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SPIRITUAL CARE IN NURSING PRACTICE: NURSES' PERCEPTION ASSISTÊNCIA ESPIRITUAL NA PRÁTICA DA ENFERMAGEM: PERCEPÇÃO DE ENFERMEIROS ATENCIÓN ESPIRITUAL EN LA PRÁCTICA DE ENFERMERÍA: PERCEPCIÓN DE LAS ENFERMERAS

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ABSTRACT

Objective: analyzing the perception of nurses regarding spiritual care in nursing care. **Method:** an exploratory and descriptive study with a qualitative approach carried out through semi-structured interview with six nurses working in nursing care in a public hospital in Feira de Santana/BA. The interviews after transcribed were codified with numbers for each participant nurse (E1, E2, E3) and submitted to Content Analysis Technique in the form of Thematic Analysis. The study was approved by the Research Ethics Committee, CAAE: 0066.0.070.000-11. **Results:** most respondents profess a religion and engage in religious practices; they had not focus on spiritual care during their academic training or after the services where they worked. **Conclusion:** although the study participants have considered important spiritual assistance in nursing care, they do not prioritize it in daily work **Descriptors:** Nursing Care; Spirituality; Health.

RESUMO

Objetivo: analisar a percepção de enfermeiros quanto à assistência espiritual no cuidado de enfermagem. **Método:** estudo exploratório e descritivo com abordagem qualitativa, realizado por meio de entrevista semiestruturada com seis enfermeiros que trabalham na assistência de enfermagem em um hospital público de Feira de Santana/BA. As entrevistas depois de transcritas foram codificadas com números para cada enfermeiro participante (E1, E2, E3) e submetidas à Técnica de Análise de Conteúdo na modalidade Análise temática. A pesquisa foi aprovada pelo Comitê de Ética em Pesquisa, CAAE: 0066.0.070.000-11. **Resultados:** a maioria dos entrevistados referiu professar uma religião e se envolver nas práticas religiosas; não tiveram enfoque sobre a assistência espiritual durante a formação acadêmica ou após nos serviços onde trabalharam. **Conclusão:** embora os participantes deste estudo tenham considerado importante a assistência espiritual no cuidado de enfermagem, não a priorizam no cotidiano de trabalho. **Descritores:** Cuidados de Enfermagem; Espiritualidade; Saúde.

RESUMEN

Objetivo: analizar la percepción de las enfermeras en respecto al cuidado espiritual en cuidados de enfermería. **Método:** un estudio exploratorio y descriptivo con enfoque cualitativo se llevó a cabo a través de entrevista semi-estructurada con seis enfermeras que trabajan en la atención de enfermería en un hospital público en Feira de Santana/BA. Las entrevistas después de transcritas fueron codificadas con números a cada enfermera participante (E1, E2, E3) y sometidos a la Técnica de Análisis de Contenido en la modalidad Análisis Temático. El estudio fue aprobado por el Comité de Ética en la Investigación, CAAE: 0066.0.070.000-11. **Resultados:** la mayoría de los encuestados dijo profesar una religión y participan en prácticas religiosas; no tuvieron todavía enfoque acerca de la atención espiritual durante su formación académica o después en los servicios en que trabajaban. **Conclusión:** a pesar de que los participantes en el estudio han considerado asistencia espiritual importante en el cuidado de enfermería, no la dan prioridad en el trabajo diario. **Descriptores:** Cuidados de Enfermería; Espiritualidad; Salud.

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INTRODUCTION

Health is now understood within a broader concept, which involves the physical, mental, social and spiritual well-being also. However, long the relationship triad of mind, body and spirit was underestimated and neglected by researchers and health professionals. Only a few decades research on this theme began to emerge.

Studies about Religiosity/Spirituality in nursing have grown, especially abroad. In Brazil its growth is still slow, but the relevance of this study for nursing evidenced by the influence that Religiosity/Spirituality has demonstrated on physical and mental health, defining it as a possible factor in preventing the development of diseases in the healthy population and any reduction in deaths or impact of various diseases.¹⁻³

It is noticed that the spiritual dimension is a little explored in care component of nursing practice. Therefore, we emphasize the importance of studies that allow reflection about this theme to guide the practice of nursing professionals. It is assumed that research on Religiosity/Spirituality can be of great significance, since nursing should be understood as a science and art that seeks to produce the care to humans, reaching it in their biological, psychological, social and spiritual dimensions.

Insert the spiritual dimension in care practice is a challenge for nursing the understanding that there is a range of interference to their achievement, which can be of the order of personal beliefs or academic disbelief. It is further understood that there is lack of stimulation from hospital organizations and more specifically the organizations service management in the systematization of nursing care has not yet been fully implemented. The objective of this article is:

- Analyzing the perceptions of nurses regarding spiritual care in nursing care.

METHOD

This is an exploratory and descriptive study of a qualitative approach. The research was an intentional sample and was held at the Medicine department at a large public hospital in Feira de Santana in Bahia. The medical clinic has eight nurses who work on a rotating basis. This sector has been chosen by the profile of patients with major period of stay in the unit, which made opportune more effective contact with the sick and the possibility of providing spiritual assistance to them. Six nurses agreed to participate and

two refused because they did not feel free to talk about the subject in recorded interview. The sole criterion for selection of participants was direct involvement in care planning and/or customer support.

There was used semi-structured interview. The script was just adapted from a similar study to this.⁴ The script of the interview consisted of identification data regarding sociodemographic variables, including aspects of religious profile or whether training during and after the academic training to deal with aspects of Religiosity/Spirituality and three guiding questions that sought to apprehend the perception of nurses as spiritual assistance applied to nursing care, as follows: "For you, what is spiritual care in nursing?" "In your view, how important is the spiritual care in nursing care?" "Report about your experience in spiritual assistance."

The interviews were conducted during office hours, the viability of finding professionals more easily, under consent of the institution. Each interview took an average duration of ten minutes. Data were collected between July and August 2011.

The research had the project approved by the Ethics Committee of the Bahia Adventist College on June 7th, 2011, CAAE: 0066.0.070.000-11. Recording of audio interviews was conducted after detailed clarification to participants about the objectives and implications of the study and signed the free and informed consent by the participant.

The interviews, transcribed after received a code number to each participant nurse (E1, E2, E3...) and subjected to content analysis in the technical form of thematic analysis according to Bardin. This review of communications is performed using systematic procedures and description of goals of message content. We chose this method for the possibility of more thorough and accurate analysis of data in the case of this study was to organize the content of the interviews in three phases: the "pre-analysis, exploration of material and treatment of results, inference and the interpretation".⁵

The Meaning Units were obtained through decomposition of the statements of witnesses after perusal and were grouped according to thematic similarity, creating four thematic categories.

RESULTS

The sociodemographic profile of participants was composed of six nurses, five women and one man. The age range was 24 to 36. The working time ranged from one to 11

years. But the religious profile, considered as very relevant aspect in the context of this research is emphasized that three nurses had the Catholic religion, an Evangelical; a Spiritist and only one claimed to have no religion.

Regarding the spiritual practices and religious, they all said to practice prayer. Three of them said they attend church services and/or religious meetings; two of them read the Bible and practicing meditation. Importantly, even those who said

they had no religion, are practitioners of religious and/or spiritual rites.

With regard to the spiritual focus presence in the academic and/or continuing education, 100% said they had no specific discipline in this area. It is noteworthy that only one of the respondents claimed to have participated in any specific course on spiritual care in the hospital where she worked.

In this study it was possible to abstract four categories with their respective units Meaning shown in Figure 1.

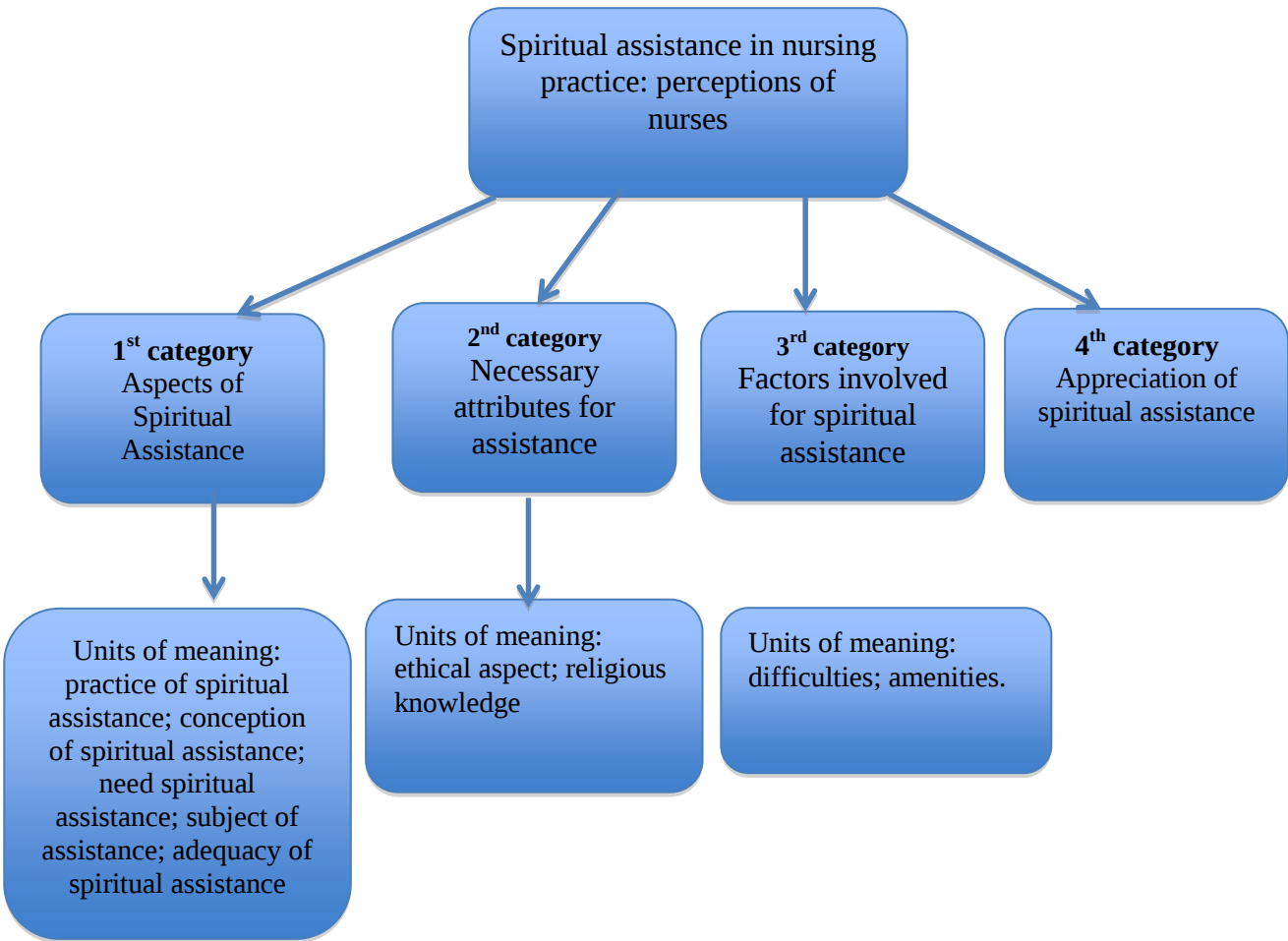


Figure 1. Categories and Units of Meaning. Feira de Santana, 2011.

DISCUSSION

The Meaning Units abstracted the content of the interviews sought to seize perception of nurses about the spiritual assistance and enabled the composition of four categories that are described below and their speeches:

1st Category - Aspects of spiritual assistance

In this category there were found five units of meaning, which are presented below, these were based on speeches issued by the research participants from their perceptions on the scope of the spiritual dimension.

Unit of Meaning I - Practice of spiritual assistance

The practice of spiritual care is all action taken with the intention to bring comfort, relief, support and sense the patient's life, seeing the care for their spiritual needs. One

must realize the spiritual dimension not only in the religious context, but as something much broader, because otherwise the actions of nurses become standardized and not individual patient needs.

It can be noticed that there is knowledge of the deponents of the common practices in spiritual care, and many of these are part of everyday assistance provided by them, as reported below:

[...] making prayers, through small lectures, reading messages of comfort. (E1)

[...] speaking of God, of faith, of the Bible. (E2)

[...] establishing a bond with the patient. (E3)

[...] speaking friends, warm words, trying to ease their suffering. (E4)

[...] pray for the patient to get well. (E5)

[...] trying to give that power. (E6)

Among the practices mentioned by participants, it was quoted prayer, which is the same as prayer or prayer. Prayer is an ancient practice common to many different religions; it is associated with well-being, health promotion, introspection and spirituality. Several studies have demonstrated the efficacy of prayer in the treatment and recovery of patients.^{1,6-8}

However, it is clear that personal beliefs and nurse's religious influence directly in spiritual care practices, as well as the experiences and their training.⁷

The positive results of these practices are perceived by some of the survey participants both in its effects on patients and the nurses who provide this assistance, as reported:

[...] therapy is more accepted, there is an improvement, and there is a positive response when the patient receives this spiritual support. (E1)

[...] serves as a comfort. (E2)

[...] we were not so stressed, so burdened. (E4)

Meaning Unit II - Conception about the spiritual assistance

From the interviews it was noticed that for the witnesses, spiritual assistance is grounded and is realized in actions, such as support, help clarify, promote relief, tranquility, communication, finally

[...] is to assist the patient in a more holistic level that seeing the body, mind and spirit. (E5)

The word holism is widely used by nursing, but there is not always a correct understanding of its real meaning. The phrase that best conceptualize its meaning would be: the man is a whole⁹. You can tell that the conceptions of nurses are always related actions, so that some of their lines are in the infinitive:

[...] it is a support given to the patient's care as a whole. (E1)

[...] is to participate, provide guidance on spirituality. (E2)

[...] is when we care about the family, what he expects. (E3) [...] It is when you give support. (E4)

[...] is to assist the patient in a more holistic level that seeing the body, mind and spirit. (E5)

Care to be integral requires the technical and scientific knowledge, but also the sensitivity to realize all the patient's needs, including the spiritual. The training of health professionals still follows the logic of the health care model that fosters pathophysiological dimension in order to meet the requirements of the current model.⁶

Meaning Unit III - Need of spiritual assistance

The human being from birth has a number of basic needs for survival. In the 70s, Wanda de Aguiar Horta, in her Theory of Basic Human Needs defends spirituality as a basic human need.¹⁰ It is noticed that the survey participants share this view, and this understanding is clear in the following speeches:

[...] need to have this spiritual support, patients without therapeutic condition need to cling to something. (E1)

[...] cannot separate the spiritual side of the physical side. (E5)

Meaning Unit IV - Subject of spiritual assistance

The subject of spiritual care in this context is one that has to provide this care function. It was noticed that none of the witnesses is called as such, for them the assistance should be developed by people of religious area.

[...] does not fit the nurses give spiritual assistance. (E6)

[...] shepherds come to this support, Catholics pass giving spiritual assistance. (E1)

[...] two or three times a week comes personalize church, this spiritual assistance it is given by someone else, not for the nurses give spiritual assistance. (E6)

This position is contrary to what is argued by scholars who claim that this theme is up to the nursing staff provide the patient with the spiritual care.^{11,12} The nursing staff has a privileged position, which is to be always close to the customers, which favors the spiritual assistance.^{6,7}

Meaning Unit V - Adequacy of spiritual assistance

This meaning unit is based in the speeches of the deponents as to when, how and the opportunity for the provision of spiritual care:

[...] at the time of pain, illness. (E1)

[...] when I have opportunity. (E2)

[...] when the patient is experiencing difficulties. (E4)

Religious beliefs provide strength, peace and faith to face life's problems. Thus, need to include spirituality as a health resource and the inclusion of this issue already in academic, causing reflection and questioning about the spiritual dimension of the human being.^{2,13}

In a study on spiritual care in pediatric oncology, we realized that most parents have difficulties in dealing with their faith at the time when the child's condition worsens, so this would be an opportune time for nurses to offer spiritual assistance.⁷

2nd Category: Necessary attributes for assistance

This category is addressed a number of key elements to the nurse and essential for spiritual assistance. These elements can be acquired and developed during the academic life and/or inherent in his character. It is therefore of relevance to his professional practice and providing quality care. This category is divided into two subcategories were extracted from the speech of the members of this study.

Meaning Unit I - Ethical Aspect

It is impossible to think of nursing without mentioning ethical aspects, because from the beginning the training of professionals was permeated by moral and ethical.¹² The latter is directly related to the words respect and empathy.⁹ It was noticed in the speech of the interviewees, that tolerance and understanding of belief and other spirituality is a form of spiritual care; however, should not be taken to the religion but to spirituality.

[...] we try not to interfere with what the patient thinks or believes. (E1) [...] respect the religion that person says what follows; it can sometimes perish as if you wanted to impose something. (E2)

[...] we have to understand, religions involving spiritual life of the person, we will not talk about religion, but let's talk about the word of God. (E5)

[...] it is up to us to respect the patient's religion; I think it's important respect. Often have contradictory things, patient advocates a thing, I advocate another. (E6)

Nurses seemed to this very personal area and thus avoid intervening⁴. In this context ethics can become an obstacle or excuses for nurses fail to provide spiritual assistance.

[...] for us to do this is complicated because each has its religion. (E6)

The dimensions of Religiosity/Spirituality are the least considered and those that generate more doubts and discomfort among health professionals even have always been seen or even having been scientifically proven benefits.⁶

On the other hand, it is known that many health professionals are in the religious experience, the meanings to their life and ethical dimensions in their work.¹⁴ Although, to reach the spiritual, a person need not belong to a religion.¹⁵

Meaning Unit II - Religious knowledge

It is impossible to provide spiritual assistance to the patient without knowing his practices, beliefs, customs, is necessary to know such aspects on collection of patient data to watch it.

[...] it is important to know the religion of the patient to promote this comfort. (E1)

[...] we have to understand religions. (E5)

[...] everything in the spiritual will materialize in the physical world. (E5)

[...] know what religion he practices. (E6)

In recent studies it was observed that nurses do not seek to improve their knowledge about religious matters, being a non-scientific area, do not seek another solution, as if there is knowledge to be acquired.⁴

3rd Category: Factors involved for spiritual assistance

It is all that will interfere both positively and negatively on assistance provided or to make it happen. This category is subdivided into difficulties and facilities.

Meaning Unit I - Difficulties

Several factors that prevent or interfere so that the spiritual assistance to happen were listed. Importantly, these were a much larger quantity than the second sub-category facilities. The difficulties are mainly related to intrinsic issues of the patient, environmental, structural issues and the choice of priorities.

[...] in public institutions there is overcrowding, the scale is too pulled. (E1)

[...] little experience then the reality of the people interfere in this area, or we act directly in care, or act by a technical procedure, that we look at the spiritual side. Often people come to disbelieve that God may be doing in their lives. (E3)

[...] the patient is very distressed, especially in the hospital network, to be in a hospital setting, outside of family living. (E4)

Meaning Unit II - Facilities

Facilitators for the provision of nursing care, involving the spiritual dimension, were little mentioned, gaining prominence only those that relate to faith and the acceptance of assistance from the patient. However, it is also up to the nurse to do this role of facilitator of spiritual assistance.

[...] if he believes he can heal really. (E3)

[...] the patient often starts talking about his religion and we often try to exchange information with them. (E6)

4th Category: Appreciation of spiritual assistance

The appreciation is related to the importance that nurses assign spiritual assistance. It was perceived in the interviewees' the positive relationship between recovery and outcomes of care:

[...] spiritual care is important for patients to feel more comfortable. (E1)

[...] is important because it can redeem the faith that patient and escort. (E3)

[...] this interaction helps us provide quality care and humane. (E4)

There was also testimony that was perceived devaluation of spiritual assistance. For many professionals, imports only the physical dimension of the patient, and the spiritual aspect something not valued.^{4,16}

[...] I will not say I have a spiritual care as a priority. (E1)

[...] forget the spiritual side to give a more necessary assistance. (E3)

This is not an isolated opinion of nurses, many doctors and psychologists as other health professionals share this idea, claiming feel uncomfortable or no time to talk about religious matters.^{2,13,17}

CONCLUSION

Much of the nurses said they considered important spiritual assistance, but not seen as a priority because it is believed that the physical aspects are more relevant and therefore need to be assisted first. Some positive results of this care for the patient are highlighted in the speeches of the participants, such as greater adherence to treatment, comfort and other promotion. The benefits to those who provide assistance because they claim that there is a reduction of stress and professional wear are also mentioned.

This study should not be understood as the final position of the authors on the subject, but rather as an opportunity for discussion and reflection on the theme that proved quite relevant. It is recommended, therefore, that are developed new research on the relationship between health and spirituality with a view to support the acceptance and gradual implementation of spiritual care in care and nursing care.

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