

CUIDADO É FUNDAMENTAL

UNIVERSIDADE FEDERAL DO ESTADO DO RIO DE JANEIRO • ESCOLA DE ENFERMAGEM ALFREDO PINTO

RESEARCH

DOI: 10.9789/2175-5361.2016.v8i4.5136-5142

Assistência de enfermagem ao paciente oncológico hospitalizado: diagnósticos e intervenções relacionadas às necessidades psicossociais e psicoespirituais

Nursing care in oncology hospitalized patients: diagnosis and interventions related to psychosocial and psychospiritual needs

Oncológico hospitalizado: diagnósticos e intervenciones relacionadas asistencia de enfermería al paciente a las necesidades psicossociales y psicoespirituales

Juliane Portella Ribeiro¹, Letícia Silveira Cardoso², Cláudia Maria Silva Pereira³, Bárbara Tarouco Silva⁴, Betania Kohler Bubolz⁵, Caroline Krüger Castro⁶

How to quote this article:

Ribeiro JP; Cardoso LS; Pereira CMS, et al. Nursing care in oncology hospitalized patients: diagnosis and interventions related to psychosocial and psychospiritual needs. Rev Fund Care Online. 2016 out/dez; 8(4):5136-5142. DOI: <http://dx.doi.org/10.9789/2175-5361.2016.v8i4.5136-5142>

ABSTRACT

Objective: This study aims at identifying the diagnosis and nursing interventions about psychosocial and psychospiritual needs of oncology patients. **Method:** Qualitative research, which setting was a care oncology unit. Carried out a collecting data through a structured instrument, from information contained in nursing records. **Results:** The diagnosis identified is concentrated in the domains of Self-perception, roles and relationship, total confrontation to stress, comfort and Principles of life. Nursing interventions carried out it has been highlighted the following: self-perception improvement, hope promoting, confrontation improvement, presence, self-esteem strengthen, family process maintenance, socialization improvement, safety increasing, emotional support, listing actively, spiritual support, body image improvement and painkillers administration. **Conclusion:** Is imperative to understand the impact caused by cancer, because such understanding enables the establishment of diagnosis, as well as, proper nursing interventions at the moment experienced.

Descriptors: Medical Oncology; Oncology Nursing; Patient Care; Needs Assessment; Nursing Diagnosis.

¹ Doctoral Student in Nursing at the Post-Graduate Program of Nursing at the Federal University of Rio Grande Program - FURG.

² PhD in Nursing. Professor of the Nursing Course at the Federal University of Pampa - UNIPAMPA/Uruguaiiana. Nurse. Member of the Social and Environmental Process Research Laboratory and Health Collective Production - LAMSA.

³ Graduate nurse from the University of the Campaign Region (URCAMP/Bagé).

⁴ Nurse. PhD in Nursing. Professor at the School of Nursing at the Federal University of Rio Grande (FURG).

⁵ Nursing Student of the 6th semester of the Federal University of Pelotas (UFPEL).

⁶ Nursing Student of the 6th semester of the Federal University of Pelotas (UFPEL).

RESUMO

Objetivo: identificar os diagnósticos e intervenções de enfermagem acerca das necessidades psicossociais e psico-espirituais de pacientes oncológicos.

Método: pesquisa qualitativa, realizada em uma unidade de internação oncológica com dados de seis prontuários. A coleta dos dados ocorreu por meio de um instrumento estruturado, a partir das informações contidas nos registros de enfermagem. **Resultados:** os diagnósticos identificados concentraram-se nos domínios de Auto percepção, Papéis e relacionamento, Enfrentamento total ao estresse, Conforto e Princípios da vida. Evidenciaram-se as intervenções de enfermagem: melhora da auto percepção, promoção de esperança, melhora do enfrentamento, presença, fortalecimento da autoestima, manutenção do processo familiar, melhora da socialização, aumento da segurança, apoio emocional, escutar ativamente, apoio espiritual, melhoria da imagem corporal e administração de analgésico. **Conclusão:** É imperativo compreender o impacto causado pelo câncer, pois tal entendimento possibilita o estabelecimento de diagnósticos e de intervenções de enfermagem adequadas ao momento vivido.

Descritores: Oncologia, Enfermagem Oncológica, Assistência ao Paciente, Determinação de Necessidades de Cuidados de Saúde, Diagnóstico de Enfermagem.

RESUMEN

Objetivo: identificar los diagnósticos e intervenciones de enfermería acerca de las necesidades psicossociales y psicoespirituales de pacientes oncológicos. **Método:** investigación cualitativa, cuyo escenario fue una unidad de internación oncológica en seis prontuarios. La colecta de los datos ocurrió por medio de un instrumento estructurado, a partir de las informaciones contenidas en el registro de enfermería. **Resultados:** los diagnósticos identificados se concentran en los dominios de Auto percepción, Papeles y relacionamiento, Enfrentamiento total al estrés, Conforto y Principios de la vida. Evidenciaron las intervenciones de enfermería: mejoría de la auto percepción, promoción de esperanza, mejoría del enfrentamiento, presencia, fortalecimiento de la autoestima, mantención del proceso familiar, mejoría de la socialización, aumento de la seguridad, apoyo emocional, escuchar activamente, apoyo espiritual, mejoría de la imagen corporal y administración de analgésico. **Conclusión:** es imperativo comprender el impacto causado por el cáncer, pues tal entendimiento posibilita el establecimiento de diagnósticos, bien como, la realización de intervenciones de enfermería adecuadas al momento vivido.

Descriptores: Oncología Médica; Enfermería Oncológica; Atención al Paciente; Evaluación de Necesidades; Diagnóstico de Enfermería.

INTRODUCTION

The oncologic patient is susceptible to a psychological, biological, social or spiritual crisis of character, which can be triggered by diagnosis, prognosis and side effects of the treatment. Thus, understanding the impact of cancer in the patient is crucial to establish strategies of care, mainly when the patient is in terminal condition, when a cure is not possible anymore but taking care is.¹

In general, the therapeutic journey of these patients becomes the seeking of the balance between the body and

soul and the continuity of life with the highest level of life quality possible.² Consequently, taking care of the patient implies recognizing his/her condition of weakness and insecurity by using technical and scientific knowledge reflexively, thus providing effective and humanized care.³

In this perspective, the nurse is oriented to get fully involved with the care, paying attention not only to the psychobiological needs, but also to the psychosociological and psychospiritual needs. Psychobiological needs refer to oxygenation, hydration, nutrition, elimination, sleep and rest, body care, motility, mobility, physical integrity, cutaneous and mucous integrity, shelter, sexuality, adjustment (thermal, hormonal, neurological, hydro saline, electrolytic, immunological, cell growth, vascular), perception (visual, olfactory, gustatory, auditory, tactile and painful), environment, and therapeutic. Psychosocial needs include safety, love, freedom, communication, creativity, learning (education to health), gregarious, recreation, leisure, space, orientation in time and space, acceptance, self-realization, self-esteem, participation, self-image, and attention. Psychospiritual needs are of religious or theological order, ethical, or of philosophy of life.⁴

All these needs are deeply interrelated, as they comprise the human being entirely. Therefore, the assessment and identification of the needs of oncological patients translate into a valuable tool, as they allow us to detect the diagnosis and to establish and implement nursing interventions appropriate to the moment experienced.

In practice, the tendency of professionals to prioritize the needs related to the psychobiological aspects is often observed, which interferes in the patient's body functioning. Although such needs demand attention to maintain life, psychosocial and psychospiritual needs are noteworthy in maintaining life quality, by considering the client entirely. In view of the above, this work aims to identify the diagnoses and nursing interventions related to the psychosocial and psychospiritual needs of hospitalized oncological patients.

METHOD

A qualitative research of an exploratory and descriptive order, derived from the project "Health and nursing for the oncological patient", approved by the Research Ethics Committee of the Universidade da Região da Campanha, Opinion No. 25/2011. The study setting was an oncology in-patient unit in a small sized hospital, located in a city of a micro region of the Southern Campanha, in the south-west of the Rio Grande do Sul state.

Data collection was carried out in six medical records of oncologic patients hospitalized in the unit mentioned. Data collection took place from October to December 2012, through a structured tool that allowed to identify, from information contained in the nursing record, the diagnosis and interventions of nursing corresponding to the psychosocial and psychospiritual needs.

Such a tool was prepared based on the Classification of Nursing Diagnosis and Interventions North American Nursing Diagnoses Association (NANDA-I)⁵ and Nursing Interventions Classification (NIC),⁶ comprising a preliminary list of diagnoses and nursing interventions directed to the psychosocial and psychospiritual needs of oncologic patients. Data obtained was sorted by Microsoft Excel/97 and presented through a descriptive analysis of simple frequencies.

RESULTS AND DATA DISCUSSION

Diagnosis related to the psychosocial and psychospiritual needs in hospitalized oncologic patients

The use of diagnosis in nursing benefits both the nurse and the patient because it orients the nursing care towards the patient's specific needs, facilitating the choice of adequate interventions and further enabling the assessment of care provided through the records about the patient's reactions.⁵

However, for the diagnosis to in fact guide the nursing care, it is necessary that the Nursing Procedure be used in a planned way. The procedure, making use of its stages, has been providing to the nurses, scientific and humanized care destined to the attendance of the needs of each person. It assumes a special dimension when directed to the oncologic patient in the definition of priorities, considering the individuality, singularity, life style, beliefs and cultural values.⁷

This study enabled us to identify and list diagnoses related to the psychosocial and psychospiritual needs in hospitalized oncologic patients. As to the psychosocial needs, the identified diagnoses focused on the domains of Self-perception, Roles and relationship, Total Coping with stress and Comfort. On the other hand, the diagnoses related to the psychospiritual needs comprised the domain of Life principles.

A study carried out in the medical records of women submitted to mastectomy identified 21 nursing diagnoses, most of those being psychobiologic diagnoses and belonging to the domain Safety and Protection. This indicates that the psychosocial diagnosis, which demand from the nurse a more thorough approach in the preparation, were registered at a low frequency level, being anxiety and fear, belonging to the domain Coping with/Tolerance to stress. Therefore, it is important to highlight that oncological nursing is also supported by psychosocial diagnoses in the preparation of its care planning in order to improve the assistance provided.⁸

This study identified psychosocial diagnoses as: willingness to improve self-concept (n= 6), desperation (n= 4), risk of compromised human dignity (n= 1), personal identity disorder (n= 1), feeling of impotence (n= 3), risk of loneliness (n= 2), situational low self-esteem (n= 3), body image disorder (n= 2), interrupted family processes (n= 2), willingness to improve family process (n= 3), dysfunctional

family process (n= 2), social interaction harmed (n= 1), stress syndrome due to change (n= 1), fear (n= 5), anxiety related to death (n= 6), sadness (n= 4), inefficient denial (n= 2), stress overload (n= 2), sorrow (n= 2), social isolation (n= 6), and comfort harmed (n= 3). The diagnoses related to the psychospiritual needs are willingness to increase hope (n= 1), willingness to increase spiritual well-being (n= 4), risk of spiritual suffering (n= 2), risk of religiousness harmed (n= 1), and religiousness harmed (n= 1).

Researchers indicated the tendency of the nurses to value biophysiological aspects of the patient due to the biomedical history heritage. Therefore, the identification of the psychosocial and psychospiritual needs, demands a deeper approach from the nurse to (re)cognize the problem the patient is going through and to properly establish a nursing diagnosis. So, unveiling the possibilities to assist the oncologic patient, not only from the perspective of the suffering, but above all, from the perspective of the existential assistance, covering all their needs and singularities.⁹

Nursing interventions carried out before the psychosocial and psychospiritual needs of hospitalized oncologic patients

As to the nursing interventions carried out, the study found: self-perception improvement (n= 2), promotion of hope (n= 2), improvement of coping (n= 3), presence, strengthening of self-esteem (n= 2), maintenance of family process (n= 2), improvement in socialization (n= 1), increase of safety (n= 1), emotional support (n= 2), listening actively (n= 1), spiritual support (n= 1), improvement of body image (n= 2) and painkiller administration (n= 3). The interventions were given in response to the psychosocial needs diagnosed in the domains of self-perception, roles and relationship, total coping with stress and comfort; as were the psychospiritual needs related to the domain of life principles.

As to the interventions related to the domain of self-perception, table 1 presents the frequency with which the needs and the interventions carried out were observed. The needs indicated in the domain Self-perception, reflect the secondary and side effects of the treatment in oncology, which can involve mutilations, functional, and aesthetic alterations. It is highlighted that malaise, body pains, nausea, tiredness, loss of vitality, strength, and energy, as well as the loss of hair with the use of some chemotherapeutics, or of some body parts in surgical treatment, are strictly related to self-image and to the self-esteem of the patient.¹⁰

Table 1 - Psychosocial needs and interventions related to the domain of self-perception, Rio Grande do Sul, Brazil, 2012.

Psychosocial needs	No.	Nursing interventions	No.
Self-perception domain			
Willingness to improve self-concept	6	Self-perception improvement	2
Desperation	4	Promotion of hope	2
Risk of compromised human dignity	1	Improvement of coping	1
Disorder of personal identity	1	Improvement of coping	1
Feeling of impotence	3	Improvement of coping	1
Risk of loneliness	2	Presence	1
Situational low self-esteem	3	Strengthening of self-esteem	2
Body image disorder	2	Improvement of body image	2

Source: Own preparation, 2012.

This study found that professionals respond more often to the alteration of situational low self-esteem and body image disorder, and make few interventions to reinforce their standard of perceptions when they are willing to improve self-concept. In order to help patients with their needs related to self-perception, the nursing interventions must direct to understand their thoughts, feelings, motivations and behaviors, thus helping them to adapt to stressors, changes or threats they perceive, consequently, strengthening their self-esteem and improving the judgment of their own value.⁶

In addition, it is emphasized that many times, the effects of the treatment interfere not only with the patient's self-perception, but also in his/her daily activities, evoking family help for the maintenance and performance of the same, thus causing a change in the family dynamics and process.¹⁰ In this sense, this study identified that psychosocial needs related to the domain of Roles and relationships and the dysfunctional family process, did not receive any nursing intervention; harmed social interaction received intervention for the improvement of socialization by the nursing team; and willingness to improve the family process received maintenance for this family process, as shown in Table 2 below.

Table 2 - Psychosocial needs and interventions related to the domain of Roles and relationships, Rio Grande do Sul, Brazil, 2012

Psychosocial needs	No.	Nursing interventions	No.
Domain roles and relationships			
Dysfunctional family process	2	There was no intervention	-
Harmed social interaction	1	Improvement in socialization	1
Willingness to improve family process	3	Maintenance of family process	1

Source: Own preparation, 2012.

Alteration in the family dynamics and process affects all members involved in the care of the oncologic patient, requiring the support and care of the nurses as the family helps the patient to cope with the disease and the hospitalization. When intervening in the family process, the nurse helps to unveil possible (re)organizations in the roles and relationship of the patient, assuring that the physical, psychic and social needs of the family member don't overtake the patient's.¹¹

In this sense, when assisting both the patient and the family, the nurse is contributing to the maintenance and promotion of family cohesion, by using the points of the family to influence the health of the patient in a positive direction,⁶ helping the patient to cope totally with the stress caused by the disease. As to the psychosocial needs related to the domain of Total coping with stress, it was observed that the professionals carried out scarce interventions when the patient presented fear, sadness and anxiety related to death (Table 3), thus proving that cancer is often associated with death, not only for the patient, but also for the professional. Moreover, although being a natural phenomenon, it causes nurses to have feelings of guilt, depression, anxiety, sadness, and fear by their own identification with the patient, referent to the limitations and impotence of their own existence.¹²

Table 3 - Psychosocial needs and interventions related to the domain Total coping with stress, Rio Grande do Sul, Brazil, 2012

Psychosocial needs	No.	Nursing interventions	No.
Total Coping with stress			
Stress Syndrome by change	1	There was no intervention	-
Fear	5	Increase of safety	1
Anxiety related to death	6	Listen actively	1
Sadness	4	Emotional support	1
Inefficient denial	2	Emotional support	1
Stress overload	2	There was no intervention	-
Sorrow	2	There was no intervention	-

Source: Own preparation, 2012.

It is highlighted the absence of interventions when the patient presented the syndrome of stress by change, overload of stress and sorrow. Further to these alterations, it is up to the nurse to show affection, warmth, compassion, to listen, touch and stay beside the patient, because when death is a real threat, when accompanied the patient feels more comfortable. A merciful presence, even when quiet, consoles and comforts by showing the patient that he/she is important and will be taken care of until the end.¹³

However, to put away the possibility of death in the daily life of the professionals, they often end up overvaluing technical skills, which can cause the loss of an interpersonal more authentic and fortifying relationship between the nurse and the patient,⁷ which is imperative in reducing the fear and discomfort related to the disease. The Psychosocial needs related to the domain of Comfort show that the social isolation did not receive any means of intervention. It also showed that the comfort harmed received the administration of painkillers as intervention (Table 4).

Table 4 - Psychosocial needs and interventions related to the domain of Comfort, Rio Grande do Sul, Brazil, 2012

Psychosocial needs	No.	Nursing interventions	No.
Comfort			
Social isolation	6	There was no intervention	--
Comfort harmed	3	Painkiller administration	3

Source: Own preparation, 2012.

Due to the clinical condition or the treatment itself, the hospitalized oncologic patients, go through the most distinct impairments, in physical, emotional or social spheres, which most of the time cause the separation from family, society and professional interaction.⁷ In this context, the interpersonal relationship is given a new meaning and assumes great importance because it provides assistance and support for the patient facing a terminal disease.¹³

In order to keep or (re)establish a patient's interpersonal relationship, the nurse needs to develop the care beyond just performance, including listening, perceiving, understanding, identifying needs to, only then, plan action.¹³ This study identified that the interventions carried out because of the psychosocial needs related to the domain Comfort, were summarized in the administration of analgesic medications. Although the pain control in oncologic patients is unquestionable, to comfort them involves a combination of painkillers with other comfort measures paying attention to the different dimensions of the person.¹⁴ Thus it is imperative to pay attention to the experiences, behaviors, emotions and spirituality of the patient.¹³

It is important to mention that the study identified weakness regarding the care to the psychospiritual needs related to the domain Life principles. Intervention only

took place when the patient showed willingness to increase spiritual well-being, with the offer of spiritual support (Table 5).

Table 5 - Psychospiritual needs and interventions related to the domain of Life principles, Rio Grande do Sul, Brazil, 2012

Psychospiritual needs	No.	Nursing interventions	No.
Life principles			
Willingness to increase hope	1	There was no intervention	--
Willingness to increase spiritual well-being	4	Spiritual support	1
Risk of spiritual suffering	2	There was no intervention	--
Risk of religiousness harmed	1	There was no intervention	--
Religiousness harmed	1	There was no intervention	--

Source: Own preparation, 2012.

Similar diagnoses to this study were highlighted by an integrative review aiming to identify the spiritual needs of hospitalized patients. They were organized in four categories: seeking for a sense of life, relationships, transcendence, and religious practices; thus, proving that for most of the hospitalized patients, there are some risks of spiritual suffering, such as the change of seeking for a sense, of the harmonious relationship with family, friends, God or superior being and with the transcendence of the spiritual being.¹⁵

The spiritual dimension involves aspects related to the meaning of life and to the reason for living, non-limiting to the types of beliefs or practices, while religion is the belief in the existence of a supernatural power, creator and controller of the Universe. Along with that, spirituality and religiousness are relevant factors for coping with adversities which the oncologic patients are exposed to.¹⁶ Specifically, when they face the terminal disease, they re-evaluate life and the psychospiritual needs superimpose the physical needs.¹⁵

The terminal disease status leads the patient to explore his/her beliefs in God and in life after death,¹⁵ thus, making nurses offer support to facilitate spiritual growth, helping the patient to achieve balance and connection with a superior power.⁶

Paying attention to the psychospiritual needs in the assistance to health positively influences the well-being of people and allows the professional to have a full view of the patient in different dimensions, overcoming the biomedical model which centers only on the physical aspect of the health-disease process and works with a mechanistic concept of the body and its functions. Thereby, the concept of care turns to the understanding of spirituality like a dimension as important as the physical, psychic and social dimensions of the human being.¹⁷

However, the absence of psychospiritual interventions observed by this study reinforces the obstacles indicated by researchers regarding the assessment of the psychospiritual needs, such as: the difficulty the patient has to approach the subject due to its intimate and subjective character; lack of time, knowledge and skills necessary to diagnose them and intervene properly; furthermore, the scarce human resources that compromise the organization and management of the nursing care.¹⁵

It is highlighted that the nursing diagnosis and interventions identified are not a conclusive result, demanding further studies for its deepening.

CONCLUSION

Results indicate that to pay attention to the psychosocial and psychospiritual needs it is crucial to understand the impact cancer causes, because this understanding enables the definition of diagnosis, as well as the performance of nursing interventions proper to the moment. Based on the psychosocial needs, the diagnosis identified showed that the patient hospitalized by cancer could present alterations in self-perception, reflecting in low situational self-esteem, identity and body image disorder. In view of that, the social interaction tends to be harmed, interfering in the performance of its roles and relationships, mainly within the family scope.

Due to the possibility of imminent death, many patients experienced fear, sadness and anxiety related to death. Moreover, with the disease progression, the comfort of the patient tends to be harmed and associated with hospitalization and the removal from family and social context, taking the patient to a social isolation.

As to the psychospiritual needs, the diagnoses identified indicate that the patients seek the understanding of the sense of life in spirituality. Believing in something and having hope can help the patients to maintain their beliefs and to keep motivated to live. However, to do that, nursing professionals need to comfort their own fears and meet the needs of the patients experiencing the process of dying.

Therefore, it is important to provide support conditions so that the nurses are prepared to act within the oncologic hospital environment. Hospitals frequently work with inadequate structure and are in short of professionals. That fact is a barrier to the development of interventions aiming to qualify the life of patients, whose possibility of life is imminent.

This study identified that the performance of interventions as improvement to self-perception, promotion of hope, improvement of coping, presence, strengthening of self-esteem, and maintenance of family process, improvement in socialization, increase of safety, emotional support, listening actively, spiritual support, improvement of body image and painkiller administration. However, there were moments when the psychosocial and psychospiritual needs stopped being fulfilled, even when evoked the implementation of simple actions, which needed time to become responsive to the professional and, consequently, the performance.

REFERENCES

1. Silva RCF, Hortale VA. Cuidados paliativos oncológicos: elementos para o debate de diretrizes nesta área. *Cad Saúde Pública* [Internet]. 2006 [citado 2014 jun. 10]; 22(10): 2055-66. Available at: <http://www.scielo.br/pdf/csp/v22n10/04.pdf>
2. Rosa LM. O cuidado de enfermagem no itinerário terapêutico da pessoa com diagnóstico de câncer. Repositório. 2007 [Dissertação]. Florianópolis (SC). Programa de Pós-Graduação em Enfermagem. Universidade Federal de Santa Catarina – UFSC. 2007.
3. Salimena AMO, Teixeira SR, Amorim TV, et al. Estratégias de enfrentamento usadas por enfermeiros ao cuidar de pacientes oncológicos. *Rev Enferm UFSM* [Internet]. 2013 [citado 2014 jun. 10]; 22(10): 8-16. Available at: <http://cascavel.ufsm.br/revistas/ojs-2.2.2/index.php/reufsm/article/view/6638>
4. Horta WA. *Processo de enfermagem*. São Paulo: EPU; 1979.
5. *Diagnósticos de enfermagem da NANDA: Definições e Classificação 2009-2012*. Porto Alegre: Artmed; 2010.
6. Bulechek GM, Butcher HK, Dochterman JM. *Classificação das intervenções de enfermagem - NIC*. 5ª ed. Rio de Janeiro: Elsevier; 2012.
7. Gargiulo CA, Melo MCSC, Salimena AMO, et al. Vivenciando o cotidiano do cuidado na percepção de enfermeiras oncológicas. *Texto Contexto Enferm* [Internet]. 2007 out-dez [citado 2014 jun. 10]; 16(4): 696-702. Available at: <http://www.scielo.br/pdf/tce/v16n4/a14v16n4>
8. Lopes MHBM, Moura AA, Raso S, Vedovato TG, Ribeiro MAS. Diagnósticos de enfermagem no pós-operatório de mastectomia. *Esc Anna Nery* [Internet]. 2013 abr – jun [citado 2014 jun. 10]; 17 (2): 354-360. Available at: <http://www.redalyc.org/articulo.oa?id=127728367021>
9. Souza AS, Valadares GV. Desvelando o saber/ fazer sobre diagnósticos de enfermagem: experiência vivida em neurocirurgia oncológica. *Rev Bras Enferm* [Internet]. 2011 set-out [citado 2014 jun. 10]; 64(5): 890-7. Available at: <http://www.scielo.br/pdf/reben/v64n5/a14v64n5.pdf>
10. Jaman-Mewes P, Rivera MS. Vivir con cáncer: una experiencia de cambios profundos provocados por la quimioterapia. *Aquichan* [Internet]. 2014 [citado 2014 jun. 10]; 14(1): 20-31. Available at: <http://aquichan.unisabana.edu.co/index.php/aquichan/article/view/2394/html>
11. Sales CA, Gossi ACM, Almeida CSL, Silva JDD, Marcon SS. Cuidado de enfermagem oncológico na ótica do cuidador familiar no contexto hospitalar. *Acta Paul Enferm* [Internet]. 2012 [citado 2014 jun. 10]; 25(5): 736-42. Available at: <http://www.scielo.br/pdf/ape/v25n5/14.pdf>
12. Salimena AMO, Teixeira SR, Amorim TV, et al. O vivido dos enfermeiros no cuidado ao paciente oncológico. *Cogitare Enferm* [Internet]. 2013 jan-mar [citado 2014 jun. 10]; 18(1): 142-7. Available at: <http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/view/31320/20027>
13. Araújo MMT, Silva MJP. A comunicação com o paciente em cuidados paliativos: valorizando a alegria e o otimismo. *Rev Esc Enferm USP* [Internet]. 2007 [citado 2014 jun. 10]; 41(4): 668-74. Available at: <http://www.scielo.br/pdf/reeusp/v41n4/17.pdf>
14. Pott FS, Stahlhoefer T, Felix JVC, et al. Medidas de conforto e comunicação nas ações de cuidado de enfermagem ao paciente crítico. *Rev Bras Enferm* [Internet]. 2013 [citado 2014 jun. 10]; 66(2): 174-179. Available at: <http://www.scielo.br/pdf/reben/v66n2/04.pdf>
15. Castelo-Branco M, Brito D, Fernandes-Sousa C. Necessidades espirituais da pessoa doente hospitalizada: revisão integrativa. *Aquichan* [Internet]. 2014 [citado 2014 jun. 10]; 14(1): 100-08. Available at: <http://aquichan.unisabana.edu.co/index.php/aquichan/article/view/2126/html>
16. Gobatto CA, Araujo TCCF. Coping religioso-espiritual: reflexões e perspectivas para a atuação do psicólogo em oncologia. *Rev SBPH* [Internet]. 2010 jun [citado 2014 Jun. 21]; 13(1): 52-63. Available at: <http://pepsic.bvsalud.org/pdf/rsbph/v13n1/v13n1a05.pdf>
17. Arriera ICO, Thofehr MB, Porto AR, Palma JS. Espiritualidade na equipe interdisciplinar que atua em cuidados paliativos às pessoas com câncer. *Cienc Cuid Saude* [Internet]. 2011 abr-jun [citado 2014 jun. 10]; 10(2): 314-321. Available at: <http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/15689/pdf>

Received on: 16/09/2014

Reviews required: No

Approved on: 17/09/2015

Published on: 01/10/2016

Mailing address:

Bárbara Tarouco Silva
Dr. Nascimento, 497, apto 703, centro
Rio Grande/RS Brazil.
ZIP Code: 96200-300