

Spirituality in coping with illness in palliative care

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Abstract

Palliative care aims to promote quality of life in the context of life-threatening illnesses by integrating physical, psychosocial, and spiritual dimensions of care. Spirituality has been recognized as a relevant element in coping with illness and existential suffering. This study analyzed the role of spirituality in coping with illness from the perspective of patients receiving palliative care. This exploratory, descriptive, qualitative study was conducted in a Basic Health Unit in a municipality in Espírito Santo, Brazil, involving 12 adult patients followed by a multidisciplinary team. Data were collected through semi-structured interviews, recorded, transcribed, and analyzed using thematic content analysis. The findings indicate that spirituality supports the re-signification of the illness experience, emotional strengthening, and the development of family and community support networks. It is concluded that spirituality represents a relevant resource in coping with illness, reinforcing the need for its ethical and systematic integration into palliative care practices.

Keywords: Spirituality. Quality of life. Palliative care.

Resumo

Espiritualidade no enfrentamento da doença em cuidados paliativos

Os cuidados paliativos visam promover qualidade de vida diante de doenças ameaçadoras da vida e integram dimensões físicas, psicossociais e espirituais do cuidado. A espiritualidade tem sido reconhecida como elemento relevante no enfrentamento do adoecimento e do sofrimento existencial. Este estudo analisou o papel da espiritualidade no enfrentamento da doença sob a perspectiva de pacientes em cuidados paliativos. Trata-se de pesquisa exploratória, descritiva e qualitativa, realizada em unidade básica de saúde de município do Espírito Santo, Brasil, com 12 pacientes adultos acompanhados por equipe multiprofissional. Os dados foram coletados por entrevistas semiestruturadas, gravadas, transcritas e submetidas à análise de conteúdo temática. Os resultados evidenciaram que a espiritualidade favorece a ressignificação da experiência de adoecer, o fortalecimento emocional e a construção de redes de apoio familiares e comunitárias. Conclui-se que constitui recurso relevante no enfrentamento da doença, reforçando a necessidade de sua incorporação ética e sistemática nas práticas em cuidados paliativos.

Palavras-chave: Espiritualidade. Qualidade de vida. Cuidados paliativos.

Resumen

Espiritualidad en el afrontamiento de la enfermedad en cuidados paliativos

Los cuidados paliativos buscan promover la calidad de vida frente a enfermedades que amenazan la vida, integrando dimensiones físicas, psicosociales y espirituales del cuidado. La espiritualidad ha sido reconocida como un elemento relevante en el afrontamiento de la enfermedad y del sufrimiento existencial. Este estudio analizó el papel de la espiritualidad en el afrontamiento de la enfermedad desde la perspectiva de pacientes en cuidados paliativos. Se trata de una investigación exploratoria, descriptiva y cualitativa, realizada en una Unidad Básica de Salud de un municipio de Espírito Santo, Brasil, con la participación de 12 pacientes adultos acompañados por un equipo multiprofesional. Los datos fueron recolectados mediante entrevistas semiestructuradas, grabadas, transcritas y analizadas mediante análisis de contenido temático. Los resultados mostraron que la espiritualidad favorece la resignificación del proceso de enfermedad, el fortalecimiento emocional y la construcción de redes de apoyo familiar y comunitario. Se concluye que la espiritualidad constituye un recurso relevante en el afrontamiento de la enfermedad en cuidados paliativos.

Palabras clave: Espiritualidad. Calidad de vida. Cuidados paliativos.

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Palliative care is configured as an approach centered on the unique characteristics of the person, with the aim of promoting quality of life and well-being for patients and families facing life-threatening illnesses. This approach prioritizes early identification and adequate management of pain and other physical, psychological, social, and spiritual symptoms, with an emphasis on the prevention and relief of human suffering¹.

In this context, spirituality represents an essential dimension of care, considering that it supports patients in re-signifying the illness experience, strengthening hope, and finding support to face suffering. Faith and spiritual practices are often associated with emotional balance, acceptance of treatment, and reduction of anxiety, acting as a complement to clinical care and contributing toward comprehensive care².

Studies indicate that spiritual beliefs and practices have a positive influence on the coping with illness, on psychological well-being, and on therapeutic adherence. However, in several situations, the spiritual dimension is still neglected in healthcare practices, either due to insufficient training of professionals or the difficulty of integrating subjective aspects into the predominant biomedical models³.

Understanding spirituality from the perspective of palliative care patients is fundamental for guiding more humanized and culturally sensitive interventions. When the team knows the patient's life story and beliefs, it can support their convictions and create spaces for the expression of significant rites and practices, with an approach oriented toward ethics, care, and respect².

International palliative care quality guidelines recognize spirituality as one of the five fundamental domains of care, encompassing life meanings, transcendence, values, beliefs, rituals, and symbols that give meaning to existence¹. Despite such recognition, Brazilian literature still has gaps as to understanding the spiritual experience of primary health care patients, especially in small municipalities, where care is strongly influenced by local sociocultural contexts.

Considering this context, this study aims to analyze the role of spirituality in coping with

illness from the perspective of palliative care patients. The findings are expected to contribute toward more in-depth bioethical discussions on integrating the spiritual dimension into professional practices and to strengthen the construction of comprehensive, compassionate, and person-centered care.

Method

This is an exploratory, descriptive study with a qualitative approach, aiming to understand the role of spirituality in coping with life-threatening illnesses from the perspective of palliative care patients.

The study was conducted in a basic health unit (BHU) in the municipality of Jerônimo Monteiro, Espírito Santo, Brazil, which functions as a support center for the other units in the municipality. The unit provides multidisciplinary healthcare, including medicine, nursing, nutrition, speech therapy, dentistry, epidemiological surveillance, and immunization.

The BHU was chosen as the research setting because it integrates primary healthcare and serves patients with a higher level of lucidity and functional autonomy, which favored the obtainment of consistent reports. Moreover, the physical structure of the service enabled us to conduct the interviews in a private setting.

The study participants were patients followed by the palliative care residency team of the unit, constituting a convenience sample. We considered eligible: individuals aged 18 years or older, with a diagnosis compatible with palliative care, preserved cognitive conditions, and able to attend the unit during the data collection period, between July and October 2023. We excluded: patients who refused to participate in the study, with limited mobility to attend the unit, or with cognitive impairment that precluded participation in the interview.

Data collection used semi-structured interviews, conducted as patients spontaneously attended the BHU, on weekdays and during operating hours of the service, according to researcher availability. The interviews were audio-recorded and held in a private room, to ensure privacy and confidentiality of information. After transcription, the data were

securely archived, with storage planned for five years, as per current ethical standards.

Data analysis adopted the content analysis technique proposed by Bardin⁴. Initially, we performed full transcription of the interviews and free-floating reading of the material, followed by coding and grouping of content according to core meanings. Subsequently, we established thematic categories based on the convergences identified in the reports. The analytical process comprised the stages of pre-analysis, material exploration, and results processing, including inference and interpretation.

To preserve anonymity, participants were identified by pseudonyms inspired by names or species of butterflies, symbols widely associated with palliative care due to representing the brevity, intensity, and meaning of life.

The research also complied with the procedures required by the Espírito Santo state department of health and received authorization from the primary health care coordination of the municipality of Jerônimo Monteiro after evaluating the project as to appropriateness, relevance, and feasibility.

Results

The study participants were 12 palliative care patients followed at the basic health unit of Jerônimo Monteiro, ES, Brazil. The mean age was 69 years, ranging from 38 to 90 years, with a predominance of women (67%). As for religious affiliation, there was a higher frequency of Catholic participants (67%), followed by Evangelicals (25%) and Spiritists (8%).

With regard to clinical diagnosis, there was a prevalence of neoplastic diseases (42%), including different types of cancer, followed by neurological conditions, such as Parkinson's and Alzheimer's (25%). We also identified vascular and pulmonary diseases (17% each). Concerning the family context, most participants reported strengthened bonds (84%), although situations of weakened or broken relations were observed.

Qualitative analysis of interviews provided the organization of findings into three thematic categories, which express different dimensions of spirituality in coping with illness.

Table 1. Descriptive analysis of sociodemographic and clinical variables

Variable	n	%
Sex		
Male	4	33%
Female	8	67%
Doctrine		
Catholic	8	67%
Evangelical	3	25%
Spiritist	1	8%
Diagnosis (disease group)		
Neoplastic	5	42%
Neurological	3	25%
Vascular	2	17%
Pulmonary	2	17%
Familial bond		
Strengthened	10	84%
Weakened	1	8%
Broken	1	8%

Assigning new meanings to illness through spirituality

Participants associated spirituality mainly with faith, belief in a higher power, and trust in God or spiritual entities. These elements were described as sources of emotional support, hope, and motivation to continue treatment, even in the face of physical limitations and intense suffering. Spirituality was understood as a resource that favors the re-signification of illness and life itself, as demonstrated by the following accounts:

"Spirituality is having faith, believing in God, because He knows all things (...)". But I believe a lot in the Divine Eternal Father and in Our Lady, I know that they help me and take care of my family. (...) So, I don't give up, I have a lot of faith." (Monarch Butterfly)

"Spirituality? I believe it's having a belief! (...) We gotta have faith, we can't get discouraged, we have to believe in God (...) to be able to go through these things." (Red Admiral Butterfly)

"Spirituality to me is believing in God (...). I have always been very religious, I believe a lot in God's

intercession and I know that He sent me people to take care of me (...), I know that God has always been with me and saved me several times. (...)." (Moon Moth)

"What's spirituality to me!? I think it's having a belief, believing in God! (...) Look, discovering cancer was a very big blow, especially since I've always been very active, since I have a young daughter who depends a lot on me, a thousand things go through my mind, but I have a lot of faith in God and I know that, no matter how difficult it is, this will pass, so I'm going to take this time to rest and I'm going to hold on to God." (Atlas Moth)

"Spirituality, to me, is having a religion, having someone to believe in. (...) I live on the third floor and I have thought several times about throwing myself from there and taking my own life, so, to get that thought out of my head, I would go to church every day of the week; since my church only holds services [on] Wednesdays and Sundays, I would go to any church that had a service or mass, that way I didn't give space to those thoughts." (Blue Morpho Butterfly)

"Spirituality, to me, is believing in God (...). When we have God on our side, we can see things in a different way (...). We get very weak with the treatment, so it's important to have faith and hope to overcome the difficulties." (Harlequin Butterfly)

"(...) Faith helps us a lot, especially when I felt weak due to chemotherapy, I'd hold on to God to have strength and be able to go through it." (Queen of the Elves Butterfly)

"Spirituality? I think it's about the spirits that take care of us. I lived in the countryside when I was young, my father talked a lot about spirits, things that protect us." (Tiger Butterfly)

"(...) My guías [sacred beaded necklaces dedicated to specific Orixás for spiritual protection] always take care of me." (Owl Butterfly).

"(...) The Holy Spirit always helps us." (Cabelo-de-Maria Butterfly)

The accounts indicated that faith contributed toward overcoming feelings of hopelessness, self-destructive thoughts, and fear of death,

functioning as a coping strategy in the face of the diagnosis and the adversities imposed by the treatment. According to some participants, daily religious practice was fundamental for maintaining emotional balance.

Feelings and spirituality in the face of suffering

Spirituality also represented a symbolic space to express feelings related to loss of autonomy, bodily changes, and disrupted life projects. Fear, sadness, weakness, and a feeling of uselessness were recurring feelings, especially among participants with greater functional dependence:

"(...) I felt very invalid, dependent on people. My relationship with my family is difficult, I have started the process of separation from my wife (...). In the most difficult times, I turned to my faith." (Blue Morpho Butterfly)

"The treatment left me very weak, I had to undergo three surgeries, I used a colostomy bag and everything; the feeling of fear and sadness is great (...). I have a lot of faith in God and I know that, no matter how difficult it is, this will pass." (Atlas Moth)

"(...) There are days when I feel a bit down, thinking about life, thinking about how things have changed since I've found out about the disease. But I always try to keep my mind busy so I don't get sad (...). I know that God has the best for me and I'll get better." (Tropical Buckeye Butterfly)

Faith was mentioned as an element that made it possible to accept suffering, reorganize expectations, and sustain hope for improvement or adaptation to the new condition. Spirituality was found to be associated with emotional resilience, enabling participants to face illness with greater serenity.

Spirituality expressed in family and community relationships

The third category showed that spirituality transcends the individual dimension and manifests concretely in family, affective, and community relationships. The care for partners, children, friends, members of the religious community, and

even pets was perceived as an expression of love, belonging, and life purpose:

"Spirituality, to me, is being with people I like, being with my dogs (...). I have my partner, who takes care of me, she is very careful, she gives me the medicine at the right time, she scolds me so I can take care of myself, so I can eat (...). I have my dogs, who are my children, they keep me company, they seem to sense when I'm not feeling well." (Tropical Buckeye Butterfly)

"(...) Today I have even more strength and hope to go through this, because I'm not doing it just for myself [she said, while caressing her belly, emotional, indicating she was pregnant]." (Rainha-dos-Elfos Butterfly)

"(...) My wife helps me a lot; when I'm discouraged, she calls me to get up and go to the bakery, to go for my walk, she takes care of me." (Monarch Butterfly)

"(...) We don't have family here, but our community has always helped us, they have always been our family, and we have done the same, regardless of whether we knew the person or not, we have always been willing to help our neighbor, and that's why we have never been alone." (Swallowtail Butterfly)

" (...) My community always helps me a lot, they gave me a basic food basket, they help me pay the electricity and water bills. So I believe that spirituality is about that, having people who like us and help us." (Owl Butterfly)

"(...) I even have a better relationship with my children who live away, and that does me a lot of good." (Moon Moth)

"(...) But, thank God, my community supports very much; they came here to visit me, which made me feel cared for." (Atlas Moth)

Participants related that family and community support strengthened hope and reduced feelings of loneliness, especially in contexts of social vulnerability. Spirituality was understood as a relational experience, sustained by solidarity, mutual care, and the supportive presence of others, representing a central element in facing illness.

Discussion

The results of this study show that spirituality is central in coping with life-threatening illnesses, representing an important resource for emotional support, existential re-signification, and strengthening of hope. All participants recognized faith, prayer, meditation, and family and community bonds as fundamental elements for sustaining resilience in the face of illness, corroborating evidence that indicates spirituality as an essential dimension of palliative care^{1,2,5}.

The analysis of the accounts showed that spirituality contributes toward accepting the diagnosis, adhering to treatment, and facing suffering, being complementary to clinical care. These findings reinforce the understanding that comprehensive healthcare requires recognizing the subjective dimensions of the human experience, especially in contexts of end of life and vulnerability^{1,2}.

Regarding assigning new meanings from religiousness, we observed a strong association between spirituality and institutionalized religious practices. To some participants, religion constitutes an intrinsic element of their spiritual experience, influencing how they understand illness and cope with adversity. Considering that religious belief is a relevant cultural component, which can inform perceptions and behaviors, it is noted the importance of recognizing the plurality of spiritual experiences in healthcare².

The results reaffirm that spirituality and religiousness, although interrelated, are not confused. While religiousness is manifested through rites, doctrines, and institutional belonging, spirituality is expressed as a pursuit of meaning, connection, and transcendence, and may or may not be associated with a specific religious tradition⁶. Still, religiousness proved a positive mediator in coping with illness, favoring acceptance, hope, and emotional strengthening^{2,5}.

Spirituality was also noted as a catalyst for resilience. Practices such as prayer, reflection, and meditation were associated with the reduction of feelings of fear, helplessness, and discouragement, in addition to promoting emotional comfort and a sense of control in the

face of suffering. These findings are consistent with studies that indicate spirituality as a factor that protects against symptoms of anxiety and depression and promotes hope and psychological well-being^{6,7}.

The re-signification of illness through spirituality was described as a process of personal transformation, in which individuals seek purpose and meaning amid the adversities imposed by the disease. This process enables transcending the limits of the clinical condition, favoring an expanded understanding of the experience of life and illness, as observed in the accounts of participants⁶.

Another relevant aspect was spirituality expressed in family and community bonds. The family and community were perceived as support networks that materialize spirituality in everyday life, providing care, emotional security, and belonging. This relational dimension confirms that spirituality goes beyond the individual scope, integrating care and solidarity from a collective perspective⁶.

Living with others fostered the experience of spiritual values such as compassion, empathy, and love, reinforcing the idea that affective bonds constitute a symbolic space in which spirituality is developed and expressed. The family, as the first social support network, proved fundamental in coping with illness and re-signifying suffering⁶.

The expression of feelings showed the complexity and uniqueness of spirituality, with multiple meanings being attributed by the participants. Spiritual practices favored self-reflection, emotional balance, and adaptation to functional and existential losses, being perceived as means of personal growth and transformation in the face of adverse experiences^{2,6}.

Although the literature indicates that religious interpretations can, in some contexts, lead to treatment refusal or guilt⁸, such phenomenon was not observed in this study. On the contrary, all participants related a positive influence of spirituality on their treatment, using it as a source of strengthening, not of refusal of clinical care.

The findings of the literature also show a gap between the recognition of the importance of spirituality and the training of healthcare

professionals to address it. Studies indicate that the lack of specific training limits the incorporation of the spiritual dimension into clinical practice, which reinforces the need for including this content in curricula and programs for continuing education^{3,9}.

Notably, the limitations of the study include the reduced number of participants, the restricted territorial scope, and the sample composed exclusively of individuals who declared religious affiliation. This characteristic limits the understanding of the experiences of individuals without religious beliefs or who experience negative forms of religious or spiritual coping. As this is a qualitative study, the findings are not intended for generalization, but rather provide contextualized insights into the meanings attributed to spirituality by the study participants. Future studies should consider a greater diversity of beliefs, spiritual orientations, and forms of relationship with transcendence.

As clinical implications, we note the importance of systematically incorporating spiritual assessment into palliative care, respecting the diversity of beliefs and values. This integration can reinforce the therapeutic bond, increase empathy, and support better outcomes in well-being and quality of life.

Final considerations

Spirituality proved a central element in coping with life-threatening illnesses, representing a resource for re-signification, emotional strengthening, and sustaining hope in patients under palliative care. It was found that spirituality is lived in a plural manner, being manifested through religiousness, the pursuit of meaning, and family and community bonds.

The results reinforce that an ethical and sensitive approach toward integrating the spiritual dimension into palliative care practice contributes toward building comprehensive, humanized, and person-centered care. Considering that the issue is complex and delicate, we emphasize the need for qualified approaches, based on adequate training, respect for diversity, and bioethical foundations, in order to enhance the potential of care and dignity in the process of illness.

The authors used the ChatGPT tool (OpenAI) for assistance in linguistic editing, improving textual clarity, and translating passages in English and Spanish. The tool was used exclusively to assist with the writing and linguistic refinement of the text; it played no role in the study's conception, methodological design, data analysis or interpretation, the presentation of results, or the conclusions. All suggestions generated by the tool were critically reviewed, verified, and approved by the authors, who assume full responsibility for the final content of the manuscript.

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