

# Experience of spirituality in cancer patients undergoing outpatient chemotherapy

Vivencia de la espiritualidad en el paciente con cáncer en quimioterapia ambulatoria

Experiências de espiritualidade em pacientes com câncer em quimioterapia ambulatorial

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## Abstract


**Objective:** To analyze the experience of spirituality in cancer patients undergoing treatment with ambulatory chemotherapy. **Materials and methods:** A qualitative research with a historical hermeneutic approach. Six people with a diagnosis of cancer who were undergoing outpatient chemotherapy treatment in three health care centers in the city of Medellín, Colombia between July 2020 and July 2021 participated. The information was collected through semi-structured interviews. The analysis process was carried out using Strauss and Corbin's grounded theory techniques: microanalysis, open coding, axial coding, and constant comparison. **Results:** The way cancer patients undergoing outpatient chemotherapy treatment experience spirituality is represented through the following categories: "Emotions experienced during treatment as an impetus to move forward", "Support networks, a source of strength and hope", "Cancer, a divine test between limitations and learning", "Empathy of health personnel, a mechanism to coping with the disease and generate well-being", and "Spirituality, a force that changes the perspective of the disease". **Conclusions:** Despite the negative connotation of the diagnosis of cancer, the spiritual dimension in the cancer patient undergoing outpatient chemotherapy treatment contributes to the person seeing the disease from a positive perspective, increases faith and hope to continue fighting, gives a sense that everything has been worthwhile, allows seeing beyond and provides peace of mind to face the adversities caused by cancer.

**Key words:** Emotions; Social support; Adaptation psychological.

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## Resumen

**Objetivo:** Analizar la vivencia de la espiritualidad en el paciente con cáncer en tratamiento con quimioterapia ambulatoria. **Materiales y métodos:** Se realizó una investigación cualitativa con enfoque histórico hermenéutico. Participaron seis personas con diagnóstico de cáncer que se encontraban en tratamiento de quimioterapia ambulatoria en tres centros asistenciales de la ciudad de Medellín, Colombia entre julio de 2020 y julio de 2021. La información se recolectó a través de entrevistas semiestructuradas. El proceso de análisis se realizó utilizando técnicas de la teoría fundamentada de Strauss y Corbin, tales como: microanálisis, codificación abierta, codificación axial y comparación constante. **Resultado:** La forma como los pacientes con cáncer en tratamiento de quimioterapia ambulatoria viven la espiritualidad se representa a través de las siguientes categorías: "Emociones vividas durante el tratamiento como impulso para seguir adelante", "Las redes de apoyo, una fuente de fortaleza y esper-

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anza”, “El cáncer, una prueba divina entre las limitaciones y el aprendizaje”, “La empatía del personal de salud, un mecanismo para afrontar la enfermedad y generar bienestar” y “La espiritualidad, una fuerza que cambia la perspectiva de la enfermedad”. **Conclusiones:** Pese a la connotación negativa del diagnóstico de cáncer, la dimensión espiritual en el paciente con cáncer en tratamiento de quimioterapia ambulatoria contribuye a que la persona vea la enfermedad desde una perspectiva positiva, aumente la fe y la esperanza para continuar luchando, le dé un sentido de que todo ha valido la pena, permite ver más allá y proporciona tranquilidad para enfrentar las adversidades ocasionadas por el cáncer.

**Palabras claves:** Emociones; Apoyo Social; Adaptación psicológica.

## Resumen

**Objetivo:** Analisar a experiência da espiritualidade em pacientes com câncer em quimioterapia ambulatorial. **Materiais e Métodos:** Realizou-se uma pesquisa qualitativa com uma abordagem histórico hermenéutico. Participaram seis pessoas diagnosticadas com câncer que estavam em tratamento quimioterápico ambulatorial em três centros de atendimento da cidade de Medellín, Colômbia, entre julho de 2020 e julho de 2021. As informações foram coletadas por meio de entrevistas semiestruturadas. O processo de análise foi realizado utilizando as técnicas de teoria fundamentada de Strauss e Corbin, tais como: microanálise, codificação aberta, codificação axial e comparação constante. **Resultado:** A forma como os pacientes oncológicos em tratamento quimioterápico ambulatorial vivenciam a espiritualidade é representada por meio das seguintes categorias: "Emoções experimentadas durante o tratamento como um ímpeto para seguir em frente", "Redes de apoio, fonte de força e esperança", "Câncer, teste divino entre limitações e aprendizagem", "A empatia do pessoal de saúde, um mecanismo para enfrentamento da doença e gerar bem-estar" e "A espiritualidade, uma força que muda a perspectiva da doença". **Conclusões:** Apesar da conotação negativa do diagnóstico de câncer, a dimensão espiritual em pacientes com câncer em tratamento quimioterápico ambulatorial ajuda a pessoa a ver a doença de uma perspectiva positiva, aumenta a fé e a esperança de continuar lutando, dá a sensação de que tudo valeu a pena, permite você enxergar além e traz tranquilidade para enfrentar as adversidades causadas pelo câncer.

**Palavras-chave:** Emoções, Apoio Social, Adaptação Psicológica.

## Introduction

Spirituality is an abstract, continuous and dynamic concept that expresses itself in the human being through the spirit and is thought of as a process that acts between harmony and well-being (1,2). It is considered a personal phenomenon that is related to the energy, relationships, connections and links that people establish with themselves, with the environment, with others and with a higher force or being and that denotes harmony, wholeness and integrity of the individual (3). Likewise, spirituality is considered a principle, an experience and a way of being that is expressed through the body (4).

Spirituality also refers to the interconnection between the essential and the sacred that occurs through the experience of life. In this sense, spirituality constitutes a unique dimension of the person that is characterized by the relationship with the self, with the other, with nature and with life. In other words, it is a force that gives meaning to life (3).

Batista & Rodriguez (5) state that spirituality brings benefits that directly influence the human body such as reduction of muscular tension, heart rate and blood pressure; while Jim et al (4), state that it contributes to the control of pain and suffering and to the significant reduction of stress. Likewise, spiritual guidance and accompaniment can increase personal well-being, help

in the rehabilitation process and reduce the impact of stressful situations that a person faces when he/she has a health breakdown (1).

Spirituality in people suffering from diseases such as cancer manifests itself in different ways depending on the experience of each subject and is usually more evident when they perceive the disease as a threat to their life (6). Puchalski (7) describes that the diagnosis of cancer changes patients' lives forever and leads them to evaluate and ask existential questions about the meaning of life, suffering and death.

Taking into account the spiritual dimension of the cancer patient contributes to providing comprehensive care, promotes the mental and spiritual well-being of the person (4), helps the patient to regain hope of fulfilling his or her goals, objectives and life project; improves physical and mental health, reduces stress and provides tools for coping with the disease (8). Spiritual practices can generate a feeling of control that helps to recover physical, emotional and mental stability (1,9).

Pham et al. (10) emphasize the importance of considering the dimension of spirituality as a relevant aspect when informing patients about the diagnosis and prognosis of their disease, since it increases satisfaction with health care and reduces the risk of presenting depressive symptoms. Spirituality plays an important role in coping with cancer, as it allows nurturing hope, re-signifying the experience and searching for meaning in life, illness and death (1,11); in this way, the spiritual dimension becomes a source of support and hope after diagnosis and during treatment (12).

The maintenance of spiritual well-being becomes an essential component of being human, especially in the context of life-threatening illness (11,13,14). Caring for patients' spiritual needs correlates with better psychological and spiritual outcomes and with the perception of less aggressive end-of-life care (3,13); and although health care personnel recognize spiritual care as an appropriate aspect of their role, patients perceive that they provide it infrequently (10).

In accordance with the above, the importance of addressing the phenomenon of spirituality as experienced by patients is recognized. In this sense, qualitative research was carried out with the objective of analyzing the experience of spirituality in cancer patients under-

going outpatient chemotherapy treatment. The specific objectives were: to describe how the emotions experienced and the relationships established with health personnel during treatment contribute to spirituality, to describe the meaning of spirituality for patients undergoing outpatient chemotherapy, to recognize patients' beliefs, and to analyze the process of spiritual transition during outpatient chemotherapy treatment

## Materials and methods

Qualitative research with a hermeneutic historical approach was carried out (15). This allowed us to focus the study on the search for meanings, to know how the participants think and act, and how the environment influences the lives of people with cancer who are undergoing outpatient chemotherapy treatment (16).

The study included people diagnosed with cancer who were undergoing outpatient chemotherapy treatment in three private third level health care centers in the city of Medellin, Colombia. One of these is a center exclusively for the care of oncology patients and the other two are general hospital centers that offer chemotherapy services.

The following inclusion criteria were considered: a) patients older than 18 years of age of any gender, b) who attended outpatient chemotherapy treatment, c) patients who had been undergoing chemotherapy treatment for more than four months, and d) who lived in the metropolitan area of Medellín. The only exclusion criterion was having speech limitations secondary to diagnosis or treatment.

Participants were contacted by the principal investigator, given her work experience in oncology services, by means of purposive sampling (17). The number of participants was determined by the data saturation of the categories and by the scope of the study in terms of the proposed objective (18).

The data collection period took place between July 2020 and July 2021. A total of six semi-structured interviews (19) lasting between 35 and 90 minutes were conducted by the principal investigator who was previously trained for this purpose. Two of the interviews were conducted before the pandemic by COVID-19 in person at a location agreed upon by the interviewees. The others were conducted through video calls via the

Google Meet platform due to the sanitary restrictions resulting from the confinement. During the interviews, gestures, attitudes, silences and non-verbal language were observed and recorded in a field diary.

For the virtual interviews, taking into account that the mediation of technology could influence the tranquility of the participant, the camera was kept on at all times, which allowed us to see the gestures and expressions of each participant.

In order to favor the participants' discourse and the expression of their thoughts and feelings, rapport was facilitated, creating both in the face-to-face and virtual interviews, an atmosphere of trust with the participant, establishing at the beginning a casual conversation to break the ice and then going deeper into the topic to be discussed.

The interviews were guided by a script of four open questions that encouraged conversation, dialogue with the participant and the description of their experiences. The questions that triggered the interviews were: what is spirituality for you, what has spirituality meant to you in the different stages of your treatment, how have you experienced spirituality during your outpatient chemotherapy treatment, how has spirituality been a resource to face the effects produced by chemotherapy, and how has spirituality been a resource to face the effects produced by chemotherapy? Based on the participants' answers, other secondary questions were asked, oriented to deepen their experiences regarding the study phenomenon, the emerging categories and sub-categories.

The interviews were recorded and transcribed verbatim. In cases where names of persons or institutions were used, pseudonyms were assigned. The information recorded in the field diary on the non-verbal language of the participants was taken into account in the analysis process.

The analysis process was carried out using elements of

the grounded theory proposed by Strauss and Corbin (20), such as: microanalysis, open coding, axial coding and constant comparison. The analysis was carried out by the entire research team, parallel to data collection, and was supported by analytical and theoretical memos (21,22).

Initially, a complete reading of the interviews was made to verify that the transcription was adequate and to become sensitized again with each one of them in order to then carry out a pre-coding, which consisted of marking text fragments with comments or codes in the margin of the page. Subsequently, in an Excel® matrix, the units of analysis (UA) corresponding to text fragments with meaning were consolidated and assigned a substantive or In Vivo code to represent them. In addition, the code of the interview from which it was extracted was indicated and a box was provided to make observations that would allow a dense and deep analysis of each AU. At the end of this process, a total of 441 codes were obtained.

The codes obtained were grouped according to their relationships and similarities under global concepts, which allowed the creation of subcategories and categories. With the help of analytical memos and diagrams, relationships were established between the different levels of the categorical structure. Based on this structure, the theoretical description of the study findings was elaborated.

This research was approved by the Health Research Ethics Committee of the Universidad Pontificia Bolivariana (act number 22 of 2019). The requirements demanded in Resolution No 008430 of 1993 issued by the Colombian Ministry of Health were complied with, in relation to studies classified as "Research with minimal risk". Informed consent was requested and the fundamental ethical principles of beneficence, non-maleficence, respect and justice were protected at all times. The criteria of rigor taken into account for the development of the study were credibility, auditability and transferability, as described in Table 1 (23).

**Table 1.** Study rigor criteria

Criteria	Characteristics
Credibility	<p>Reflection from the beginning and structuring of the project to the stage of analysis and discussion of results.</p> <p>The principal investigator was in charge of data collection and transcription of the interviews and was in charge of the analysis process.</p> <p>The interviews were recorded and transcribed verbatim, preserving the cadence, variations and language used by the participants.</p> <p>A researcher triangulation exercise was carried out in which each member conducted an analysis of the same interview and, subsequently, a consensus and validation was made among the entire team.</p>
Auditability	<p>The research work was submitted to a Research Ethics Committee and was reviewed and evaluated by disciplinary and professional peers.</p>
Transferability	<p>A description of both the context and the participants was made in order to identify the applicability of the study results to similar situations and contexts.</p>

**Source:** Proceso reflexivo sobre el rigor metodológico a partir de los criterios de Morse (23).

## Results

The participants were three men and three women with a mean age of 54 years. Two were married, two were in a common-law union, one was separated and the remain-

ing one was single. In terms of religion, five participants were Catholic and the remaining one was Christian. The participants' oncologic diagnoses and other clinical and demographic characteristics are presented in Table 2.

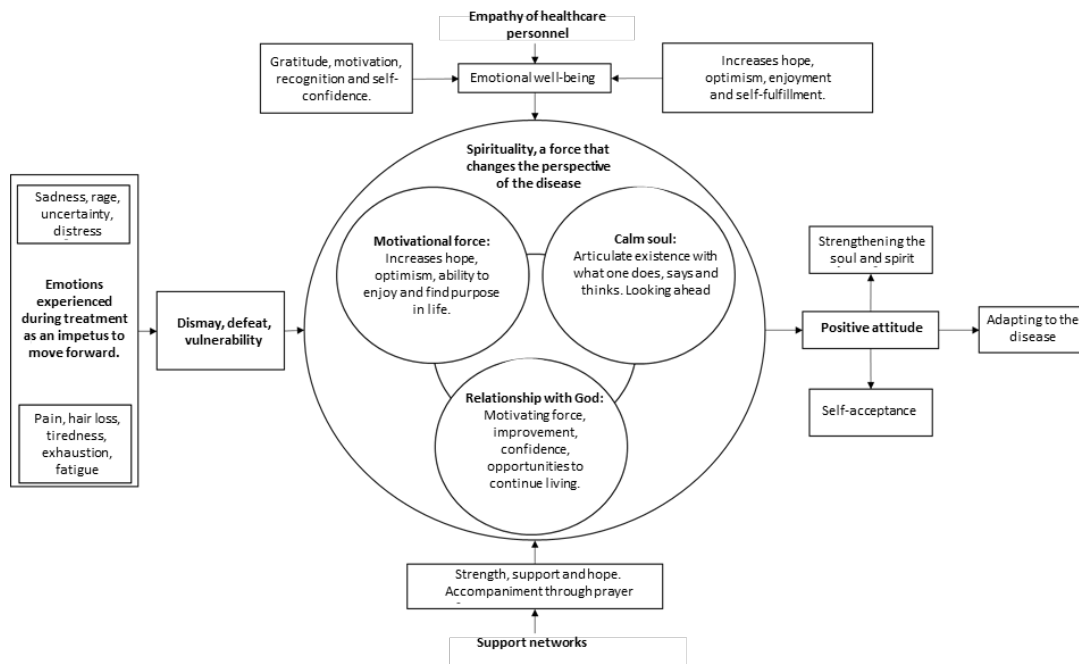
**Table 2.** Characteristics of the participants

Attendee	Age	Genre	Marital status	Occupation	Religion	Oncological diagnosis	Relapse
P1	56	Female	Separated	Housewife	Catholic	Ovarian cancer	Yes, in the colon
P2	69	Female	Married	Retired	Christian	Breast cancer	Yes, in the stomach
P3	44	Female	Common law marriage	Housewife	Catholic	Breast cancer	No
P4	73	Male	Married	Mechanic	Catholic	Leukemia	No
P5	60	Male	Common law marriage	Interior designer	Catholic	Hodgkin's lymphoma	No
P6	26	Male	Single	Troubadour and Bookwriter	Catholic	Soft tissue sarcoma	Yes, in lung

**Fuente:** Base de datos construida a partir de las entrevistas realizadas.

A partir del análisis cualitativo de las entrevistas se identificó que la forma como los pacientes con cáncer en tratamiento de quimioterapia ambulatoria viven la espiritualidad se representa a través de las siguientes categorías: “Emociones vividas durante el tratamiento como impulso para seguir adelante”, “Las redes de apoyo, una fuente de fortaleza y esperanza”, “El cáncer,

una prueba divina entre las limitaciones y el aprendizaje”, “La empatía del personal de salud, un mecanismo para afrontar la enfermedad y generar bienestar” y “La espiritualidad, una fuerza que cambia la perspectiva de la enfermedad”. En la figura 1 se presenta un análisis de las relaciones establecidas a partir de los hallazgos del estudio.



**Figure 1.** Categories representing the spirituality of people with cancer undergoing outpatient chemotherapy treatment.

**Source:** Categorical structure derived from the coding process.

### ***Emotions experienced during treatment as an impetus to move forward***

The participants recognize that the experience of suffering from cancer is marked by the perception of feelings that vary according to the moments of the disease and the stages they are going through. Feelings prior to the diagnosis of cancer reflect tranquility and indifference because, not having any ailment, there is nothing that disturbs or affects them. Likewise, they are not anxious about their lives and their priorities fall on the people close to them and their family members, as reflected in the following testimony: “*First, since you are so relieved, you just come and go*” 56-year-old woman with ovarian cancer.

Once the disease is diagnosed, participants experien-

ce feelings of sadness, anger, uncertainty and anguish. These feelings are associated with concern about providing for their children, fear of death, grief about not being able to work, and the implications of such situations on work, family and social relationships. Participants describe it as follows: “*The first cancer I was found out was very sad, because to be told about one, that was something very shocking, there the pain was with the children, afterwards... that was what crumbled me the most*”. 56-year-old woman with ovarian cancer.

The feelings they perceive during treatment are associated with the physical and functional changes that derive from it, such as: pain, hair loss, tiredness and exhaustion. Similarly, they feel discomfort at having to depend on others and discomfort due to the procedures and effects of chemotherapy. In this regard, the parti-

Participants report that they endure and conceal the pain so as not to cause suffering to their family members. This triggers additional feelings of grief, defeat and vulnerability, as they have to give up activities they used to do and suffer in silence. This is reflected in the account of the following participant: *“There are days when you wake up feeling like throwing in the towel, I feel that it is the chemo itself, they are those days that make you feel bad, I spend it sad, angry and bored”*. 26-year-old man with soft tissue sarcoma.

During the treatment, despite the type of feelings experienced by the participants, the desire and strength to fight for life, to move forward, to resist and stand up for themselves increased. This favored the expression of their spirituality through the development of a positive vision, as a way of expressing their experiences, facing the situation they were facing, as a way of not letting themselves be defeated by the disease and to hold on to important reasons for living such as family and life projects that were pending to be fulfilled. This is how the following participants describe it: *“... something comes from inside that gives you that push, that says you go ahead, And those girls are the ones that push me”* 56-year-old woman with ovarian cancer.

*“... on the sixth day, after chemotherapy, it takes that away from you and I go back and I'm happy to be able to eat and I'm happy to be able to do other things, it's more than anything that I want to be with me, with my brother, with all of them...”* 26-year-old man with soft tissue sarcoma.

In relapses, in some cases the news and the diagnosis does not produce as much impact as the first time, because the patient has already had previous experience with the situation and still has the support and the impulse to move forward, as can be seen in the following testimony: *“... and now again to come back, that was last year, being told that I had cancer was not as painful as the first time, because I could already see that this resulted on the other hand... I said... okay, I was cured, I was very well, but I have had family with cancer and then that had repeated to them”* 56-year-old woman with ovarian cancer.

### **Support networks, a source of strength and hope.**

The participants emphasize how important it has been for them to have the support of their children, partners,

close friends and work colleagues. They find in them the strength, support and hope to take on the disease in a more positive way.

The family is recognized as a circle of love that provides support and help during the difficulties and processes derived from the evolution of cancer. Likewise, it is recognized as a source of spiritual strength that helps to face the challenges imposed by the disease. This is reflected in the following testimony: *“... one is so sheltered by love in my house... I have a family of about 20 and believe me, if all 20 could go to chemotherapy, they would all go with me”* 26-year-old man with soft tissue sarcoma.

Participants also feel grateful, accompanied and motivated when co-workers and friends are concerned about them, are aware of their family and their disease process. Prayer is a way in which people express their interest and accompaniment from a distance, since they find in it a tool to combat loneliness and to feel accompanied. One participant describes it as follows: *“... I have had a lot of support from my family, from my coworkers, from my neighbors, from everyone; everyone tells me... I have it in my prayers, they have not left me alone... I think that has been my greatest strength”* 56-year-old woman with ovarian cancer.

In contrast to the above, there are some cases where the sick person keeps the diagnosis to herself or to a limited group of people and does not share the news with the whole family in order to focus her support networks on the closest family group and thus prevent the rest of the family from feeling pain and suffering because of her illness. This is observed in the following account: *“... I do not tell anyone, I have a first cousin who is a gynecologist, I also have two cousin doctors, in my family there are about ten doctors and I do not tell anyone, not my father, not my sisters, not my brothers, not my nieces, the doctors, the only one who knows is my wife, the woman I live with... so as not to worry them; because I had a sister who also suffered from this same problem and she told the whole family and the whole family was worried and crying. I don't want those people to be in bad shape”*. 60-year-old man with Hodgkin's lymphoma.

### **Cancer, a divine test between limitations and learning.**

The participants refer that they see the disease as a divine test in which they face multiple limitations and difficulties that, at the same time, constitute an opportunity for change and reflection that gives a different meaning to life and leads to significant learning.

One of the main difficulties faced by the participants is the loss of the ability to perform daily activities, sports and work. In this sense, depending on other people to leave the house, to perform tasks they used to do and to go to places they used to frequent becomes a challenge, as can be seen in the following testimony: “... *if I go somewhere...I can no longer go alone. If I go to an IPS (Service Providing Institutions) I have to be accompanied [...] I go to mass when I feel that there are not many people, because as I tell you... I go to mass, then the crowd makes me sick, the heat, I get suffocated and I get sick, I faint*” 56-year-old woman with ovarian cancer.

In terms of significant achievements and learning, they have overcome the phases of cancer treatment, learned to control pain and become more positive in life and in the face of the disease.

By overcoming the different phases of treatment, the participants perceive that their prognosis for life is better and improve the expectations they had at the beginning. One of the aspects that contributes to overcoming them is the control of the pain that derives from the disease itself and from the treatment they receive. For this, accepting cancer to the point of imagining it as a friend becomes a strategy that favors its control and management.

Likewise, it is recognized that the transit through the disease contributes to change the person's way of being. This change is characterized by seeing life and cancer from a positive perspective, being more humble, not holding grudges, valuing life more, not judging others, accepting oneself unconditionally and strengthening the soul and spirit. This is observed in the account of one of the participants: “... *you have to go through these things to think, to know what you have to stop doing and to have to get to a disease like this, to be able to think how much you are worth, how much your life is worth, how much the person next to you is worth, to value things no matter how insignificant they may be*” 56-year-old woman with ovarian cancer.

### **Health personnel empathy, a mechanism for coping with illness and generating well-being.**

The empathy shown by health personnel is recognized as valuable, helps to cope with the disease and treatment process and provides a sense of wellbeing. Likewise, they are understood as a source of spirituality, as they contribute to feeling gratitude, motivation, recognition and self-confidence. The participants perceived that the health personnel were empathetic when they showed interest, concern, gave them personalized care, called them by name and when the treatment was warm, cheerful, timely and pertinent to provide solutions to their physical and emotional needs. This is reflected in the following testimony: “*Treating you well, telling you that it is not going to hurt or that if it is going to hurt, it will only hurt for a little while and they give you a lot of moral, so that you don't get discouraged, they stop you*” 73-year-old man with leukemia

On the other hand, the participants also state that, when the staff's attention is lacking in warmth, affection and harmony, they come to perceive that the personnel who attend them have no vocation and do so as part of a function they are obliged to fulfill, unlike other professionals from whom they receive closer attention, as the following participant relates: “... *there was another bad boss and I spent that third cycle really bad and in the fourth cycle I came back and there was already another boss and it was better*” 26-year-old man with soft tissue sarcoma.

### **Spirituality, a force that changes the perspective of the disease.**

In the process of going through the disease, the participants highlight the importance of spirituality as a way of coping, struggle, endurance and perseverance in all the stages they go through, and they also consider that it generates a positive attitude that helps them to feel better. This well-being is reflected in decreased anxiety, anger and discomfort, increased hope, optimism and the ability to enjoy and find purpose in life. The participants recognize spirituality as the energy with which life is lived, having a calm soul and the motivating force that helps them to move forward and does not let them falter, helps them to find inner peace, to reaffirm the desire to live and enjoy the simple things in life. This can be seen in the following testimony: “... *spirituality is like what I have inside me, I define it as my*



*faith, as what I have inside me, as that inner strength that I have, that inner strength that motivates me to do things...*" 69-year-old woman with breast cancer.

In addition, spirituality is recognized as something that helps to maintain a good interaction with others and to give a different meaning to life, which in turn awakens an interest in good deeds, helps to resolve pending issues and keep the gaze set forward, developing a vision of reality that connects existence in a congruent way with what is done, said and thought, in a way that fosters the ability to open up to new perspectives to see the world around them. This is evidenced by the following testimony: *"the only thing I think is that spirituality has to do with the tranquility of oneself, being at peace with the world and living life without worries, without despair, for me that is spirituality"*. 73-year-old man with leukemia.

On the other hand, spirituality is described as the relationship established with God. The participants recognized that, during the illness, faith and belief in a superior being increased, considering that prayer and entrusting oneself to God gives peace of mind. In this sense, they attribute and thank God for the improvement, strength, confidence and opportunity to continue living and move forward in the face of the illness, treatment, pain and anguish they experience. Likewise, they consider that God manifests Himself in every person who makes them feel good and gives them comfort. This is observed in the following testimony: *"...when you are sad you always have someone who gives you a smile, when you are bored there is always someone who reactivates you with that and God is in those people"*. 26-year-old man with soft tissue sarcoma

## Discusión

In this sense (24), Wakiuchi et al. (25) represent the experience of chemotherapy as living with a treatment that causes profound changes in life and in all the dimensions of the being, especially the emotional and spiritual.

In this study it was found that participants experienced different emotions during the treatment of their disease such as sadness, anger, uncertainty and anguish; findings similar to those reported by Montiel-Castillo et al (26). This could be explained by the physical problems

derived from the disease and treatment, in addition to the high levels of uncertainty experienced by cancer patients, which not only generates suffering, but can considerably affect their quality of life (26, 27).

Despite the negative emotions that participants report having experienced during treatment, we found that these experiences become a spiritual strength that drives them to move forward. In this regard, Knaul et al. (28) identified that attachment to life is a driving force that helps the patient to initiate his or her struggle to cope with the disease and state that the motivation provided by the family produces the ability to give meaning to life in all kinds of experiences and gives them the reason to continue living and fighting. In contrast to the above, there are aspects that contribute to significant suppression of coping with the disease by people with cancer, among which are: avoiding talking about the disease, hiding the diagnosis because it is associated with suffering for oneself and others, having a negative emotional reaction to the diagnosis, and not showing that they are psychologically altered to avoid looking vulnerable to others (29,30), issues that are consistent with the findings of this study.

Regarding support networks, Wakiuchi et al. (25) recognize that they provide emotional, instrumental or material and spiritual support (31). Likewise, Avila et al. (32) express that each of the members of the patient's support network provides the foundations of a scenario in which the patient experiences a process of emotional stability, which favors the development of qualities and attitudes necessary to face the disease. This coincides with the findings of our study in which it is interpreted how support networks represent a significant source of hope and spirituality that contribute to coping with the disease.

Regarding learning during illness, this study identified that the patient develops an interest in prioritizing time and performing activities that make them feel revitalized. In this regard, Engqvist-Boman et al. (33) state that the important characteristics of learning during a life-threatening illness such as cancer are strong personal drivers to understand and deal with everything that happens (25,28), a situation similar to that narrated by the participants in this study who stated how their experiences were transformed into spiritual growth and learning.

In addition, Nipp et al. (34) found a positive relationship between coping self-efficacy and quality of life, which is related to the results of this study since it is interpreted, through the participants' accounts, how they manage to cope despite the difficulties derived from the disease and the treatment. Similarly, Ishibashi et al. (35) state that factors such as: positive attitude, marking a purpose, connection with friends and family, confidence and increased knowledge about life increase the ability to overcome the different stages of the oncological process.

With regard to empathy and the relationship with health personnel, establishing an empathic relationship with patients reduces their uncertainties, fears and insecurities and they obtain physical, emotional and spiritual wellbeing (36,37). Findings similar to those found in this study suggest that the empathic relationship with health personnel favors spirituality and becomes an important mechanism for coping with the disease and generating well-being. In this sense, Rohani et al. (38) conclude that empathy should be considered as one of the most important standards of competence in oncology nurses, as these are related to lower stress and greater satisfaction in cancer patients (39).

Wittenberg et al. (40) affirm that committed care has an impact on patient satisfaction. Therefore, refining the work of nurses in the care of cancer patients involves improving communication skills to achieve an empathetic and affective attitude towards understanding and sensitizing the patient's experiences (41).

Olver et al. (42) state that spirituality is presented through human capacities that transcend matter and intelligence such as: the capacity for abstraction, reasoning or arguing, recognizing the truth and announcing it in a language, wanting, freely determining oneself, acting with a view to an intelligently known end and self-reflection that allows knowing and wanting one's own actions.

Similarly, Caldeira et al. (43) state that spirituality is a complex concept and is related to the search for meaning and purpose in life, to interactions with oneself, with others and with the world; and they consider that it is a dynamic dimension throughout life that arises specifically when people experience situations that threaten life or significantly affect health.

The arguments of Olver et al. (42) and Caldeira et al. (43) are consistent with the findings of this study, which aim to understand how spirituality is linked to the energy with which life is lived, to having a peaceful and calm soul, and as a motivating force that helps them to move forward and does not let them faint.

On the other hand, the participants also recognized that, during the illness, faith, belief and closeness to a superior being increased. In this sense, they thanked this being for listening to their supplications, for the opportunity to continue living and moving forward, and for the improvement, strength and confidence they achieved during pain and anguish. In this regard, Freitas et al. (44) found that faith and belief in God are essential sources of comfort and support for coping with the stress generated by the process of becoming ill and identified that beliefs in God were maintained or increased during the illness, serving as emotional support, evidence that supports the findings of the present study.

On the other hand, Diego-Cordero et al. (45) state that the cancer disease, from a spiritual point of view, is usually conceived as a will of God or as a punishment. This situation is analogous to the findings of the present study, according to which patients recognize spirituality as a way of giving an explanation or cause to what they are experiencing in order to assign meaning to their illness. However, Dos Reis et al. (46) express that when experiencing an illness such as cancer, people are driven to seek greater self-knowledge, to rethink their lives, to rediscover their value and to place themselves as protagonists of their history, so that the belief in the existence of a God or supreme Being is intensified and the search for the miracle provoked by the power of faith is considered the most important and perhaps the last of the available resources.

In this regard, DSouza & Astrow (47) affirm that people turn to religion in search of help in those life situations that are most stressful. Likewise, they consider that many of the religious mechanisms seem to be designed to help people in the most difficult moments of their lives and can be beneficial in times of great pain. This is consistent with the results of this study in which participants think that prayer and commending themselves to God gives them peace of mind.

Cultivating spirituality throughout life and even at the

end of life favors the ability to transcend and mitigate suffering and pain. Attending to spiritual aspects favors tranquility, faith, self-acceptance, optimism and, therefore, well-being and self-care (43).

## Conclusiones

- It is concluded that, despite the negative connotation of the diagnosis of cancer, the spiritual dimension in the cancer patient undergoing outpatient chemotherapy treatment contributes to the person seeing the disease from a positive perspective, increases faith and hope to continue fighting, gives a sense that everything has been worthwhile, allows seeing beyond and provides peace of mind to face the adversities caused by cancer.
- Spirituality is identified as a source of natural vigor, a virtue that encourages, gives strength and peace to people with cancer and whose effects reach those around them. Likewise, it is recognized that it provides hope, meaning of life and transcendence during the disease process, as well as personal learning through the ability to face any difficulty.
- It is recommended to explore and explore and deepen the way in which family or social support ne-

works contribute to the development of spirituality contribute to the development of spirituality and how it is reflected in coping with the disease in coping with the disease so that further studies can be developed.

- As limitations of the study, it is necessary to clarify that hermeneutics implies a dynamic and inter-subjective process in which the research team directly involves its experience with the emerging findings, which is why the results do not reach a level of generalization in terms of statistical inference, so the text should be read in the historical context and temporality in which it was developed (48).
- Understanding the way in which outpatient chemotherapy patients live their spirituality allows nursing professionals to reflect on their clinical practice and the way in which, through empathy and the promotion of support networks, they can contribute to coping with the treatment of the disease

## Conflicto de intereses

The authors declare that they have no conflicts of interest.

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