

Review Article

Cite this article: Rossato L, Benfato JC, Ullán AM, Scorsolini-Comin F (2022). Religious–spiritual experiences of family members and caregivers of children and adolescents with cancer. *Palliative and Supportive Care* 20, 711–719. <https://doi.org/10.1017/S1478951521001590>

Received: 3 June 2021

Revised: 20 July 2021

Accepted: 6 September 2021

Key words:


Cancer; Children; Family; Religiosity; Spirituality

Author for correspondence:

Lucas Rossato, University of São Paulo, Ribeirão Preto, Brazil.

E-mail: rossatousp@usp.br

Religious–spiritual experiences of family members and caregivers of children and adolescents with cancer

Lucas Rossato, PH.D., STUDENT¹ , Julia Corrêa Benfato, B.SC.¹, Ana M. Ullán, PH.D.² and Fabio Scorsolini-Comin, PH.D.¹

¹Department of Psychiatric Nursing and Human Sciences, University of São Paulo at Ribeirão Preto College of Nursing, Ribeirão Preto, Brazil and ²Department of Social Psychology and Anthropology, University of Salamanca, Salamanca, Spain

Abstract

This integrative literature review aimed to identify the religious and spiritual experiences of family members and caregivers of children and adolescents with cancer. Through systematized searches in the databases/libraries CINAHL, PsycINFO, Pubmed, SciELO, and Lilacs, 69 articles produced between 2010 and 2020 were retrieved. There was a predominance of studies with parents developed in hospital facilities. The caregivers' religious and spiritual experiences helped them to cope with childhood cancer, especially in maintaining hope, reducing stress and anxiety symptoms, as well as in providing psychological and social support. Negative outcomes such as questioning faith, the feeling of punishment, and disruption with the religious and spiritual group were also perceived. It is recommended to include religiosity and spirituality for the provision of more humanized and comprehensive care, as well as further investigation of the negative experiences regarding religiosity and spirituality in this public.

Introduction

Every year, about 400,000 children and adolescents are diagnosed with cancer worldwide, being a public health problem, especially in developing countries [Schüz and Roman, 2021; World Health Organization (WHO), 2021]. As it is generally not possible to prevent cancer in children, the most effective strategy is to focus on an immediate and correct diagnosis, followed by effective evidence-based therapy, with personalized supportive care (WHO, 2021).

The World Health Organization (WHO) estimated for the year 2020 the appearance of approximately 26,467 new cases of cancer in children aged 0–19 years in Europe, 62,776 in the African continent, 29,057 in Latin America and the Caribbean, 143,053 in Asia, 1879 in Oceania, and 16,187 in North America (World Health Organization, 2020). In Europe, childhood cancer mortality has decreased remarkably, but it is still possible to observe disparities between Eastern and Western regions (Gatta et al., 2014; Bertuccio et al., 2020). However, although childhood cancer mortality has declined in Europe, action is still needed to ensure that all European children have equal access to early diagnosis and effective treatment (Bertuccio et al., 2020).

Even with the several advances concerning available treatments, the psychological impacts remain high due to the adverse effects of treatment and the implications on the individuals' and their families quality of life (Bakula et al., 2020). Cancer diagnosis in childhood and adolescence can interfere with the dynamics of family functioning, with repercussions on physical and psychological health, socioeconomic and behavioral aspects, among others (Schoors et al., 2019; Toledano-Toledano et al., 2019).

Having a child/adolescent with cancer affects the parents' lives and may bring short- and long-term challenges to the family environment, affecting the activities routine that becomes centered on the child/adolescent that needs assistance (Moghaddasi et al., 2018; Tan et al., 2020). Thus, family members and caregivers must adapt themselves to a routine of assistance and uncertainty, and possibly develop resources capable of coping with this condition.

The fact that sick people are at the beginning of their lives, as well as how they will react and cope with the treatment, are elements that will influence future perspectives, dreams, and hopes that they had before getting sick. Thus, it can be seen that cancer is a complex phenomenon and because it affects people in a sensitive period of development it raises several medical, psychological, ethical, and social concerns due to the different kinds of impacts it may cause (Steliarova-Foucher et al., 2017).

Along with accompanying their children's painful process, parents must deal with increased parenting responsibilities and manage the treatment demands. Besides, these family members may experience moments of overload that impact overall health conditions, especially mental

ones (Wang *et al.*, 2017). Thus, caregivers and family members are affected in several dimensions of their lives for playing the essential role in accompanying the diagnosis's trajectory to the treatment phase, assisting in coping with the disease, and adapting to the difficulties that arise over time.

To face these challenges about the illness, caregivers and family members use several coping strategies. Among them, religiosity/spirituality (R/S) has been increasingly highlighted. Religion, religiosity, and spirituality are important dimensions in people's lives in most sociocultural contexts. Due to the importance they assume and the influences they exert on subjectivity, they have been evidenced in the scientific literature as influencing health conditions and received different descriptions and concepts, being of particular interest to the health sciences (Cunha *et al.*, 2020).

Religiosity can be characterized as a set of beliefs and practices associated with a recognized religion or denomination. Spirituality is generally recognized as a dimension that involves experiential aspects, which may be related to religious practices or the recognition of a general sense of peace and connection (Proserpio *et al.*, 2014). When these terms are discussed as coping strategies, the term R/S is used (Rossato *et al.*, 2021). This term allows emphasizing the effects of these resources on health and not the epistemological specifics of each expression.

Religious and spiritual practices are present in all cultures, being markers that influence the ways of life and the relationships established among people (Rossato *et al.*, 2021). In cases of childhood cancer, R/S has been described as a resource that accompanies the family/caregivers in the illness itinerary, contributing to resilience, emotional adjustment, and interfering in decision making (Lion *et al.*, 2019).

Because it is a cultural component present in most social contexts, R/S presents itself as a significant subjective resource for the experiences of family members and caregivers and can interfere positively and negatively in the way these individuals will deal with their children's disease. R/S can offer conditions to deal with uncertainties, stressful and anxiogenic situations to live with, and to accept the disease. However, it can also be a component that generates discomfort, detachment, and anger toward what is being experienced (Abdoljabbari *et al.*, 2018).

Religious and spiritual care has been offered to people who experience situations of illness due to cancer in different contexts of health care by chaplains and other qualified professionals. A study developed by Proserpio *et al.* (2016) showed, for example, that in Italy 24 out of 26 health centers investigated had a spiritual support service, while in Spain 34 out of 36 health centers provided this care. Also according to the authors, the care provided involved offering religious services, celebrating rites, providing spiritual support in the terminal phase of the disease, talking to family members and adolescents. Despite this, it is important to consider that, although R/S is a dimension present in most social contexts, it can vary depending on the culture in which people are inserted, being more valued in some places than in others.

In the context of religious and spiritual care, the chaplain plays a significant role among members of the healthcare team providing support for children and adolescents with cancer, their families and other pediatric oncology professionals. In this sense, they must be seen as an integral part of the hospital team, offering support and monitoring throughout the various stages of the disease, the treatment of patients and a presence that must be constant in the hospital, not only requested in critical situations (Proserpio *et al.*, 2014).

Considering these aspects, it is evident that R/S is a resource that needs to be considered in the health practices developed in Pediatric Oncology, understanding how it involves people's experiences that accompany the assistance. Based on this need and aiming at the construction of practices that consider R/S from the point of view of shreds of evidence, this integrative review of scientific literature aimed to identify the religious and spiritual experiences of family members and caregivers of children and adolescents with cancer.

Method

This is an integrative review of scientific literature regarding the period from January 2010 to December 2020. The choice of this period was because it only covers complete years, as well as providing a snapshot of the last decade. The review considered the Preferred Reporting Items for Systematic Reviews and Meta-Analyze Protocols (PRISMA; Moher *et al.*, 2010) recommendations for systematic searching, analysis, and description.

The guiding question was developed using the PICO strategy (Population, Intervention, Comparison, and Outcomes/Outcome). Based on the review objective, the comparison criterion was not used in the present study. Thus, the guiding question was constructed as follows: "How has the scientific literature described R/S experiences of family members and caregivers of children/adolescents with cancer?"

The data survey was carried out in Scientific Electronic Library Online (SciELO), Latin American and Caribbean Health Sciences Literature (LILACS), Cumulative Index to Nursing and Allied Health Literature (CINAHL), National Library of Medicine [USA] (Pubmed), and Psychology Information (PsycINFO) databases/libraries. The descriptors used in Portuguese, English, and Spanish were previously consulted in these databases and combined as follows: (religiosity OR religion OR spirituality OR spiritual OR faith OR religious coping OR spiritual coping) AND (parents OR family OR families OR caregivers) AND (child OR children OR childhood OR adolescent OR adolescents) AND (neoplasms OR cancer OR tumor OR oncology).

The inclusion criteria established were: (a) articles published between January 1, 2010 and December 31, 2020; (b) written in English, Portuguese, or Spanish; (c) population: family members (e.g., father/mother, uncle/aunt) and caregivers of children and adolescents with cancer; which focused on the use of R/S in personal and caregiving experiences; and (d) available for reading in their entirety. The exclusion criteria were (a) theses, dissertations, books, book chapters, literature reviews, and studies of theoretical nature; (b) articles that did not fit the theme; (c) with focus on a population other than family members and caregivers; (d) repeated; (e) in a language different from the inclusion; and (f) articles that did not allow answering the guiding question.

After conducting the searches, the results found were entered into the Rayyan software (Ouzzani *et al.*, 2016). This software is used to organize, analyze, and systematically select the review results. The shreds of evidence analysis occurred by two independent judges and in cases of disagreement, a third judge decided on the inclusion or exclusion. The first judge is a female graduate student in nursing with experience in literature review procedures, the second judge is a doctoral student with experience in the subject and these procedures, and the third judge is the research supervisor. The information collected was previously defined by the authors [LR] and [FS-C] considering the objectives of the study and the PRISMA checklist. A standardized form was established

by the first author to enter the information of the selected articles, being: authors, year of production, and nationality of the institution they were linked to, location of the studies, the population involved, and how the R/S was described/used by the participants.

Findings

The final sample was composed of 69 articles. Figure 1 shows the flowchart with the study selection steps, the number of articles

found in each database/library, the exclusions, and the reasons for the exclusions.

After establishing the final number of articles that met the inclusion and exclusion criteria, data extraction was carried out by the researchers. Through data analysis and interpretation, three categories were created: (1) Profile of the studies; (2) Positive aspects of R/S for family members and caregivers in coping with cancer; and (3) Negative aspects of R/S in the experiences of family members/caregivers.

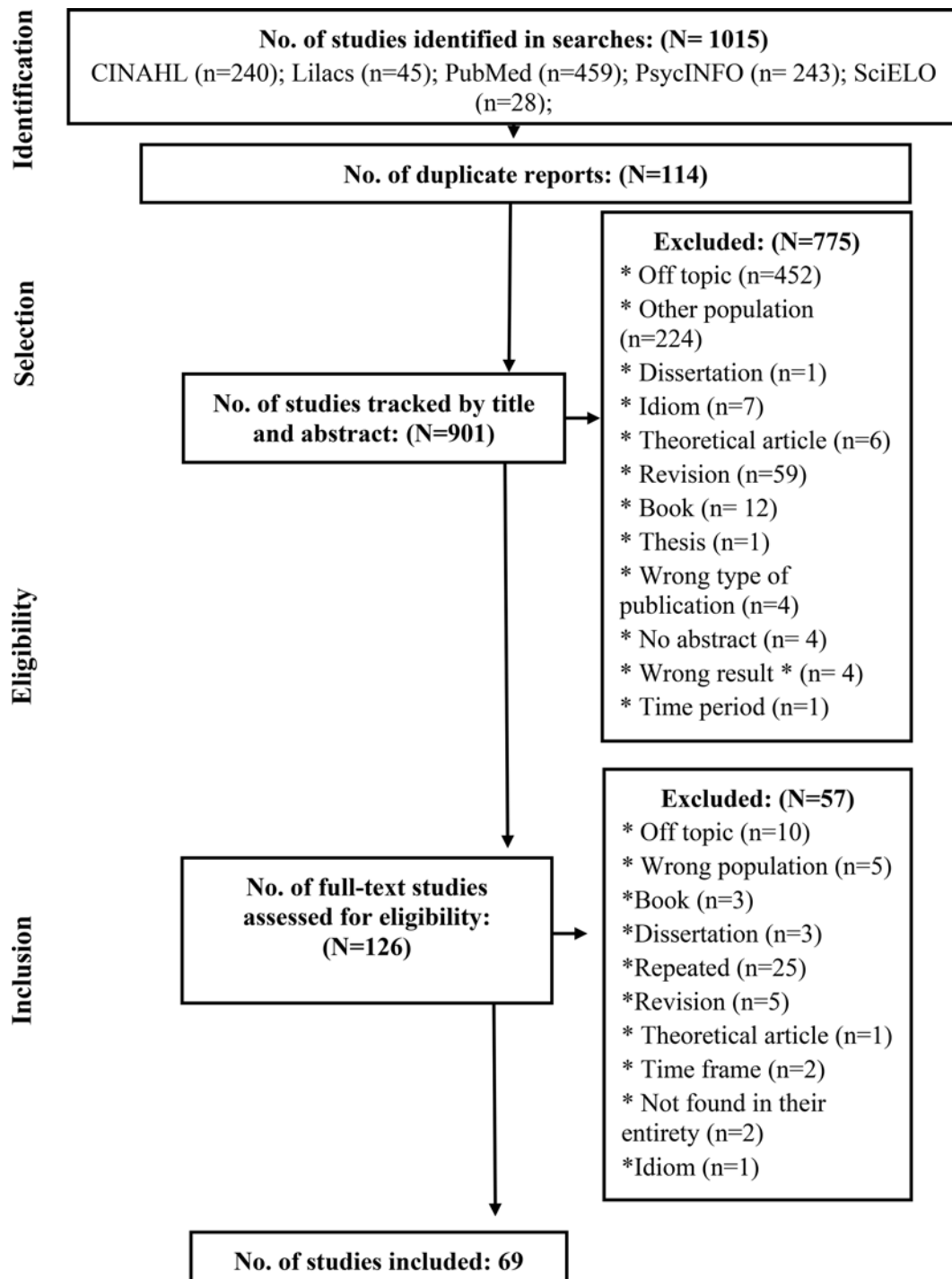


Fig. 1. Flowchart of survey and selection of articles.

Profile of the studies

The time frame that was chosen in this review comprised the studies produced between the years 2010 and 2020. The largest number of articles was published in the year 2018 (11 articles), followed by 2019 (nine articles), 2014 and 2020 (both with eight articles), 2010, 2013, and 2016 (both with six articles), 2015 and 2017 (with five articles each), 2012 (with three articles), and 2011 (with two articles).

Regarding the institutions' nationality to which the authors were related, the country that presented the most studies was Brazil (14 articles), followed by Iran ($n = 12$) and the United States ($n = 11$). The other countries were Canada and Lebanon (three articles each), Singapore, India, Turkey, and Taiwan (two articles each), Venezuela, Mexico, Spain, Colombia, Jordan, Indonesia, Zambia, Netherlands, Australia, and Israel (one article each). Studies also included inter-institutional partnerships between Canada and Israel (two articles), the United States and Canada (one article), Italy and Portugal (one article), the Netherlands and England (one article), El Salvador and the Netherlands (one article), Ghana and England (one article), and Australia and Iran (one article).

Regarding the participants of the studies, there were mothers, fathers, grandparents, siblings, health professionals, children, adolescents, and caregivers. Mothers and fathers were the most prominent participants (in 22 articles), followed by studies that presented only mothers ($n = 18$), fathers ($n = 4$), fathers, mothers, and children ($n = 4$), relatives ($n = 3$), caregivers ($n = 2$), family caregivers ($n = 2$). Studies with the following nomenclatures had one article each: caregivers and survivors; fathers and patients; mothers and health professionals; caregivers; fathers, mothers, and siblings; children, doctors, mothers, and fathers; caregiver and mothers; children and mothers; grandparents; family members and caregivers; adolescents and caregivers; mothers and informal caregivers; caregivers and key informants; family members and health team.

Regarding the locations, the hospital was the environment most evidenced as the field of research (in 53 articles), followed by support homes ($n = 2$) and studies that did not specify exactly the environment in which they were developed ($n = 2$). The other environments had one article each: pediatric oncology center; specialized center; place chosen by the participant; pediatric hematology and oncology unit; support group and volunteer associations; Non-Governmental Organization; participant's home or workplace; cancer support institute; tertiary care unit; tertiary treatment center; medical center; inpatient unit; and ambulatory facility.

R/S positive aspects for family members and caregivers in coping with cancer

R/S was described as a dimension that can influence positively and negatively in the lives of people who are following the treatment process of childhood cancer, as well as by the subjects who are ill. Regarding the positive aspects, R/S was described mainly as a strategy used for maintaining hope, offering emotional support, motivating belief in divine power, maintaining positive feelings and thoughts, motivating the adoption of religious and spiritual practices as a form of comfort in difficult moments, a source of social support, in reducing psychopathological symptoms, in adapting to the reality being experienced, and in acceptance.

It was also evidenced that R/S helps in emotional balance, stress management, quality of life, strengthening family bonds,

as a form of self-care, as a source of balance and wellness, as a source of support, in life satisfaction, is a source of optimism, positive influence on mental health motivates the adoption of positive attitudes, attenuates the suffering experienced, is a source of information, awakens feelings of gratitude, among others.

Negative aspects of R/S in the experiences of family members/caregivers

R/S negative aspects were mainly linked to the questions and reflections about the parents' reasons or attitudes that could have triggered the appearance of illness in children and adolescents. In this sense, the studies presented data that showed parents' perceptions that the illness could be linked to divine intervention in their son/daughter's health. There were also situations in which the illness caused distancing from the religious/spiritual community to which they belonged and the weakening of beliefs.

The main negative aspects recovered in these studies were: the questioning faith, the blame, the break with the religious/spiritual group due to lack of support, the shaken faith (disbelief, reduction of religious/spiritual practices, and abandonment feeling), belief in a vengeful God, believe that the disease would be divine punishment, enhancement of psychopathological symptoms, religious and spiritual struggles. These aspects prove that, although R/S is a positive factor in facing cancer, it can also interfere negatively in the lives of family members/caregivers and be one of the factors that contribute to this population's psychological illness.

Figure 2 summarizes the main aspects observed in the articles of the final sample through authorship, year and country of authors, place of accomplishment, participants, and main aspects of the described R/S. Due to the amplitude of the retrieved material, this article will present a synthesis of the main contents related to R/S presented in the studied findings.

Discussion

The data found in this integrative review bring a significant picture of the profile of scientific productions and how the experience of family members and caregivers who accompany the children and adolescents' treatment with cancer are affected by the patients' experiences. Although the focus of this review was to analyze how family members and caregivers experience the family members and caregivers in the process of cancer care, health professionals and the sick children and adolescents themselves were also the targets of the studies and, for this reason, considered in the analysis.

The results showed a significant number of articles published in recent years that sought to analyze the impacts of R/S on the lives of family members and caregivers. These studies reflect that R/S has been considered important to be investigated in its relationships with the population health aspects. The data presented show the need to understand human development as multidimensional and to consider the concept of health as a biopsychosocial and spiritual dimension as described by the World Health Organization (WHO, 1998). The growing number of studies focused on the R/S investigation demonstrates a positive tendency to consider the subjects in their entirety and not as mere biological beings, thus evidencing a possible overcoming of the biomedical model that predominated in the health field.

The variety of nationalities of the institutions to which the authors were linked demonstrates that this theme has been investigated globally, especially in contexts where religion, religiosity,

| Authors, authors' year, and country | Local | Sample | How R/S was described/used by the participants | DOI/URL |
|--|---|-------------|---|---|
| Faria and Caviano (2010), Brazil | Hospital | F, M | Belief in divine power, maintaining hope, acceptance | https://doi.org/10.1590/S0103-166X2010000100002 |
| Zelcer et al. (2010), Canada | Hospital | F, M | Maintaining hope, belief in divine power | https://doi.org/10.1002/ajcp.2009.284 |
| Da Primo et al. (2010), Brazil | Hospital | FM | Rupture with the church due to lack of support, questioning faith, belief in divine power, emotional balance, strengthening family ties | https://doi.org/10.1590/S0104-0702201000000015 |
| Fletcher et al. (2010), Canada | Hospital | M, HF | Maintaining positive feelings and thoughts, emotional support, maintaining hope | https://doi.org/10.1177/247510441429296639 |
| Lin et al. (2010), United States | Hospital | F, M | Emotional support, increased religious and spiritual practices | https://doi.org/10.1016/j.jgim.2010.05.009 |
| Wegter and Pedro (2010), Brazil | Hospital | Cr | Emotional support, maintenance of hope, R/S as a form of self-care, source of balance, and well-being | https://doi.org/10.1590/S1983-8147201000000010 |
| Banerjee et al. (2011), Canada | Pediatric Oncology Centers | Cr | Coping resource, source of support, increased religious and spiritual practices, maintaining hope, questioning faith | https://doi.org/10.1177/24751044114081106 |
| Fuenmayor and Chacab (2011), Venezuela | Hospital | F | Source of emotional support, coping resource, positive reinterpretation of life | https://doi.org/10.1016/j.pain.2011.10.017 |
| Gilmer et al. (2012), United States and Canada | Hospital | F, M, B | Source of comfort, adoption of positive attitudes, shaken faith | https://doi.org/10.1016/j.jgim.2011.09.017 |
| Barrio and Rabo (2012), Spain | Hospital | F, M | Maintenance of hope increased religious and spiritual practices | https://doi.org/10.5209/rev/PSC.2012.9.21.39136 |
| Dapas et al. (2012), Brazil | Specialties Center | F | Source of emotional balance, maintaining hope | https://doi.org/10.1016/j.pain.2011.10.017 |
| Chinchillo-Salcedo (2013), Colombia | Chosen by the attendee | F, M | Belief in divine power, maintaining hope, maintaining positive thoughts | https://doi.org/10.1016/j.pain.2011.10.017 |
| Anahit et al. (2013), Jordan | Hospital | M | Questioning faith, guilt, and adoption of religious/spiritual practices seeking help | https://doi.org/10.1016/j.pain.2011.10.017 |
| Perricone et al. (2013), Italy and Portugal | Pediatric Hematology and Oncology Units | M | Emotional support, maintaining positive thoughts, social support | https://doi.org/10.1016/j.pain.2011.10.017 |
| Barreira et al. (2013), Canada and Israel | Hospital | F | Maintaining hope | https://doi.org/10.1097/NCC.0b013e31829167d |
| De Vries et al. (2013), United States | Hospital | F, M, C, HT | Emotional support, maintaining hope, adopting religious/spiritual practices seeking help | https://doi.org/10.1080/21507716.2012.752724 |
| Hendler et al. (2013), Israel | Hospital | F | Strengthening faith, increasing religious and spiritual practices, maintaining hope, questioning faith | https://doi.org/10.1177/247510441429296639 |
| Almeida and Fao (2014), Brazil | Support Group and Volunteer Association | M, Cr | Coping resource, emotional support, the form of self-care, maintaining hope | https://doi.org/10.15308/14.pdf5013 |
| Wakefield et al. (2014), Australia | Hospital | G | Source of social support | https://doi.org/10.1002/pon.3193 |
| Reis-Dickhoff et al. (2014), Iran | Hospital | M, C | Questioning faith, belief in a vengeful God, illness as divine punishment | https://doi.org/10.1016/j.pain.2011.10.017 |
| Kadushin et al. (2014), Turkey | Hospital | F, M, C | Questioning faith and bound to the conditions of improvement or worsening of the sick person's health conditions | https://doi.org/10.1016/j.pain.2011.10.017 |
| Kanda et al. (2014), Brazil | Hospital | FM | Adaptation, maintaining hope, belief in divine power | https://doi.org/10.1016/j.pain.2011.10.017 |
| Yoon et al. (2014), United States | Hospital | M | Adoption of religious/spiritual practices seeking help, emotional support, maintaining hope | https://doi.org/10.1016/j.pain.2011.10.017 |
| Amayo et al. (2014), Brazil | Non-Governmental Organization | M | Adaptation, acceptance, maintaining hope, emotional support, alleviation of suffering | https://doi.org/10.5209/rev/PSC.2014.14.1.1911-2014 |
| Selón et al. (2014), Brazil | Support House | M | A coping strategy, stress management, maintaining hope, adaptation, acceptance, emotional support | https://doi.org/10.5209/rev/PSC.2014.14.1.1911-2014 |
| Al-Gharib et al. (2015), Lebanon | Hospital | F, M, C | Source of support | https://doi.org/10.1016/j.pain.2011.10.017 |
| Also-Raiyy et al. (2015), Israel | Hospital | F, M | Coping resource, satisfaction with life | https://doi.org/10.1093/hw/bh011 |
| Danis et al. (2015), Brazil | Support House | F, M | Coping resource, belief in divine power, maintaining hope, adaptation, and acceptance | https://doi.org/10.5209/rev/PSC.2014.14.1.1911-2014 |
| van der Geest et al. (2015), Netherlands and England | Hospital | F, M, C | Emotional support, coping resource, maintaining hope | https://doi.org/10.1089/jgm.2014.016287 |
| Rosset et al. (2015), El Salvador and Netherlands | Home or workplace | F, M | Belief in divine power, maintaining hope, social support, maintaining hope | https://doi.org/10.1016/j.pain.2011.10.017 |
| Alves et al. (2016), Brazil | Cancer Support Institute | FM, Cr | Emotional support, maintaining hope, belief in divine power, source of confidence | https://doi.org/10.1590/0104-07022016002120014 |
| Abdoh et al. (2016), Iran | Hospital | F, M | Migration of psychopathological symptoms | https://doi.org/10.1016/j.pain.2011.10.017 |
| Reimer and McGill (2016), Ghana and England | Hospital | F, M | Coping resource, source of information, alternative complementary resources, belief in divine power | https://doi.org/10.4314/gmj.2016.6.3 |
| Wilson et al. (2016), United States | Unspecified sites | F, M | Emotional support, attenuation of psychopathological symptoms | https://doi.org/10.1002/psp.22123 |
| Nikfarrazi et al. (2016), Iran | Hospital | M | Emotional support, positive influence on mental health | https://doi.org/10.1097/INP.000000000000077 |
| Correia et al. (2016), India | Hospital | M | Maintaining hope, belief in divine power, belief in a vengeful God, adoption of religious/spiritual practices seeking help | https://doi.org/10.1016/j.pain.2011.10.017 |
| Gardner et al. (2017), United States | Tertiary Care Unit | M, Cr | Social support, source of optimism, maintaining hope | https://doi.org/10.1002/psp.22123 |
| Freitas et al. (2017), Brazil | Hospital | M, Cr | Maintaining hope, belief in divine power, adaptation, acceptance, emotional support, adoption of religious/spiritual practices seeking help, questioning faith, rebelling against God | https://doi.org/10.4025/psp.2017.22.34606 |
| Nicholas et al. (2017), Canada and Israel | Hospital | F, M | Belief in divine power, maintaining hope, emotional and social support, adaptation, acceptance, adoption of religious/spiritual practices seeking help, shaken faith | https://doi.org/10.1089/07347332.2017.1292573 |
| Doumit and Khoury (2017), Lebanon | Tertiary Center | F, M | Belief in divine power, maintaining hope, acceptance, adaptation | https://doi.org/10.1089/07347332.2017.1292573 |
| Nikfarrazi et al. (2017), Iran | Hospital | M | Belief in a vengeful God, illness as divine punishment, maintaining hope, emotional support | https://doi.org/10.1016/j.pain.2011.10.017 |
| Vincenti et al. (2018), Brazil | Hospital | Cr | Questioning faith, potentiation of psychopathological symptoms, religious and spiritual struggles | https://doi.org/10.1002/psp.22123 |
| Nikfarrazi et al. (2018), Iran | Hospital | M | Illness as divine punishment, questioning faith, vengeful God, adaptation, acceptance, maintaining hope, adoption of religious/spiritual practices seeking help | https://doi.org/10.1177/247510441429296639 |
| Chivukula et al. (2018), India | Hospital | F, M | Emotional support, burden reduction, coping resource, and improved wellness | https://doi.org/10.1016/j.pain.2011.10.017 |
| Ataieh-Sheorah et al. (2018), Iran | Hospital | F, M | Reduced faith, shaken faith, questioning faith, social support, adoption of religious/spiritual practices seeking help | https://doi.org/10.1016/j.pain.2011.10.017 |
| Cardillo et al. (2018), United States | Hospital | F, M | Adaptation, acceptance, belief in divine power, maintaining hope, adoption of religious/spiritual practices seeking help | https://doi.org/10.1016/j.pain.2011.10.017 |
| Sheikhkaryasee et al. (2018), Iran | Hospital | F, M | Belief in divine power, adoption of religious/spiritual practices seeking help, adoption of positive attitudes | https://doi.org/10.2030/APJCP.2018.19.4.1063 |
| Khanjari et al. (2018), Iran | Hospital | M | Positive coping resource, source of stress, negative interference in quality of life | https://doi.org/10.1016/j.pain.2011.10.017 |
| Naftaliyeva et al. (2018), Indonesia | Unspecified | F, M | Maintaining hope, belief in divine power, adaptation, acceptance, denial due to R/S, adoption of religious/spiritual practices seeking help, emotional support | https://doi.org/10.1016/j.pain.2011.10.017 |
| Walshita et al. (2018), Zambia | Hospital | Cr | Refusal of treatment due to beliefs, replacement of conventional treatment with faith, social support, adaptation, belief in divine power, maintaining hope | https://doi.org/10.1186/s12913-018-3127-5 |
| Behnadi et al. (2018), Iran | Hospital | M | Coping resource | https://doi.org/10.1016/j.pain.2011.10.017 |
| Moghaddasi et al. (2018), Iran | Hospital | FM, HT | Strengthening religious/spiritual beliefs, coping resources, shaken faith, questioning faith | https://doi.org/10.1007/978-94-007-4289-8 |
| Mazhari et al. (2019), Iran | Hospital | F, M | Sense of gratitude, emotional support, adaptation | https://doi.org/10.1007/978-94-007-4289-8 |
| Pauls et al. (2019), Brazil | Hospital | Cr | Belief in divine power, social support, bond strengthening | https://doi.org/10.15406/iaid.2019.04.01014 |
| Isokurt et al. (2019), Turkey | Hospital | M | Positive effects on wellness | https://doi.org/10.1177/247510441429296639 |
| Tan et al. (2019), Singapore | Hospital | M | Feeling of gratitude | https://doi.org/10.1177/247510441429296639 |
| Ahmadi et al. (2019), Iran | Medical Center | M | Emotional support, adoption of religious/spiritual practices seeking help, stress relief, maintaining hope, relief | https://doi.org/10.1016/j.pain.2011.10.017 |
| Rababain et al. (2019), United States | Hospital | Cr, C | Strengthening R/S, adoption of religious/spiritual practices seeking help, belief in divine power, maintaining hope | https://doi.org/10.1188/19.0.NF.176-184 |
| Loon et al. (2019), United States | Hospital | F, Pt | Adoption of religious/spiritual practices seeking help, belief in divine power, maintaining hope | https://doi.org/10.1002/psp.22123 |
| Doumit et al. (2019), Lebanon | Hospitalization and ambulatory units | F, M | Emotional support, belief in divine power | https://doi.org/10.1016/j.pain.2011.10.017 |
| Wang et al. (2019), Taiwan | Hospital | F, M | Maintaining hope, belief in divine power, adoption of religious/spiritual practices seeking help | https://doi.org/10.1111/leoc.13301 |
| Chen et al. (2020), Taiwan | Hospital | M | Emotional support, adoption of religious/spiritual practices seeking help, maintaining hope, reducing anxiety, feeling of protection | https://doi.org/10.1016/j.pain.2011.10.017 |
| Livingston et al. (2020), United States | Hospital | C, FM | R/S strengthening, emotional support | https://doi.org/10.1002/psp.22123 |
| Mendonça et al. (2020), Brazil | Hospital | FM | The presence of negative spiritual coping, adaptation, coping with stress, a better quality of life was observed | https://doi.org/10.5209/rev/PSC.2020.14.1.1911-2014 |
| Sánchez (2020), Mexico | Hospital | F, M | Belief in divine power, emotional support, maintaining hope, feeling of patience, and peace of mind | https://doi.org/10.1016/j.pain.2011.10.017 |
| Schaefer et al. (2020), United States | Hospital | F, M, C | Belief in divine power, emotional support, maintaining hope, trust, illness as divine punishment | https://doi.org/10.1002/psp.22123 |
| Sharp et al. (2020), United States | Hospital | M | Potentiation of psychopathological symptoms | https://doi.org/10.1016/j.pain.2011.10.017 |
| Tan et al. (2020), Singapore | Hospital | M | Coping strategy, belief in divine power | https://doi.org/10.1177/247510441429296639 |
| Zabih et al. (2020), Australia and Iran | Hospital | M | Maintaining hope, social support | https://doi.org/10.1007/978-94-007-4289-8 |

Note: F=fathers, M=mothers, C=children, G=grandparents, FM=family members, Pt=patient, HT=healthcare team, Cr=caregivers, B=brothers. * The DOI/URL of the articles were inserted for the reader to have access. Due to the number of articles found in the review, it was impossible to include all 69 articles in the reference list, as it would greatly increase the number of pages in the article.

Figure 2. Articles according to authorship, authors' year and country, location, attendees, how R/S were described/used by attendees, and DOI/URL*.

and spirituality are significant socio-cultural components, as in Latin American and Middle Eastern countries. In societies where R/S is more present, it is expected that such resources

may be more commonly evoked since these dimensions are part of sociability and may materialize in people more systemically and integrally (Rossato et al., 2021). Thus, R/S is necessary to be understood because an individual's belief system and ways of thinking are culturally built and because culture influences social life through institutions, laws, knowledge, customs, and morals that interfere with lifestyles (Ahmadi et al., 2018).

Evidence shows that religion, religiosity, and spirituality are important to most of humanity, with about 85% of the world's population claiming membership in a religious group (Loewenthal, 2019). Thus, regardless of culture, religious and spiritual components will be exerting implications on people's way of life, even those who do not have or follow a belief.

The hospital was the place evidenced as the main field of data collection where the participants were recruited, followed by support homes and other health and family support institutions. This aspect shows the ample structure necessary for the sick people's treatment and for the reception of other demands from the families that accompany them. The use of this space can be understood by the fact that in many situations parents are accompanying their children and spend long periods in health institutions. Cancer treatment requires a series of complex procedures, developed over months or years that demand care in tertiary health centers with a large structure of equipment and personnel. This is because treatments today usually include complex chemotherapy regimens that require hospitalization or outpatient visits and can last from 01 to 02 years, and many children require radiotherapy, surgery, and/or bone marrow transplantation (Long and Marsland, 2011).

Mothers and fathers are commonly the people who most accompany the treatment of children and adolescents with cancer, especially mothers. If we sum the studies that presented mothers and fathers and the studies that presented only mothers, we observe that mothers are the main people responsible for providing care. This aspect has been evidenced by the scientific literature, which has also been showing the implications of this factor in family dynamics and the health of this group (Andrade et al., 2014; Santos et al., 2018; Vieira et al., 2020).

Regarding how R/S guided the experiences of family members and caregivers of children and adolescents with cancer, it was possible to observe that this dimension can exert positive influences on coping with cancer, but it can also act as a negative aspect depending on how subjects subjectively experience it. The scientific literature has been very useful in this sense, producing studies that allow us to have a broad understanding of these components of people's lives.

The use of the R/S as a coping resource can be a significant component in the adoption of more adaptive attitudes and behaviors when facing the potentially stressful context. In this sense, professionals and health institutions should be aware of the religious and spiritual needs of family members and caregivers, because R/S can be a complementary device that, added to other adopted welcoming practices, can significantly contribute to the prevention of psychological illness. Healthcare spaces should consider that R/S is present in people's lives and, even though the biomedical and positivist traditions have contributed over the years to the removal of these vertices in formal medical assistance (Rossato et al., 2021), these dimensions are still significant components in the experiences of many subjects.

Many times, cancer in children and adolescents leads family members and caregivers to search for explanations and ways to try to understand the reasons for the illness. In this process of

attributing senses and meanings, sometimes R/S ends up being the vehicle used for the search for answers and can become both a welcoming resource and a negative element, depending on how the subjects understand and use it.

The way family members and caregivers interpret the diagnosis of cancer may be linked to cultural understandings and beliefs of the disease, health, wellness, and death, and spiritual and religious beliefs appear in this context influencing how parents and family members view their children's disease and cope with the situation (Vitorino *et al.*, 2018). Thus, it is observed that in the search for finding a meaning for their children's illness, some family members/caregivers may succeed finding it in religion/spirituality, while others struggle to give meaning to the diagnosis (Schaefer *et al.*, 2020).

The analysis of the articles found in this review showed that the R/S is a coping strategy for parents, helping them to maintain hope that their children will get better and be cured of cancer. In this process, they seek divine intercession through requests, prayers, established conversations, and believe that the will of God/Allah (or another religious/spiritual figure related to their beliefs) will prevail and determine the destiny of the child/adolescent. The articles found showed that family members/caregivers look to their religious and spiritual beliefs for an additional resource to assist and give hope that all will be well, creating a sense of trust (e.g., Faria and Cardoso, 2010; Nafratlova *et al.*, 2018; Sánchez, 2020). Thus, illness can be seen by family members and caregivers as serving a purpose, whereby God (or another religious/spiritual figure) would be present and accompanying them in the situation they are experiencing, and may generate a sense of comfort and peace (e.g., Cutillo *et al.*, 2018; Chen *et al.*, 2020; Schaefer *et al.*, 2020). To have something to help them reduce anxieties, expectations, fears, and discomforts, the treatment journey needs to be seen in a lighter and more adjusted way in the face of the demands that may emerge (Rossato *et al.*, 2021).

As could be observed in the studies, the emotional/psychological support provided by R/S to deal with anxiogenic and potentially stressful situations proves to be a positive component that helps in maintaining mental health. The attachment to faith and the belief that the children's/adolescents health can improve become a complementary resource to treatment. Thus, one seeks something that goes beyond the traditional methods of treatment available in the health services, and these strategies give sustenance, support, and strength to the subjects during the journey (e.g., Faria and Cardoso, 2010; Almico and Faro, 2014; Paula *et al.*, 2019). Thus, health professionals are not responsible for judging whether these behaviors that were adopted by family members and caregivers are right or wrong, but rather to monitor how these individuals will experience this process, to guide and support them along the way while respecting their beliefs.

The religious and spiritual aspects of family members and caregivers were also strengthened during children and adolescents' illness. The results showed the adoption of religious and spiritual practices as a way to get closer to God, with an openness to the use of objects and participation in rites/practices directed to R/S, such as going to certain places considered sacred (e.g., Wang *et al.*, 2017; Ahmadi *et al.*, 2019; Rabelais *et al.*, 2019; Chen *et al.*, 2020). Going to sacred places or adopting certain habits and objects linked to personal religiosity/spirituality are ways of establishing a connection and contact with a superior force that transcends concrete/material existence, and these actions are positive for people (Rossato *et al.*, 2021).

It is important to consider the elements described in the studies to guide the work focused on the welcoming of religious and spiritual practices in health institutions. Many times, because they stay for long periods following the treatment, family members and caregivers do not have their needs met nor a place where they can profess their beliefs. Thus, what we see is that not always the beliefs of the sick people and their wishes regarding religious and spiritual practices are respected or even considered in the therapeutic itinerary (Rossato *et al.*, 2021). The data found are significant subsidies that also demonstrate the importance of attention to religious and spiritual dimensions by health professionals and especially by chaplaincy services in institutions.

It is evident that nowadays there is a need for chaplains to be incorporated into healthcare practices, as they contribute significantly to the care that is offered, as shown by the scientific literature (Carey *et al.*, 2018; Nash *et al.*, 2018; Lion *et al.*, 2019; Proserpio *et al.*, 2019). These professionals help patients and families to face spiritual suffering, they make communication between the family and the health team much easier, and they provide support for religious and spiritual practices in health institutions (Rossato *et al.*, 2021), among other aspects that demonstrate the relevance of their insertion in multidisciplinary teams that care for children and adolescents with cancer. In this context, it is important that these professionals receive adequate training to acquire the necessary skills to provide religious and spiritual care, an aspect that has already been required (Fitchett *et al.*, 2015; Cadge *et al.*, 2019, 2020).

Other aspects that need to be highlighted concerning the use of R/S by family members and caregivers evidenced in the results and that cannot be disregarded refer to the negative aspects of this dimension in the subjects' lives. Among the studies that were found, the questioning of faith was one of the most recurrent elements in the participants' speeches. This questioning of faith was expressed through questioning concerning the motivations that could have led to the appearance of cancer, attitudes that they would have had and that displeased God and therefore were punished (e.g., Banerjee *et al.*, 2011), as if the disease was a test for faith (e.g., Arabiat *et al.*, 2013), or a divine punishment (e.g., Reisi-Dehkordi *et al.*, 2014; Nikfarid *et al.*, 2017), among other aspects.

In other situations, it was observed that parents' beliefs varied according to the improvement or worsening of their children's health conditions (Kudubes *et al.*, 2014). They also questioned the existence of God and felt abandoned by Him (e.g., Freitas *et al.*, 2017; Nicholas *et al.*, 2017). When experienced negatively by family members and caregivers, R/S can enhance psychopathological symptoms, contributing, for example, to the emergence of symptoms of stress, anxiety, anguish, and depression, which interfere with the quality of life (e.g., Khanjari *et al.*, 2018; Vitorino *et al.*, 2018).

In another context, the conventional and scientifically proven treatment for cancer was replaced by other methods due to aspects linked to family members' beliefs (e.g., Walubita *et al.*, 2018). In that same article, the authors describe that religious and spiritual leaders also influenced parents by discouraging them from seeking medical help for the children/adolescents treatment with cancer and saying that the sick person had been cured of the disease.

The data that was found in the articles highlighting the negative aspects of R/S are important to be considered and an indication that healthcare professionals and chaplains must be aware of them. Negative religious coping can lead to poorly adaptive

coping strategies that increase psychological distress (Dolan et al., 2021) and, consequently, interfere with the quality of life and the occurrence of psychopathological symptoms.

Particularly, vulnerable parents may experience increased anxiety that stems from their feelings of being punished by God or the divine (Dolan et al., 2021). In this way, this negative religious/spiritual coping represents struggles in the person's relationship with God and/or religious community and includes strategies such as the reassessment of the punishing God (McGrady et al., 2021). Consequently, these existing conflicts weaken the subjects' relationships with their faith, with God, and with their religious and spiritual group, they belong to/were part of with negative repercussions on the quality of life.

Final considerations

The use of R/S during childhood cancer treatment was pointed out as a coping strategy by family members and caregivers. In the last decade literature, there has been a predominance of references that show that R/S is a resource that acts positively in coping with illness, bringing an active spiritual/religious life, emotional support, strengthening of ties with divine figures, maintenance of hope, and resilience, among other aspects. This evidence reinforces the consideration of R/S as an apex in health care.

However, in another small portion of the studies that were retrieved, it was possible to evidence faith being expressed in a questioning way, with the parents, and caregivers no longer being a positive resource and becoming one more factor of incomprehension and blame for the children'/adolescents' illness, especially considering the repercussions on the fathers, mothers, and caregivers. Thus, in these studies, R/S did not work as a source of support, but as an element promoting more suffering and not contributing to the treatment and all the necessary care with the sick children and adolescents. Although both movements — both positive and negative experiences regarding R/S — have been already described in the literature before this review, it is noted that R/S association with negative outcomes is still poorly analyzed.

Among the limitations of this study, we highlight the time frame that did not allow us to compare the productions carried out after the Pandemic of the new Coronavirus (COVID-19), which may have brought repercussions to the context of oncologic care and also to the reflections around R/S. These shreds of evidence that have been produced from 2020/2021 onwards are expected to be embodied in the coming years, even allowing us to understand whether or not there have been modifications regarding the phenomenon investigated in this study due to this global context. Another limitation was the language considered in the publications. Articles in English, Portuguese, and Spanish were included in the sample and, therefore, studies in other languages may not have been considered. Monitoring these productions in the short and medium term may also be essential for maturation concerning the phenomena prioritized here.

In terms of potentialities, this study contributes to continuing studying R/S considering the different outcomes that this dimension can have on the subjects, especially in situations of intense emotional mobilization, as in the case of cancer that affects children and adolescents. Because of new studies, it is necessary to access in a more particular way the contexts that these negative answers have produced concerning R/S, understanding if this is due to the type of illness, to the clinical conditions of the sick person, to the religious belonging manifested by parents and

caregivers, to the support networks centered on elements of religiosity and spirituality, among other variables that could explain the use of R/S or its outright refusal in these itineraries. These processes can be better addressed in future studies, contributing not only to the construction of evidence, but also to a better deepening in elements that cannot be taken exclusively as dichotomous, for example, either R/S contributes or R/S does not contribute, but rather the nuances of this evaluation.

Reviewing these studies and producing new evidence based on the existence of different possibilities of reading the phenomenon of R/S in health care can bring us closer to a more realistic understanding of this vertex and, in this way, critically embody this dimension in health care and, specifically, in Pediatric Oncology, the focus of this research. In a scenario that has been increasingly open to the incorporation of R/S in the healthcare contexts, it is of utmost importance that such processes be based both on reliable evidence and on an attitude of respect for integral care, represented here by this vertex.

Acknowledgments. To Coordination for the Improvement of Higher Education Personnel (CAPES) and The Nacional Council for Scientific and Technological Development (CNPq), Ministry of Education of Brazil. To University of São Paulo and to University of Salamanca, for institutional support.

Funding. This study was financed by the Coordination for the Improvement of Higher Education Personnel (CAPES) and by the National Council for Scientific and Technological Development (CNPq), Ministry of Education of Brazil.

Conflict of interest. The first author has received research grants from Coordination for the Improvement of Higher Education Personnel (CAPES). Organization linked to the Ministry of Education of Brazil. The fourth author has financial support from the Nacional Council for Scientific and Technological Development (CNPq). According to ethical standards, this manuscript has no other conflict of interest.

References

- Abdollahbari M, Sheikhzakyae N and Atashzadeh-Shoorideh F (2018) Taking refuge in spirituality, a main strategy of parents of children with cancer: A qualitative study. *Asian Pacific Journal of Cancer Prevention* **19** (9), 2575. doi:10.22034/APJCP.2018.19.9.2575
- Ahmadi F, Khodayarifard M, Zandi S, et al. (2018) Religion, culture and illness: A sociological study on religious coping in Iran. *Mental Health, Religion & Culture* **21**(7), 721–736. doi:10.1080/13674676.2018.1555699
- Ahmadi M, Zaree K, Leily AK, et al. (2019) Efficacy of a written prayer technique on the anxiety of mothers of children with cancer. *Palliative & Supportive Care* **17**(1), 54–59. doi:10.1017/S1478951518000743
- Almico T and Faro A (2014) Enfrentamento de cuidadores de crianças com câncer em processo de quimioterapia. *Psicologia, Saúde e Doenças* **15**(3). doi:10.15309/14psd150313
- Andrade SFDO, Alves RF, Melo MDO, et al. (2014) Qualidade de vida e sobrecarga de cuidadores de crianças com câncer. *Psicologia: Ciência e Profissão* **34**(4), 1014–1031. doi:10.1590/1982-370002332013
- Arabiati DH, Al Jabery M, Abdelkader RH, et al. (2013) Jordanian mothers' beliefs about the causes of cancer in their children and their impact on the maternal role. *Journal of Transcultural Nursing* **24**(3), 246–253. doi:10.1177%2F1043659613481808
- Bakula DM, Sharkey CM, Perez MN, et al. (2020) The relationship between parent distress and child quality of life in pediatric cancer: A meta-analysis. *Journal of Pediatric Nursing* **50**, 14–19. doi:10.1016/j.pedn.2019.09.024
- Banerjee AT, Watt L, Gulati S, et al. (2011) Cultural beliefs and coping strategies related to childhood cancer: The perceptions of South Asian immigrant parents in Canada. *Journal of Pediatric Oncology Nursing* **28**(3), 169–178. doi:10.1177%2F1043454211408106
- Bertuccio P, Alicandro G, Malvezzi M, et al. (2020) Childhood cancer mortality trends in Europe, 1990–2017, with focus on geographic differences. *Cancer Epidemiology* **67**, 101768. doi:10.1016/j.canep.2020.101768

- Cadge W, Fitchett G, Haythorn T, et al. (2019) Training healthcare chaplains: Yesterday, today and tomorrow. *Journal of Pastoral Care & Counseling* 73 (4), 211–221. doi:10.1177%2F1542305019875819
- Cadge W, Stroud IE, Palmer PK, et al. (2020) Training chaplains and spiritual caregivers: The emergence and growth of chaplaincy programs in theological education. *Pastoral Psychology* 69(3), 187–208. doi:10.1007/s11089-020-00906-5
- Carey LB, Swinton J and Grosseohme D (2018) Chaplaincy and spiritual care. In Carey LB & Mathisen BA (eds.), *Spiritual Care for Allied Health Practice: A Person-Centered Approach*. London: Jessica Kingsley Publishers, pp. 229–256. <https://aus.jkp.com/products/spiritual-care-forallied-health-practice>.
- Chen CF, Huang FL, Chen YC, et al. (2020) Maternal caregiving for children newly diagnosed with acute lymphoblastic leukemia: Traditional Chinese mothering as the double-edged sword. *Journal of Pediatric Nursing* 53, e64–e71. doi:10.1016/j.pedn.2020.02.008
- Cunha VF, Pillon SC, Zafar S, et al. (2020) Brazilian nurses' concept of religion, religiosity, and spirituality: A qualitative descriptive study. *Nursing & Health Sciences* 22(4), 1161–1168. doi:10.1111/nhs.12788
- Cutillo A, Zimmerman K, Davies S, et al. (2018) Coping strategies used by caregivers of children with newly diagnosed brain tumors. *Journal of Neurosurgery: Pediatrics* 23(1), 30–39. doi:10.3171/2018.7.PEDS18296
- Dolan JG, Hill DL, Faerber JA, et al. (2021) Association of psychological distress and religious coping tendencies in parents of children recently diagnosed with cancer: A cross-sectional study. *Pediatric Blood & Cancer*, e28991. doi:10.1002/pbc.28991
- Faria AMDB and Cardoso CL (2010) Aspectos psicossociais de acompanhantes cuidadores de crianças com câncer: Stress e enfrentamento. *Estudos de Psicologia (Campinas)* 27(1), 13–20. doi:10.1590/S0103-166X2010000100002
- Fitchett G, Tartaglia A, Massey K, et al. (2015) Education for professional chaplains: Should certification competencies shape curriculum? *Journal of Health Care Chaplaincy* 21(4), 151–164. doi:10.1080/08854726.2015.1075343
- Freitas IS, Cardoso EAO and Santos MA (2017) Espiritualidade e religiosidade em mães de crianças com câncer hematológico. *Psicologia em Estudo* 22(3), 433–447. doi:10.4025/psicoestud.v22i3.34606
- Gatta G, Botta L, Rossi S, et al. (2014) Childhood cancer survival in Europe 1999–2007: Results of EURO-CARE-5 - A population-based study. *The Lancet Oncology* 15(1), 35–47. doi:10.1016/S1470-2045(13)70548-5
- Khanjari S, Damghanifar M and Haqqani H (2018) Investigating the relationship between the quality of life and religious coping in mothers of children with recurrence leukemia. *Journal of Family Medicine and Primary Care* 7(1), 213. doi:10.4103/jfmpc.jfmpc_236_17
- Kudubes AA, Bektas M and Ugur O (2014) Symptom frequency of children with cancer and parent quality of life in Turkey. *Asian Pacific Journal of Cancer Prevention* 15(8), 3487–3493. doi:10.7314/APJCP.2014.15.8.3487
- Lion AH, Skiles JL, Watson BN, et al. (2019) Chaplain care in pediatric oncology: Insight for interprofessional collaboration. *Pediatric Blood & Cancer* 66(12), e27971. doi:10.1002/pbc.27971
- Loewenthal KM (2019) Intersections among religion, culture, gender, and mental health. In Mena JA & Quina K (eds.), *Integrating Multiculturalism and Intersectionality into the Psychology Curriculum: Strategies for Instructors*. American Psychological Association, pp. 143–156. doi:10.1037/0000137-012
- Long K and Marsland A (2011) Family adjustment to childhood cancer: A systematic review. *Clinical Child and Family Psychology Review* 14(1), 57–88. doi:10.1007/s10567-010-0082-z
- McGrady ME, Mara CA, Geiger-Behm K, et al. (2021) Psychometric evaluation of the brief RCOPE and relationships with psychological functioning among caregivers of children undergoing hematopoietic stem cell transplant. *Psycho-Oncology*. doi:10.1002/pon.5705
- Moghaddasi J, Taleghani F, Moafi A, et al. (2018) Family interactions in childhood leukemia: An exploratory descriptive study. *Supportive Care in Cancer* 26(12), 4161–4168. doi:10.1007/s00520-018-4289-8
- Moher D, Liberati A, Tetzlaff J, et al. (2010) Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *International Journal of Surgery* 8(5), 336–341. doi:10.1016/j.ijsu.2010.02.007
- Nafratilova M, Allenidekiana A and Wanda D (2018) Still hoping for a miracle: Parents' experiences in caring for their child with cancer under palliative care. *Indian Journal of Palliative Care* 24(2), 127. doi:10.4103/IJPC.IJPC_195_17
- Nash P, Bartel M and Nash S (2018) *Paediatric Chaplaincy: Principles, Practices and Skills*. London: Jessica Kingsley Publishers.
- Nicholas DB, Barrera M, Granek L, et al. (2017) Parental spirituality in life-threatening pediatric cancer. *Journal of Psychosocial Oncology* 35(3), 323–334. doi:10.1080/07347332.2017.1292573
- Nikfarid L, Rassouli M, Borimnejad L, et al. (2017) Experience of chronic sorrow in mothers of children with cancer: A phenomenological study. *European Journal of Oncology Nursing* 28, 98–106. doi:10.1016/j.ejon.2017.02.003
- Ouzzani M, Hammady H, Fedorowicz Z, et al. (2016) Rayyan – A web and mobile app for systematic reviews. *Systematic Reviews* 5(1), 1–10. doi:10.1186/s13643-016-0384-4
- Paula DPS, Silva GRC, Andrade JMO, et al. (2019) Câncer infantojuvenil do âmbito familiar: Percepções e experiências frente ao diagnóstico. *Revista Cuidarte* 10(1). doi:10.15649/cuidarte.v10i1.570.
- Proserpio T, Ferrari A, Veneroni L, et al. (2014) Spiritual aspects of care for adolescents with cancer. *Tumori Journal* 100(4), 130–135. doi:10.1700%2F1636.17926
- Proserpio T, Veneroni L, Silva M, et al. (2016) Spiritual support for adolescent cancer patients: A survey of pediatric oncology centers in Italy and Spain. *Tumori Journal* 102(4), 376–380. doi:10.5301/tj.5000494
- Proserpio T, Ferrari A, Clerici CA, et al. (2019) Spiritual support: A model of care not to forget. *Pediatric Blood & Cancer* 66(10), e27818. doi:10.1002/pbc.27818
- Rabelais E, Jones NL, Ulrich CM, et al. (2019) Meaning making and religious engagement among survivors of childhood brain tumors and their caregivers. *Oncology Nursing Forum* 46(2), 170–184. doi:10.1188/19.ONF.170-184
- Reisi-Dehkordi N, Baratian H and Zargham-Boroujeni A (2014) Challenges of children with cancer and their mothers: A qualitative research. *Iranian Journal of Nursing and Midwifery Research* 19(4), 334.
- Rossato L, Ullán AM and Scorsolini-Comin F (2021) Religious and spiritual practices used by children and adolescents to cope with cancer. *Journal of Religion and Health*. doi:10.1007/s10943-021-01256-z
- Sánchez MC (2020) Experiencias de padres de hijos con diagnóstico de cáncer en un hospital infantil de villahermosa tabasco. *Horizonte Sanitario* 19(1), 79–87. doi:10.19136/hs.a19n1.3496
- Santos AF, Guedes MDS, Tavares RC, et al. (2018) Vivências de mães com crianças internadas com diagnóstico de câncer. *Enfermería Actual de Costa Rica* 34, 38–52. doi:10.15517/revenf.v0i34.30763
- Schaefer MR, Kenney AE, Himelhoch AC, et al. (2020) A quest for meaning: A qualitative exploration among children with advanced cancer and their parents. *Psycho-Oncology*. doi:10.1002/pon.5601
- Schoors MV, Paepe AL, Norga K, et al. (2019) Family members dealing with childhood cancer: A study on the role of family functioning and cancer appraisal. *Frontiers in Psychology* 10, 1405. doi:10.3389/fpsyg.2019.01405
- Schüz J and Roman E (2021) Childhood cancer: A global perspective. *Cancer Epidemiology* 71, 101878. doi:10.1016/j.canep.2020.101878
- Steliarova-Foucher E, Colombet M, Ries L, et al. (2017) International incidence of childhood cancer, 2001–10: A population-based registry study. *The Lancet Oncology* 18(6), 719–731. doi:10.1016/S1470-2045(17)30186-9
- Tan R, Koh S, Wong ME, et al. (2020) Caregiver stress, coping strategies, and support needs of mothers caring for their children who are undergoing active cancer treatments. *Clinical Nursing Research* 29(7), 460–468. doi:10.1177%2F1054773819888099
- Toledano-Toledano F, De La Rubia JM, Broche-Pérez Y, et al. (2019) The measurement scale of resilience among family caregivers of children with cancer: A psychometric evaluation. *BMC Public Health* 19(1), 1–14. doi:10.1186/s12889-019-7512-8
- Vieira RFC, Santo FHE and Lima FFDSL (2020) Vivência familiar da criança hospitalizada com câncer. *Revista de Enfermagem do Centro-Oeste Mineiro* 10. doi:10.19175/recom.v0i0.3546
- Vitorino LM, Lopes-Júnior LC, Oliveira GH, et al. (2018) Spiritual and religious coping and depression among family caregivers of pediatric cancer patients in Latin America. *Psycho-Oncology* 27(8), 1900–1907. doi:10.1002/pon.4739

- Walubita M, Sikateyo B and Zulu JM** (2018) Challenges for health care providers, parents and patients who face a child hood cancer diagnosis in Zambia. *BMC Health Services Research* **18**(1), 1–7. doi:10.1186/s12913-018-3127-5
- Wang J, Shen N, Zhang X, et al.** (2017) Care burden and its predictive factors in parents of newly diagnosed children with acute lymphoblastic leukemia in academic hospitals in China. *Supportive Care in Cancer* **25**(12), 3703–3713. doi:10.1007/s00520-017-3796-3
- World Health Organization (WHO)** (1998) *Division of Mental Health and Prevention of Substance Abuse. WHOQOL and Spirituality, Religiousness and Personal Beliefs (SRPB)*. Genève: World Health Organization.
- World Health Organization (WHO)** (2020) *Cancer Today. Estimated Number of New Cases in 2020, Worldwide, Both Sexes, Age 0-19*. International Agency for Research on Cancer. The Global Cancer Observatory. Genève: World Health Organization. Available at: https://gco.iarc.fr/today/online-analysis-pie?v=2020&mode=cancer&mode_population=continents&population=900&populations=900&key=total&sex=0&cancer=39&type=0&statis tic=5&prevalence=0&population_group=0&ages_group%5B%5D=0&ages_group%5B%5D=3&nb_items=7&group_cancer=1&include_nmsc=1&include_nmsc_other=1&half_pie=0&donut=0
- World Health Organization (WHO)** (2021) *Childhood Cancer*. Genève: World Health Organization. Available at: <https://www.who.int/news-room/fact-sheets/detail/cancer-in-children>