Revista Bioética
Print version ISSN 1983-8042 | On-line version ISSN 1983-8034

Rev. Bioét. vol.34 Brasília 2026

Importance of spirituality in the treatment of children with cancer

Iana Sâmella Alcântara de Lima [1], *Anna Rosa Souza Occhiuzzo* [1], *Cintia Costa* [1], *Thainá Karoline Costa Dias* [1], *Gabriela Gomes* [1], *Semirames Ramos* [1], *Ana Paula Silva Melo* [1], *Jael Rubia Figueiredo de Sá França França* [1]

1. Universidade Federal da Paraíba, João Pessoa/PB, Brasil.

Abstract

A cancer diagnosis affects multiple dimensions of life, including the spiritual dimension, which can provide emotional and social support, hope, and relief from pain. This integrative review aimed to analyze the scientific literature on the importance of spirituality in the treatment of children with cancer. The findings highlight that spirituality contributes to overall well-being, hope, symptom relief, and quality of life, and can be fostered through interventions such as prayer and playful activities. Despite its relevance, spirituality is still underexplored in pediatric oncology. Therefore, the results of this review may support healthcare professionals in providing comprehensive care to children with cancer.

Keywords: Child. Neoplasms. Spirituality.

Resumo

Importância da espiritualidade no tratamento de crianças com câncer

O diagnóstico de câncer afeta múltiplas dimensões da vida, incluindo a espiritual, que pode oferecer suporte emocional, social, esperança e alívio de dores. Esta revisão integrativa teve como objetivo analisar a literatura científica sobre a importância da espiritualidade no tratamento de crianças com câncer. Os achados destacam que a espiritualidade contribui para o bem-estar geral, a esperança, o alívio de sintomas e a qualidade de vida, podendo ser promovida com intervenções como oração e atividades lúdicas. Apesar de sua relevância, a espiritualidade ainda é pouco abordada na oncologia pediátrica. Assim, os resultados desta revisão podem subsidiar a atuação dos profissionais de saúde no cuidado integral à criança com câncer.

Palavras-chave: Criança. Neoplasias. Espiritualidade.

Resumen

Importancia de la espiritualidad en el tratamiento de niños con cáncer

El diagnóstico de cáncer afecta múltiples dimensiones de la vida, incluida la espiritual, que puede ofrecer apoyo emocional y social, esperanza y alivio del dolor. Esta revisión integradora tuvo como objetivo analizar la literatura científica sobre la importancia de la espiritualidad en el tratamiento de niños con cáncer. Los hallazgos destacan que la espiritualidad contribuye al bienestar general, la esperanza, el alivio de los síntomas y la calidad de vida, pudiendo promoverse mediante intervenciones como la oración y actividades lúdicas. A pesar de su relevancia, la espiritualidad aún es poco abordada en la oncología pediátrica. Así, los resultados de esta revisión pueden respaldar la actuación de los profesionales de la salud en el cuidado integral del niño con cáncer.

Palabras clave: Niño. Neoplasias. Espiritualidad.

Research

The authors declare no conflict of interest.

Cancer is a group of diseases characterized by the uncontrolled proliferation of abnormal cells and can affect various regions of the body, including blood cells and the nervous and lymphatic systems. It is considered the leading cause of death from pathologies among children and adolescents aged 0 to 19 years and the second leading cause overall, in addition to causing a reduction in the quality of life of children who receive the diagnosis [1]. In the three years 2023-2025, there will be an estimated 7,930 new cases of cancer in children and young people each year, which corresponds to an estimated risk of 134.81 per million children and adolescents [2].

Once the cancer diagnosis is confirmed, the child faces several uncertainties regarding treatment, prognosis, and disease progression, which directly affect the biological, social, psychological, and spiritual dimensions. The child needs to adapt to the situation to cope with the stress caused by the diagnosis and treatment, which can be alleviated by spirituality, considered an important coping strategy for difficult situations that generate life changes, suffering, anguish, pain, and fear, such as the diagnosis and treatment of cancer [3].

Cancer in children generates a need for physical, social, and spiritual/religious adjustment in order to cope with the demands of diagnosis and treatment. The spiritual dimension is present in the health-disease process, promoting emotional and social support and hope, alleviating physical and psychological pain, and assisting in adverse situations caused by the illness process [4].

Spirituality has positive effects during illness: it improves quality of life and recovery and serves as an important coping strategy for patients experiencing physical and mental suffering [5]. Given the demands that arise from the illness process caused by cancer, the care provided to children and adolescents must be comprehensive, i.e., it must consider not only biological changes, but also social and spiritual ones. In this sense, the spiritual dimension is of paramount importance in the treatment of children with cancer, as spiritual support ensures this wholeness in the treatment process [4].

A study conducted with caregivers at a philanthropic hospital in the capital of São Paulo, Brazil, indicates that spirituality is essential in the coping process, as it is rooted in the search for meaning in life [6]. The spiritual dimension directly interferes in the treatment of children with cancer by attributing meaning to the illness process, providing comfort, relief from fears and anxiety, as well as resilience and consolation amidst suffering [6]. Therefore, in the face of suffering and uncertainties due to cancer treatment, spirituality provides an essential source of support, hope, meaning, and comfort.

Studies show that spirituality can help alleviate suffering, adapt to treatment, and promote hope, providing essential emotional support for both children and their families [4-6]. Despite growing appreciation of this topic in the scientific literature, gaps remain in understanding how to integrate spirituality into holistic care in pediatric oncology effectively.

Therefore, this review is necessary to explore and systematize the evidence on the importance of spirituality in the treatment of children with cancer, highlighting its benefits, challenges, and potential strategies for integrating it into clinical practice. Thus, we seek to broaden the vision of humanized care and reinforce the need to provide comprehensive care that considers not only the body, but also the mind and soul of young patients.

Method

This is a bibliographic review of integrative literature on the importance of spirituality in the treatment of children with cancer. This type includes the analysis of studies that can assist in decision-making and improve clinical practice [7].

Furthermore, it is emphasized that the PRISMA recommendation was followed, which includes a 27-item checklist and a four-step flowchart to assist researchers in conducting reviews by guiding additional reporting for each item [8].

The construction of the integrative review followed six steps, namely: identification of the theme and selection of the hypothesis or

research question; sampling or literature search; data extraction or categorization; critical analysis of the included studies; data interpretation; presentation of the integrative review [7].

Regarding the first stage, the guiding question, formulated using the mnemonic strategy PCC (acronym for population, concept, and context), was "What does the scientific literature indicate about the importance of spirituality in the treatment of children with cancer?", in which P refers to children with cancer, C to spirituality, and C to treatment.

Next, a comprehensive and systematic search strategy was defined, selecting relevant databases and sources, and establishing clear inclusion and exclusion criteria for the studies. For the data collection search, the Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH) were used in Portuguese and English, with the terms "*espiritualidade*/spirituality," "*criança*/child," and "*neoplasias*/neoplasms." For combinations between descriptors, the Boolean operators "and" and "or" were used, the first for a restrictive combination (intersection) and the second for an additive combination (synonym). The study was conducted using the LILACS, Medline, PubMed, and Web of Science databases and platforms, as well as the SciELO virtual library.

The data were collected in the second half of 2024. During data extraction or categorization, relevant information was systematically collected, initially by reading the titles and abstracts of the studies and subsequently by reading the full texts, to select the final study sample. Among the information collected are the study identification (authorship, year of publication, country where the study was conducted), the study objective, methodological characteristics, and main results; tables were used to organize the data, which were classified to facilitate the analysis.

In the critical analysis of the included studies, methodological quality was assessed, and findings from the distinct studies were integrated to identify potential biases. To analyze the studies' designs and levels of evidence, the concepts proposed by Melnyk and Fineout-Overholt [9] were used, which guide evidence-based practice for clinical decision-making, leading to high-level safety care and better patient outcomes [10].

The study sample was selected according to the following inclusion criteria: publications in the health field, with full access, in Portuguese, English, and Spanish, published from 2020 to 2024, that had as their target population children (0-18 years) diagnosed with neoplasms and that addressed spirituality in these, including emotional, psychological, and spiritual support aspects.

Articles that did not address spirituality in the context of pediatric neoplasms were excluded, such as those focused exclusively on medical treatments that did not include spiritual or emotional aspects, as well as studies in the form of letters to the editor, opinions, conference abstracts, or articles without peer review, duplicate articles, and those not available in full.

To assist with the process of including and excluding studies, the online reference managers EndNote and Rayyan were used to identify duplicates for exclusion, provide relevant study information (such as title and abstract), and facilitate collaboration in selecting studies for the final sample.

Data interpretation, in turn, consisted of understanding and explaining the results, contextualizing them within the broader field of study, and discussing their implications for practice, public policy, or future studies. The aim was to identify potential knowledge gaps and relevant suggestions for future studies that serve as a basis for evidence-based practice [7].

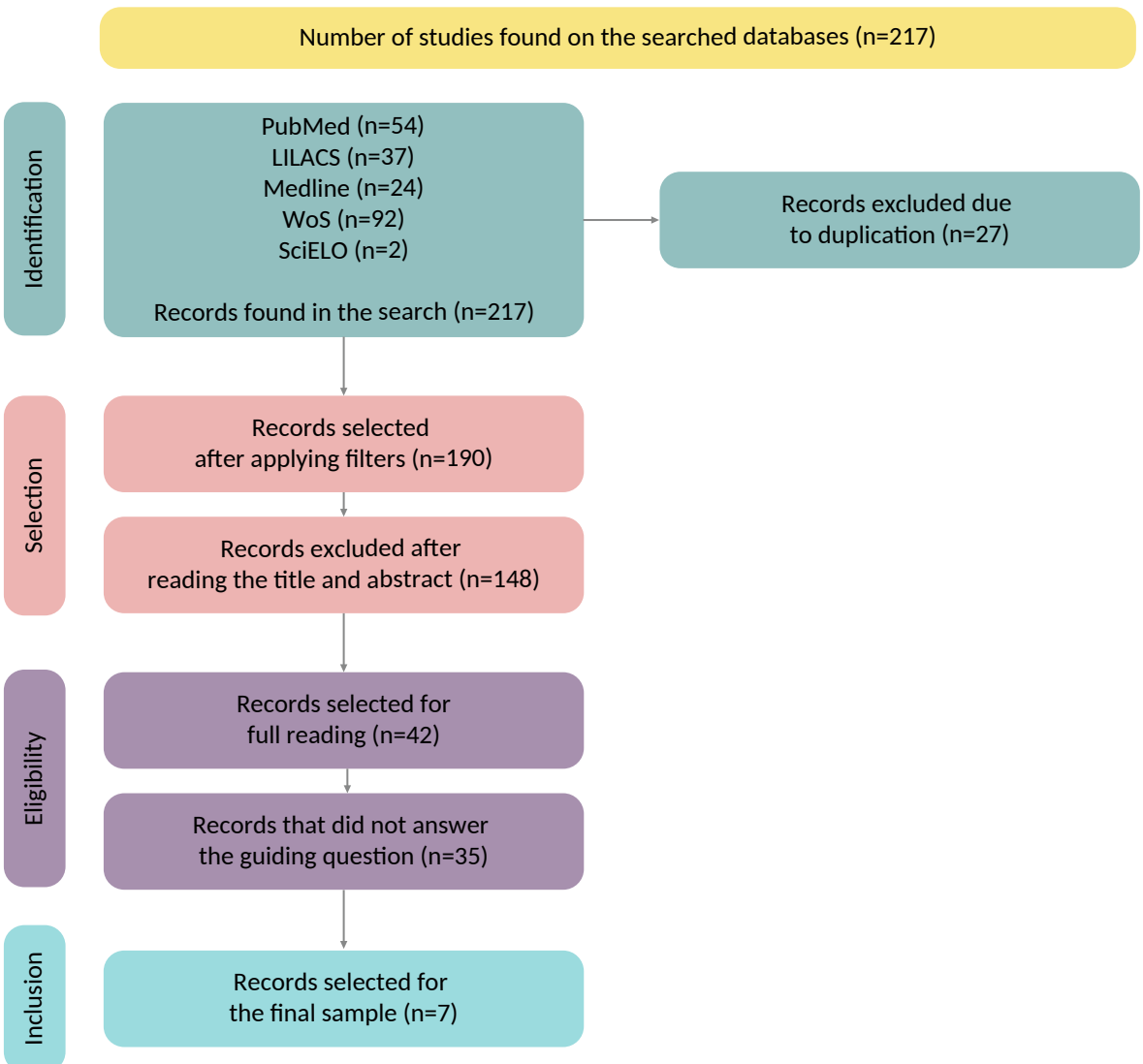
Finally, a document was prepared that clearly and coherently described all the phases the researcher went through in preparing the integrative review, along with the results of the search, presented in a logical, understandable way. The results were critically analyzed and aligned with the existing literature to support future studies and improve clinical practice [10].

Results

The integrative review retrieved a total of 217 publications, distributed as follows: 37 in

Lilacs, 24 in Medline, 54 in PubMed, 92 in Web of Science, and 10 in SciELO. After the search, the studies were entered into EndNote for duplicate removal, during which 27 publications were removed, leaving 190 studies. The remaining publications were entered into the Rayyan system for title and abstract screening to exclude studies that did not meet the review's objectives, during which 148 publications were discarded. Thus, after screening and excluding duplicates, 42 publications were selected for full analysis; of these, 35 were excluded for not answering the guiding question, leaving 7 articles eligible for review, which formed the final sample of the study. The results obtained in each phase of the selection process were summarized and illustrated in a flowchart (Figure 1), developed according to the PRISMA 2020 model[8].

Figure 1. Search strategy used to obtain the studies in this review's final sample



Three studies (42.86%) were from Asia (China), two (28.57%) from Europe (Lithuania), one (14.29%) from North America (Canada), and one (14.29%) from South America (Brazil). The included studies aim to evaluate models of spiritual approaches, assess spiritual well-being, develop interventions to meet spiritual needs, and evaluate the life perception of children with

cancer and how spirituality acts as a protective factor against anxiety and depressive symptoms in cancer patients. The articles are classified as methodological studies (n=2), quantitative studies (n=1), cross-sectional quantitative studies (n=1), cross-sectional studies (n=1), descriptive and phenomenological studies (n=1), and qualitative descriptive studies (n=1).

After analyzing the studies included in the review, the following thematic categories emerged: 1) promotion of comprehensive care in pediatric oncology; and 2) spiritual intervention in the treatment of children with cancer. A description of the main scientific evidence found in each of the sample articles, based on this categorization, is presented in Chart 2.

Chart 1. Articles included in this review

Authorship; year	Title	Country	Objectives	Method
Juškauskienė E, Riklikienė O, Fisher J; 2023 [11]	Spiritual well-being and related factors in children with cancer	Lithuania	Develop and evaluate a conversational model for spiritual engagement with children and adolescents with cancer. Assess the spiritual well-being of children with cancer in association with their overall well-being, happiness, quality of life, pain intensity, and personal characteristics.	Cross-sectional quantitative study
Liu Q, Ho KY, Lam KK, Lam WY, Cheng EH, Ching SS, Wong FK; 2022 [12]	A descriptive and phenomenological exploration of the spiritual needs of Chinese children hospitalized with cancer	China	Develop culturally specific interventions that address spiritual needs and incorporate them into the care of children with cancer.	Descriptive and phenomenological approach study
Liu Q, Ho KY, Lam KK, Lam W, Cheng EH, Ching SS *et al.*; 2022 [13]	Adaptation and psychometric evaluation of the Chinese version of the functional assessment of chronic illness therapy spiritual well-being scale among Chinese childhood cancer patients in China	China	Translate and adapt the Functional Assessment of Chronic Illness Therapy Spiritual Well-being (FACIT-Sp) scale for Chinese patients with childhood cancer and examine the psychometric properties and factorial structure in this population.	Methodological study
Liu Q, Ho KY, Lam KK, Lam W, Ma P, Abu-Odah H *et al.*; 2023 [14]	The associations between spiritual well-being, hope, and psychological symptoms in Chinese childhood cancer patients: a path analysis	China	Test a model in which hope and spiritual well-being acted as protective factors against anxiety and depressive symptoms in children with cancer.	Cross-sectional study
Alvarenga WA, Leite ACAB, Menochelli AA, Ortiz La Banca R, De Bortoli PS, Neris RR, Nascimento LC; 2021 [15]	How to talk to children and adolescents with cancer about spirituality?: Establishing a conversation model	Brazil	Develop and evaluate a conversational model for spiritual engagement with children and adolescents with cancer. Assess the spiritual well-being of children with cancer in association with their overall well-being, happiness, quality of life, pain intensity, and personal characteristics.	Methodological study
Juškauskienė E, Karosas L, Harvey C, Riklikienė O; 2023 [19]	Spiritual lives of children with cancer: a qualitative descriptive study in Lithuania	Lithuania	Explore the experiences and perceptions of spiritual life among children with cancer.	Qualitative descriptive study

continues...

Research

Chart 1. Continuation

Authorship; year	Title	Country	Objectives	Method
Moore K, Talwar V, Gomez-Garibello C, Bosacki S, Moxley-Haegert L; 2020 [20]	Children's spirituality: exploring spirituality in the lives of cancer survivors and a healthy comparison group	Canada	Describe the spirituality of childhood cancer survivors compared to a healthy control group.	Quantitative study

Chart 2. Summary of the main findings according to the identified categories

Article identification	Category I: Promoting comprehensive care in pediatric oncology
Juškauskienė E, Riklikienė O, Fisher J; 2023 [11]	It emphasizes spirituality as an intrinsic aspect of humanity, being essential in maintaining the quality of life of children with cancer, showing, through the results, that children with cancer who attended religious environments rated their overall well-being and experiences better, as well as having fewer problems with fear of treatment, compared to children who did not attend church.
Liu Q, Ho KY, Lam KK, Lam WY, Cheng EH, Ching SS, Wong FK; 2022 [12]	It highlights that children whose spiritual needs are not met have an increased risk of low spiritual well-being, which is related to the development of psychological symptoms such as depression and anxiety in children with cancer. It also emphasizes a contrast in the promotion of spirituality among Eastern and Western children, given that spiritual needs are culturally context-dependent.
Liu Q, Ho KY, Lam KK, Lam W, Cheng EH, Ching SS *et al.*; 2022 [13]	It stresses that spiritual needs are directly related to the context and culture in which the child is embedded and that, despite the cultural environment, spirituality should be promoted in the treatment of children with cancer, as it promotes connection with oneself and with others, feelings of peace, hope, protection, and relief.
Liu Q, Ho KY, Lam KK, Lam W, Ma P, Abu-Odah H *et al.*; 2023 [14]	It emphasizes that children with high levels of spiritual well-being tend to interpret suffering as an opportunity for positive transformation, valuing daily activities and the people around them. Therefore, spirituality can empower a child with cancer to withstand the psychological suffering caused by diagnosis and treatment, promoting hope and reducing depressive symptoms and anxiety.
Article identification	**Category II: Spiritual intervention in the tratment of children with cancer**
Alvarenga WA, Leite ACAB, Menochelli AA, Ortiz La Banca R, De Bortoli PS, Neris RR, Nascimento LC; 2021 [15]	It establishes a conversational model about spirituality with children with cancer, using photographs, emphasizing that there are several interventions, such as storytelling, games, clowns, and art therapy, that can be used to promote spirituality during cancer treatment in children.
Juškauskienė E, Karosas L, Harvey C, Riklikienė O; 2023 [16]	It discusses spiritual connection interventions, such as prayers, used by children as a form of support that helped them during treatment. It highlights that family and friends have spiritual importance, as they provide support to the child and enable them to express spiritual thoughts and feelings in the context of treatment.
Moore K, Talwar V, Gomez-Garibello C, Bosacki S, Moxley-Haegert L; 2020 [17]	It emphasizes that children used interventions such as prayer to ask God for help, strength, and comfort, and that they found comfort during treatment through spirituality. It also highlights that, after the prayers, they felt strengthened because they believed God was omnipresent and listening to them.

The articles comprising the study's final sample emphasize the importance of spirituality in the treatment of children with cancer as an instrument for promoting well-being and quality of life, reducing psychosocial symptoms, and addressing interventions that provide spirituality in pediatric oncological treatment.

Discussion

Analyzing the studies, the importance of spirituality in the treatment of children with cancer becomes evident, considering that the infant diagnosed with neoplasms is a holistic being, with needs that transcend drug treatment, such as the need for spiritual belief. The impact of spirituality is related to general well-being (biological, psychological, social, and spiritual), connection with oneself and others, symptom relief, hope, a sense of protection, peace, and a reduction in psychological symptoms such as depression and anxiety [11-14].

Spirituality involves not only belief in a higher being, but also connection with the self and with others (family, friends, church communities, and professionals). All those surrounding the child during treatment were considered in the studies as individuals who promote spirituality and, consequently, improve quality of life, hope, and symptom reduction, in addition to helping them resist the suffering caused by the cancer diagnosis; in short, the studies describe the importance of the role of multiple agents in the child's spiritual care [11,13].

Children who considered themselves connected to the divine or transcendent showed fewer difficulties regarding the fear of treatment than children who did not have this relationship. Thus, the importance of the spiritual dimension during cancer treatment is highlighted, considering that it directly interferes with the feelings resulting from the pathological condition [11].

Children with a high level of spiritual well-being tend to see suffering as a source of growth, an opportunity for positive transformation, and an appreciation for daily life activities and the people around them. Spiritual well-being is related to coping with suffering and reframing the diagnosis and treatment, generating perseverance in the face of suffering generated in the oncological context [13].

Spirituality can be promoted through various interventions, including playful activities (music therapy, photographs, art therapy, storytelling, games, and clowns) and religious interventions (prayer). Thus, the dynamism in promoting spirituality in pediatric oncology is evident. Such interventions can be carried out by parents, colleagues, caregivers, and also professionals responsible for the care of the child with cancer, who act directly in promoting spiritual care in the context of oncological treatment [15].

Category I: Promoting comprehensive care in pediatric oncology

The diagnosis of cancer in children, as well as its treatment, brings with it a series of fears, doubts, uncertainties, suffering, and psychobiological, social, and spiritual needs. The results indicate that spirituality acts as an important instrument for promoting quality of life in children with cancer, since this occurs when all needs are met during treatment, including the spiritual need [11-14].

In a study conducted in two oncology hospitals in China, with 22 children and adolescents hospitalized with cancer, participants demonstrated the need for faith and a positive relationship with the divine not only as a method of healing, but also as a form of support and relief from suffering, since it helped them find strength, recovery, and better coping with the disease [13].

Children with unmet spiritual needs have lower overall well-being indexes. In this regard, a phenomenological study conducted in China identified unmet needs among patients and caregivers, including a need for spirituality, which involves seeking meaning, answers to life's questions, and hope. Despite the importance of spirituality in the treatment of children with cancer, this need is not always met, in which case it generates unsatisfactory outcomes, such as reduced levels of well-being and a greater propensity for psychosocial symptoms [12].

A study conducted in Lithuania showed that children with cancer considered their religion as a source of strength and comfort, not only for themselves, but also for their parents, who are influenced, through spirituality, even in their willingness to discuss childcare. Family and friends play a role in promoting spiritual care by providing emotional support, reducing stress, and helping people cope with the disease. Therefore, children need spiritual connection and the ability to express their spiritual thoughts and feelings within the context of healthcare [11].

Category II: Spiritual intervention in the treatment of children with cancer

Spirituality is an inherent need of human beings and an essential dimension in the treatment of children with cancer. Different interventions are used in healthcare to promote spiritual support, such as prayer, reading sacred scriptures, and play, with language appropriate for the child [15-17].

A study conducted in Brazil aimed at developing a conversational model about spirituality for children with cancer instigated spiritual reflection in them through photographs and observed that, with visual language, the children reflected on subjects such as loss and death, meaning and path of life, main concerns and faith, relationships with others and with themselves, fears and worries, beliefs and values, and that they mentioned relief from physical symptoms and emotional overload thanks to spiritual communication [15].

Playful activities such as storytelling, contact with caregiver clowns, use of games, puppets, art therapy, and music therapy are possible spiritual interventions in the clinical practice of treating children with cancer aimed at promoting spirituality and, consequently, a higher rate of general well-being and quality of life and attenuation of psychosomatic symptoms related to diagnosis and treatment [15].

Prayer was seen as a way to contact a divine and superior being during the therapeutic process, emphasizing that through it children, as well as caregivers, received support and asked God for help, strength, and comfort [16,17]. A study conducted in Canada found that, through prayer, children felt strengthened because they believed God was omnipresent and attentive to their requests. This makes them more resilient, as they give new meaning to the diagnosis and treatment process [17].

Several interventions can be used in healthcare to promote spiritual well-being. Professionals working in pediatric oncology care are important agents in promoting spiritual satisfaction, for which they should use attentive listening and interventions appropriate to children's language and the social, cultural, and religious context in which the child is situated.

Final considerations

This study highlighted the importance of spirituality in the treatment of children with cancer. The diagnosis and treatment of neoplasms in pediatrics bring with them a series of fears, uncertainties, insecurities, and needs that must be met, aiming at promoting the child's overall well-being, which goes beyond physical symptoms, also involving the psychosocial and spiritual dimension.

The results of the study emphasized that spirituality is among the unmet needs in children with cancer, which represents a complex issue that makes holistic care for the patient impossible. Spirituality is associated with reduced psychosomatic symptoms, greater self-reported overall well-being and hope, and a reinterpretation of life and treatment, and can be promoted through interventions such as prayer, photographs, art therapy, music therapy, puppets, readings, and clowns.

The discussion of spiritual care is of paramount importance in the context of health promotion, prevention, and recovery, given that health professionals play a key role in it. However, despite its importance, there is a scarcity of studies that emphasize the importance of spirituality in the treatment of children with cancer. Therefore, the results of this review can inform the work of healthcare professionals who, in clinical practice, assist children with cancer across various levels of care, and it is important to promote reflection on the inclusion of spiritual care in pediatric oncological care.

References

1. Câncer infantojuvenil. Instituto Nacional de Câncer [Internet]. Rio de Janeiro: Inca; 2022 [acesso 28 mar 2024]. Disponível: https://bit.ly/4doBynO
2. Instituto Nacional de Câncer. Estimativa 2023: incidência de câncer no Brasil [Internet]. Rio de Janeiro: Inca; 2022 [acesso 10 maio 2024]. Disponível: https://bit.ly/4d5Yozo
3. Rossato L, Sena BTS, Nascimento LC, Scorsolini-Comin F. Religiosidade/espiritualidade (R/E) na atuação profissional em oncologia pediátrica: recurso ou protocolo? Ciênc Psicológicas [Internet]. 2022 [acesso 10 maio 2024];16(2). DOI: 10.22235/cp.v16i2.2324
4. Rossato L. Religiosidade/espiritualidade no câncer infantojuvenil: implicações psicossociais para crianças/adolescentes adoecidos, familiares/cuidadores e equipe de saúde [tese] [Internet]. Ribeirão Preto: Escola de Enfermagem de Ribeirão Preto; 2022 [acesso 10 maio 2024]. DOI: 10.11606/T.22.2022.tde-08032023-163335
5. Conceição FH, Fraga VA, Freire BSM, Silveira CA, Chaves EC, Chini LT, Costa ICP. Espiritualidade nos cuidados paliativos pediátricos: scoping review. Contrib Cienc Sociais [Internet]. 2023 [acesso 10 maio 2024];16(8):9950-72. DOI: 10.55905/revconv.16n.8-110
6. Farinha FT, Araújo CFP, Mucherone PVV, Batista NT, Trettene AS. Influência da religiosidade/espiritualidade em cuidadores informais de crianças com leucemia. Rev bioét (Impr.) [Internet]. 2022 [acesso 2 fev 2026];30(4):892-9. DOI: 10.1590/1983-80422022304579PT
7. Dantas HLL, Oliveira ARS, Santana RF, Brito ES, Costa MMN, Monteiro FPM *et al*. Como elaborar uma revisão integrativa: sistematização do método científico. Rev Recien-Rev Cient Enferm. 2022;12(37):334-45.
8. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD *et al*. A declaração PRISMA 2020: diretriz atualizada para relatar revisões sistemáticas. Rev Panam Salud Publica. 2023;46:e112.
9. Melnyk BM, Fineout-Overholt E. Evidence-based practice in nursing & healthcare: a guide to best practice [Internet]. 5th ed. Philadelphia: Wolters Kluwer; 2023 [acesso 14 mar 2024]. Disponível em: https://bit.ly/4en5pOw
10. Camargo Júnior RNC, Silva WC, Silva EBR, Sá PR, Friaes EPP, Costa BO *et al*. Revisão integrativa, sistemática e narrativa: aspectos importantes na elaboração de uma revisão de literatura. Rev ACB Bibliotecon Santa Catarina. 2023;28(1):11.
11. Juškauskienė E, Riklikienė O, Fisher J. Spiritual well-being and related factors in children with cancer. J Pediatr Hematol Oncol Nurs [Internet]. 2023 [acesso 14 mar 2024];40(6):420-31. DOI: 10.1177/27527530231168592
12. Liu Q, Ho KY, Lam KK, Lam WY, Cheng EH, Ching SS, Wong FK. A descriptive and phenomenological exploration of the spiritual needs of Chinese children hospitalized with cancer. Int J Environ Res Public Health [Internet]. 2022 [acesso 14 mar 2024];19(20):13217. DOI: 10.3390/ijerph192013217
13. Liu Q, Ho KY, Lam KK, Lam W, Cheng EH, Ching SS *et al*. Adaptation and psychometric evaluation of the Chinese version of the functional assessment of chronic illness therapy spiritual well-being scale among Chinese childhood cancer patients in China. Front Psychol [Internet]. 2022 [acesso 14 mar 2024];13:1065854. DOI: 10.3389/fpsyg.2022.1065854
14. Liu Q, Ho KY, Lam KK, Lam W, Ma P, Abu-Odah H *et al*. The associations between spiritual well-being, hope and psychological symptoms in Chinese childhood cancer patients: a path analysis. Psychooncology [Internet]. 2023 [acesso 14 mar 2024];32(9):1452-60. DOI: 10.1002/pon.6198
15. Alvarenga WA, Leite ACAB, Menochelli AA, Ortiz La Banca R, De Bortoli PS, Neris RR, Nascimento LC. How to talk to children and adolescents with cancer about spirituality?: establishing a conversation model. J Pediatr Oncol Nurs [Internet]. 2021 [acesso 14 mar 2024];38(2):116-30. DOI: 10.1177/1043454220975703
16. Juškauskienė E, Karosas L, Harvey C, Riklikienė O. Spiritual lives of children with cancer: a qualitative descriptive study in Lithuania. J Pediatr Nurs [Internet]. 2023 [acesso 14 mar 2024];68:e79-e86. DOI: 10.1016/j.pedn.2022.11.013
17. Moore K, Talwar V, Gomez-Garibello C, Bosacki S, Moxley-Haegert L. Children's spirituality: exploring spirituality in the lives of cancer survivors and a healthy comparison group. J Health Psychol [Internet]. 2020 [acesso 14 mar 2024];25(7):888-99. DOI: 10.1177/1359105317737605

Iana Sâmella Alcântara de Lima – Nurse – enf.ianasamella@gmail.com
0000-0002-5609-4451

Anna Rosa Souza Occhiuzzo – PhD – areso@academico.ufpb.br
0000-0002-9758-3403

Cintia Costa – PhD – cintia.costa@academico.ufpb.br
0000-0002-1179-5852

Thainá Karoline Costa Dias – PhD – thaiinakaroline@gmail.com
0000-0002-7265-1350

Gabriela Gomes – PhD – gabriela.lisieux@academico.ufpb.br
0000-0002-7032-2035

Semirames Ramos – PhD – semirames.souza@academico.ufpb.br
0000-0001-8370-5994

Ana Paula Silva Melo – Nurse – anapaulasmeloo@gmail.com
0009-0004-8841-6672

Jael Rubia Figueiredo de Sá França – PhD – jael.rubia@academico.ufpb.br
0000-0002-9968-5366

Correspondence
Iana Sâmella Alcântara de Lima - Universidade Federal da Paraíba, Campus I – Cidade Universitária. CEP 58051-900. João Pessoa/PB, Brasil.

Contribution of the authors

Iana Sâmella Alcântara de Lima: methodology development; data collection and analysis; manuscript writing. Anna Rosa Souza Occhiuzzo: approval of the final version; responsibility for the content integrity. Cintia Costa: approval of the final version; responsibility for the content integrity. Thainá Karoline Costa Dias: analysis and interpretation of the results; content critical review. Gabriela Gomes: analysis and interpretation of the results; content critical review. Semirames Ramos: approval of the final version; responsibility for the content integrity. Ana Paula Silva Melo: approval of the final version; responsibility for the content integrity. Jael Rubia Figueiredo de Sá França: analysis and interpretation of the results; content critical review.

Data availability: All data used or generated in this study are described and presented in full in the body of the article.

Editor in charge: Dilza Teresinha Ambrós Ribeiro

Received: 8.14.2025
Reviewed: 9.12.2025
Approved: 12.18.2025

Research