyzed based on the answers to the research questions, and will be presented in the following manner: characterization of the subjects: type of surgical treatment, profession, marital status, schooling, origin, family history of cancer breast frequency, frequency of breast self-exams, frequency of mammography, frequency of

gynecological examination and breast examination by a health professional, and qualitative categorization of content analysis.

The age group of the women interviewed in this study was from 34 to 75 years old and the other characterization data are described in Table 1.

Characterization of the subjects	Number	Percentage (%)
Types of Surgical Treatments		
Mastectomy	09	69,2
Conservative	03	23,1
Mastectomy and conservative	01	7,7
Occupation		
Teacher	04	30,7
Business owner	02	15,4
Housekeeper	02	15,4
Kitchen assistant	02	15,4
Housewife	02	15,4
Retiree	01	7,7
Marital status		
Married	08	61,5
Single	03	23,1
Widowed	02	15,4
Education		
High school	05	38,4
Basic education	03	23,1
Higher education	03	23,1
Post graduation	01	7,7
Illiterate	01	7,7
City of origin		
Botucatu	08	61,5
São Manuel	04	30,8
Itatinga	01	7,7
Family history of breast cancer		
Yes	08	61,5
No	05	38,5
Frequency of breast self-exam		
Didn't self exam	06	46,1
Monthly	05	38,5
Daily	02	15,4
Frequency of mammography		
Did not undergo mammography	06	46,1
Anually	05	38,5
Every six months	02	15,4
Frequency of gynecological consultation		
Anually	07	53,8
Twice a year	05	38,5
Never	01	7,7
Brest examination by a health professional		
Yes	10	76,9
No	03	23,1
Total	13	100,0

Source: survey data

Table 1. Characteristics of women with breast cancer in relation to the importance of religiosity and spirituality, BOTUCCAM, Botucatu, SP, Brazil, 2014.

Regarding the content analysis, it was possible to understand the importance of spirituality and religiosity as a central idea in facing the disease from diagnosis to surgical treatment of breast cancer, identifying the following categories: Faith as a foundation; Religious practice; Sickness and death as God's will; God as source of strength and hope; Moments of anger towards God; The healing attributed by God as grace and miracle; Proximity to belief through the illness; The importance of a holistic view of nursing.

The category "Faith as a foundation" has emerged from the testimonies on several occasions in which women express their faith and attach to it all hope of healing or even to bear the disease and its consequences. Both in moments of optimism and courage, as in those of hopelessness and fear. In this sense, it was agreed to the participants that faith was responsible for the cure of cancer.

I am a person of faith [...] I have a lot of faith in God. (E1)

I felt that I needed to have a lot of faith [...] I have a lot of faith [...] if I didn't have faith, I think it would be too difficult. (E2)

Those who have faith in Him always go forward [...] I think that if I didn't have faith and if I wasn't a person of faith, perhaps I would have struggled a lot [...] but if you have faith, the suffering doesn't last more than a night, I guarantee you [...] the sadness of someone who has faith only lasts a night. (E3)

It was my faith in God [...] I've never imagined I had so much faith (E5)



My faith has doubled. (E6)

Have faith and hope. (E8)
Always with faith in God. (E9)

Faith has helped a lot. (E10)

He never forsakes, you need to have faith. (E13)

It can be observed that women showed great satisfaction, as well as physical and emotional well-being achieved through religious practice, such as reading the Bible, participating in religious rituals such as services and masses, prayers performed by them, relatives, members and religious leaders in their name, favoring the confrontation of the difficult moments.

The patients affirmed the need to maintain their religious beliefs and behaviors even before the disease. In the reports it was possible to perceive the relevance that religiosity has in the life of these women.

The religious beliefs and practices of these women enabled them to regain their lost strength at each stage of the treatment, providing emotional support, and restoring their hopes of a future life.

I am Catholic [...] so having a religion and believing in God is very important [...] no matter what religion it is [...] happy is he who has a religion. (E1)

My parish priest was really good [...] ia me visitar, orientava [...] everyone came to my house to pray every week, so it was truly good. (E2)

I get on my knees, I pray to God [...] everyone prayed, prayed and prayed [...] because when I'm feeling that emptiness inside, I open the bible and read a Psalm [...]I advice everyone to

know the truth, to know the word of God and to seek Him. (E3)

I pray a lot [...] it brings me peace. (E4)

Keep praying so that Mommy won't have this anywhere else. (E7).

I always go to church, because it's my path, you know? It gives me strength. (E9)

I am a Catholic and I was not a practitioner until then. Today I am a practitioner, I go to mass every week. (E13)

For some women, sickness was interpreted as "Sickness and death as God's determination," and the control of death and life is a gift that belonged to God alone. By giving Him control over the situation, they ceased to be solely responsible for what happens in their lives. This makes the process of conformism about the stigma of death as a consequence of a serious illness less painful.

God is good and fair [...] I've never asked God to cure me, you know why? Because everything that is written for me has to be lived by me. (E3)

I was raised like that, "you can't do this because God doesn't like it, He'll punish you" [...] "You can't leave your flipflops on the floor upside down, or else your mother will die" [...] God is so perfect that he puts the right people in your life, knowing what will happen later [...] I am special to God, my time hasn't come yet. [...] May God's will be done [...] He's in charge. (E7)

I was supposed to go through that, so I accepted it. I had to go through it. (E8)

It's God who knows if I am to die.. (E10)

Put it in His hand and conform with the rest [...] the future belongs to God [...] stay calm, put yourself in God's hands and that's it [...] it's in God's hands. (E11)

It's what God wants. (E12)

The category "God as a source of strength and hope" was unveiled as evidence that some women found in God the strength and support needed to deal with fear and anguish. The support and presence of the family were also extremely important in this process. In this perspective, by submitting to the wills of God, they established a relationship of trust and companionship in the search for healing.

He gave me strength and courage, and I faced it all [...] cheering me up, giving me courage and realizing that there are much worse things in life, and that I am no better than anyone. (E1)

I said: I have my God, I have my family and it's what cheered me up [...] I think it's what gives you the most strength. (E2)

I trust in a higher God, a God that can do anything. (E3)

I was like this [...] in peace [...] I got calmer [...] I had a lot of faith that everything was going to be okay. (E4)

Look, I left without thinking about the disease even for a minute [...] I said: Lord, that's enough. I have always given you my life, now you will have to give me strength. (E7)

I've practically risen with God. (E11)

I heard God telling me: I am here, have faith in me for I am with you. [...] and He is, Christ is always with me. (E12)

Another category showed "Moments of anger towards God", not occurring an immediate acceptance of the disease. After the diagnosis of neoplasia, the women were slowly and gradually accepting the process of the disease, going from a condition of denial and anger to a state of conformism and a spirit of fight for survival. For them, religiosity and spirituality were the positive ways of dealing with the disease and letting go of the guilt, the sense of punishment and abandonment by God.

There was a moment I was angry with God [...] I was so mad at Him [...] Why me? I've never done any harm to anyone [...] I've never killed anyone or stolen anything [...] if God was good, He wouldn't have let me go through this [...] I had lost my faith for a long time [...] but now I've asked Him for forgiveness many times. (E7)

At first I was really angry. (E8)

The healing attributed by God as grace and miracle was perceived in the testimonies, because some women express a total trust in God, granting Him the merit for the healing. Even if they

submitted to the conventional treatments proposed by the health team, they trusted the Supreme Being and possessor of infinite generosity with the hope of regaining health and preserving life. The testimonials constantly expressed their gratitude to God during the interviews.

God did a miracle for me. (E1)

I say that God is the one who cured me, only Him [...] thank God everything turned out alright [...] now I'm okay, thank God. (E5)

I really believe that it was this beautiful and wonderful God inside of me, because even with advanced medicine and psychology the way it is nowadays, if it wasn't for God, they wouldn't have been able to eliminate this disease from us. (E7)

The worst part of it all has passed, thanks to God [...] I thank God every day because it's been seven years. (E8)

Thank God the tumor was in its first stages [...] thank God it's stable [...] I am very blessed [...] God heals. (E9)

I pray: put Your hands-on top of their hands [health professionals] and guide them [...] Thank God I never had it again [...] I am not sick anymore [...] leave it in the hands of God, because only He can do something for us (E11)

It was observed that after the illness, some women demonstrated the category "Proximity to

the belief in the face of the illness" and they turned with more intensity to their religiosity and spirituality. They did so in the expectation of finding relief from the pain and the suffering, conquering an emotional comfort by practices such as going to church and praying.

It's God, and for everyone who go through something bad, God comes first. Jesus said, "you only look for me when you're crying" and it's true. (E1)

I was already religious, so it was even easier. (E2)

I was Catholic, but not the kind that usually goes to church. Now I always go, so I got closer to God the hard way, but what matters is that I am there now. (E5)

I got closer to God the hard way [...] I came back to Him through the pain [...] the pain brought me closer to my church [...] I searched for God more [...] I was that non-practicing Catholic and from that moment on I really turned to the church [...] now I am a very practicing Catholic (E6)

I looked for religion more. (E9)

I'm Catholic, and I wasn't practicing until then. Nowadays I am a practicing Catholic, I go to mass every week. [...] religion is very important, I don't know what you believe in, but first comes God and we only realize it after struggling with something like this. (E13)

The importance of a holistic view of nursing was noticed in some testimonials. Women reported the importance of the nursing team in recognizing and understanding their emotional and spiritual needs, which provided the comfort and support that is often only found in God. Faced with the repressed demand for labor, and the unbridled demand for updating theories and improving techniques, nurses abandoned verbal and non-verbal communication with their patients, failing to perceive those needs and to provide integral care. Nursing, in the women's opinion, needed to be attentive to gestures, postures, facial expressions and body orientations.

As a patient, the nurses can be like a god for us. They don't understand that. They can be like a god for us right there, it's important to give a more whole kind of care [...] they're always busy and don't stop to talk. I missed that spiritual attention. (E7)

DISCUSSION

The diagnosis of breast cancer made the women in this study demonstrate the importance of religiosity and spirituality in order to accept, confront and believe that through religion and faith in God, it would be possible to cure the disease.

Corroborating this, one study showed that faith had a strong influence on the recovery of the disease and even in cases without good clinical prognosis, women attributed their improvement to their faith. Still, they considered that it was through faith that they learned to value life, to review values such as the importance of family and friends and the need to have time for oneself. Religiousness and spirituality were essential to experience cancer and transform them into better people for others and themselves by investing in a better quality of life, thus following the precepts of God to love thy neighbor as well as oneself⁽⁰⁷⁾.

Women who experience the disease with faith are shown to be stronger, with a tendency to actively participate in society, help to recover their

health and others, propagating their experiences and giving positive examples of coping⁽¹²⁻¹³⁾.

It is through faith that some women build meaning for breast neoplasm and gain emotional stability to cope with the disease and hope for healing. In this way, religion and spirituality are strengthened when women realize that the daily practice of prayer enhance approximation with God, thus minimizing the effects that arise during the diagnosis and treatment of cancer⁽¹⁴⁾.

In addition, another study showed that women who actively participate in liturgies, group prayers or individually pray, whether by repetition of a mantra, rosary use or openly conversing with God, present significant improvements compared to those who do not perform any religious act⁽¹⁵⁾.

During the treatment of the disease, the support of leaders and religious members through prayer is essential, for it provides pleasant moments for the patient with their religious community. This creates a welcoming environment and therefore reduces the stress experienced by these patients. Religiousness and spirituality are responsible for the presence of optimism among cancer patients, and when they are constantly engaged in religious activities, there is a significant reduction in the number of deaths⁽⁴⁾.

The moment that a sick person sees God as Supreme Being, suffering becomes more bearable, once the individual ceases to feel responsible for their illness and death. In addition, spirituality is a strong ally in the case of the patient dying, in the process of relatives' mourning⁽¹⁶⁾.

Science constantly advances in the field of oncology, yet it is still common for cancer patients and their relatives to relate the disease to various negative symbolisms such as death, suffering, impotence and hopelessness. Faced with the possibility of death there is an intense rethinking of one's personal values, as well as behavior changes and personal and family replanning of the future^(17,18).

In another time the cancer was seen as a divine punishment for a serious offense committed by the individual. Over the years, the situation has reversed, and people with serious illnesses come to

perceive the closeness of death as a gift to eternal salvation, which provides a closeness to God and religion, accepting sickness as a necessary evil that comes to purify the spirit. To resist the suffering generated by the experience of the disease requires an emotional support that goes beyond what is found in conventional health care. In this expectation, the trust in God comes to fulfill this need, bringing the hope of a future ⁽¹⁷⁾.

Some individuals who are being treated for cancer are often marked by feelings of pain and suffering, as they encounter numerous factors that trigger fear and anxiety, which causes them to become fragile at times. However, even in these moments of fragility, they seek in their supreme God a way of regaining control of the situation ⁽¹⁶⁾.

On the other hand, other people who get sick may express anger, which is marked by questions about the reason for the illness and having their faith shaken, trying to blame God for their disease. Faced with this, it is possible to show that "people who experience religiosity face suffering differently" and do not allow the disease to be seen as divine punishment ⁽⁷⁾.

Regarding the cure attributed by God as grace and miracle, a study identified that regardless of the patient's religion, faith and belief in God fueled hope and were important allies in the search for the healing that was considered a miracle. The sense of pleasure and well-being is seen as the work of the divine, and not of human abilities, for they are feelings for their own satisfaction. Before an illness, patients are faced with the unknown, and in the expectation of relief from their suffering they build a more intimate contact with religiosity and spirituality ⁽¹⁹⁾.

Family is also an important part of trying to cope with cancer since it also relies on religiosity and spirituality as a resource for experiencing the stressful situations that accompany the disease. Even if it does not solve the problem instantly, it is an important ally in the recovery of the necessary strength that coping with the disease takes ⁽¹⁷⁾.

In times of crisis, patients affected by neoplasia and their families use religiosity and spirituality to confront disease in a constant fight

for survival. This can be understood as a relevant factor in the growth of their faith ⁽¹⁶⁾.

Besides the family, health professionals should also be another source of support for women diagnosed with breast cancer. In this context, it is the duty of nurses to particularly know their patient in its entirety and when we recognize spirituality as an indispensable way for her recovery, we are able to provide a plan of assistance oriented to the biopsychosocial need of the woman from the diagnosis until her rehabilitation of breast neoplasia ⁽⁴⁾.

Nursing care requires a deeper understanding of the beliefs and values of their patients, allowing health professionals to better meet their needs. During health training, students acquire objective knowledge, which results in professionals that lack a theoretical-practical background to address religious and spiritual issues. In this perspective, nurses may find it difficult to provide comprehensive care, since it is necessary to consider the spiritual dimension in order to approach the hope and the confrontation of the disease, and as a result, understanding the patient in its totality ⁽²⁰⁾.

One study showed that most nursing students and professors understand that spirituality has a good influence on the health of cancer patients, but that nursing is not prepared to address this aspect during their professional performance. Corroborating with this study, another literature identified the fragility and lack of preparation of nursing professionals in the spiritual scope when attending cancer patients. These professionals reported a feeling of discomfort during care and blamed the lack of approach on the issue during academic training. Thus, it can be concluded that it is of great importance to discuss the spiritual field during graduation, as the preparation of the nurse is indispensable to remedy weaknesses in the holistic care of women with breast cancer ⁽²¹⁾. However, even those this theme is not deeply discussed during nursing school, the spiritual support provided by nurses have a close relationship with the practical experience of the professional. It allows spirituality

and religiosity to be part of the planning of the patient's care when they are prescribed care that aims the emotional and spiritual aspects of women with breast cancer.

CONCLUSION

Breast cancer affects not only the physical dimension of women, but especially their emotional aspects, shaking up their social and family network. Considered an unexpected illness, it often brings feelings such as fear of loss of a loved one and social repercussions such as the mobilization of friends and neighbors in offering financial and emotional support.

The results showed that religiosity and spirituality are relevant parts of the lives of the women who participated in this study, and were alternatives sought by them to face the disease. In this sense, faith represented a powerful ally capable of providing the hope of healing.

Most of them maintained a connection with some religious institution and emphasized that the most important thing was God in his infinite goodness and love. It was evident that God was the most responsible factor for the strength acquired to confront the disease and for the desired and sought healing.

It is also noticed that the cure was not a requirement to persist in belief and faith, since when experiencing the disease and knowing its gravity, the women gave the life or death decision to God, accepting the disease and its consequences.

A small part of the testimonies showed a temporary question of their faith during the initial phase of the illness, creating queries about the purpose of their suffering. They also asked themselves questions about life and death, which all resulted in a feeling of emptiness that was later filled through reconciliation with God.

In some reports, it was found that a great number of patients returned to their religions in the face of fear after being diagnosed with cancer. They were in need of a superior force, a strength that they sought and found in God. Even in the face of healing, this communion with God continued to

be bright and more and more grounded in faith and love.

The results of the study have limitations because they do not allow generalizations, because of the number of participants in the qualitative research. However, it brought up questions and reflections about spirituality and religiosity of the women diagnosed with breast cancer monitored in BOTUCCAM. Thus, other studies with new methodological approaches may collaborate to explore the spiritual and religious repercussions of women with breast cancer.

Finally, this study pointed out the importance of a broader nursing care to cancer patients, evaluating the physical, emotional, social and spiritual aspects. To provide quality care, it is necessary to train professionals with involvement, sensitivity, attention, understanding, dialogue, support, comfort and clarification of doubts.

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