



SPIRITUALITY IN THE HEALTH-ILLNESS-CARE OF THE ONCOLOGICAL USER PROCESS: NURSE'S OUTLOOK *

ESPIRITUALIDADE NO PROCESSO SAÚDE-DOENÇA-CUIDADO DO USUÁRIO ONCOLÓGICO:
OLHAR DO ENFERMEIRO*

ESPIRITUALIDAD EN EL PROCESO SALUD-ENFERMEDAD- CUIDADO DEL USUARIO ONCOLÓGICO:
MIRADA DEL ENFERMERO*

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ABSTRACT

Objective: to analyze the spirituality in the health-disease-care process of the oncologic user: the nurse's look. **Method:** exploratory, descriptive study, of a qualitative approach, carried out with ten nurses who perform their activities in oncology of a Teaching Hospital. The data were produced through a semi-structured interview and submitted to content analysis, in the thematic modality. The analysis was performed based on the categories: Relationship of spirituality in the confrontation of cancer and Spirituality of the patient/cancer patient under the nurse's eye. **Results:** demonstrate that spirituality is one of the dimensions of the multidimensionality of the human being that needs to be studied, understood and applied in the actions of the health-disease-care process. **Conclusion:** it is evident that this theme needs to be included in the training of the nurse practitioner, and also discussed and deepened in all scenarios of professional practice in Nursing / health. **Descriptors:** Spirituality; Patient; Oncology; Nursing.

RESUMO

Objetivo: analisar a espiritualidade no processo saúde-doença-cuidado do usuário oncológico: olhar do enfermeiro. **Método:** estudo exploratório, descritivo, de abordagem qualitativa, realizado com dez enfermeiros que exercem suas atividades em oncologia de um Hospital de Ensino. Os dados foram produzidos por meio de entrevista semiestruturada e submetidos à análise de conteúdo, na modalidade temática. A análise foi realizada com base nas categorias: Relação da espiritualidade no enfrentamento do câncer e Espiritualidade do paciente/usuário oncológico sob o olhar do enfermeiro. **Resultados:** demonstram que a espiritualidade é uma das dimensões constituintes da multidimensionalidade do ser humano que necessita ser estudada, compreendida e aplicada nas ações do processo saúde-doença-cuidado. **Conclusão:** evidencia-se que essa temática necessita ser incluída na formação do profissional enfermeiro e também discutida e aprofundada em todos os cenários da prática profissional da Enfermagem/saúde. **Descritores:** Espiritualidade; Oncologia; Paciente; Enfermagem.

RESUMEN

Objetivo: analizar la espiritualidad en el proceso salud-enfermedad-cuidado del usuario oncológico: mirada del enfermero. **Método:** estudio descriptivo, exploratorio de enfoque cualitativo, se realizó con diez enfermeros que ejercen sus actividades en oncología de un Hospital Escuela. Los datos fueron producidos a través de entrevista semiestructurada y sometidos a análisis de contenido, en la modalidad temática. El análisis se realizó sobre la base de categorías: relación de la espiritualidad en la confrontación del cáncer y espiritualidad del paciente/usuario oncológico bajo la mirada del enfermero. **Resultados:** se notan que la espiritualidad es una de las dimensiones constitutivas de la multidimensionalidad del ser humano que necesita ser estudiada, entendida y aplicada en las acciones del proceso salud-enfermedad-cuidado. **Conclusión:** se evidencia que este tema debe incluirse en la formación del profesional de enfermería y también discutido y profundizado en todos los escenarios de la práctica profesional de Enfermería y de salud. **Descriptor:** Espiritualidad; Oncología; Paciente; Enfermería.

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INTRODUCTION

Cancer, in Brazil, because of the relevance of the epidemiological profile that the disease represents, and, due to its magnitude, has been gaining space in the agendas of public and technical policies of all spheres of government. Knowledge about the epidemiological situation of this disease allows establishing priorities and allocating resources in a way directed to the positive modification of this scenario in the Brazilian population.¹

The World Health Organization (WHO) estimates that by the year 2030, there will be 27 million cases of cancer, 17 million deaths and 75 million people living with some form of the disease worldwide.¹ In Brazil, estimates for The year 2016, also valid for the year 2017, indicate the occurrence of approximately 596,070 new cases, reinforcing the extent of disease progression as a public health problem. In this perspective, it is necessary to promote the creation of global policies that increase the prevention and early diagnosis of the disease, rationalize public spending, reduce the incidence of new cases and, consequently, improve the quality of life of millions of patients/users living with the disease.²

According to the National Cancer Institute (INCA) ¹, cancer is the name given to more than 100 different types of diseases that have in common the disordered growth of abnormal cells with invasive potential. It is characterized by the loss of control of cell division and the ability to invade other organic structures. By covering a multiplicity of pathogenic processes, can have different evolution and treatments. The diagnosis of cancer can trigger a psychic, physical, social, emotional and spiritual imbalance in the patient/user and their family members, causing impacts on different aspects of their lives that go beyond the specific needs of the disease and the course of treatment.

In order to alleviate and / or minimize situations of instability and inconstancy involving diseases characterized as serious, the search for spirituality and practices related to beliefs, faith, values and religion have been presented as coping strategies in the health process -behavior-care. In Nursing / health, Florence Nightingale, at the beginning of the last century, already encouraged the need for the practice of spirituality with the human being who was in imbalance of their vital conditions, considering it as an integral being: biological, social, psychological and spiritual.³⁻⁴

From this perspective, the need for a paradigm shift in health care is perceived. The biological, linear and mechanistic model, centered on disease, fails to encompass the complexity of human needs in contemporary times. To fill this gap, it becomes necessary to develop a new configuration on the disease-health-care process. This form must understand the human being in its multidimensionality in the biological, social, psychological and spiritual aspects, forming the integrality, respecting its subjectivity, values and personal and familiar beliefs.^{3,5} In this line of thought, it is understood that nurses need To know / recognize the complex interrelationships between the human dimensions and, thus, to provide an integral and effective care to the oncological user.

The spiritual dimension, in rescuing the meaning of life, has brought human beings closer to God, to faith, to the inner strength of each one, making spirituality an ally in facing the disease-health-care process. One way of coping with the disease, as well as death, is directly linked to the strength / stimulus and energy emanating from spirituality, belief and religion.⁶ In this way, the integration between science and spirituality in Nursing / health has been increasing Interest among researchers and academia, ^{3,7-8} in search of knowledge and understanding about their relationships and influences in the health-disease-care process. In addition, interest in knowledge about the spiritual dimension has been emphasized by researchers, practitioners, and students of health in national and international research.⁹⁻¹⁸

Thus, it is understood that studies on spirituality, besides providing subsidies for the teaching of Nursing care to academics, can also be practical, assisting Nursing, support/help in coping with the most varied problems with users. In addition, it is possible to serve as a stimulus for new research and, in this way, to deepen this topic, undeniably relevant.

Based on this assumption, the need to expand scientific knowledge regarding the spirituality present in the human dimension is evident. Therefore, taking care of the spiritual dimension of the person allows an exercise of transcendence, in which the professional can be transformed through his actions, because the Nursing care allows a unique exchange of energy, sensations and feelings in the human relationship.⁹

Based on this context, one has as a guiding question of this research: What is the influence of spirituality in the disease-health-

care process of cancer users and what is the contribution of Nursing in this process, under the nurse's eye? In order to answer this questioning, we aimed to analyze the spirituality in the health-disease-care process of the cancer patient, under the nurse's outlook.

METHOD

Paper prepared based on the Scientific Initiation Program of the Anhanguera Pelotas School by the academic Aurélia Danda Sampaio.

An exploratory-descriptive study, with a qualitative approach, developed at a School Hospital in the southern region of Rio Grande do Sul/Brazil that serves users in oncological treatment; Hospitalization in adult ICU and home hospitalization. The study participants were ten care nurses who actively participate in Nursing care to cancer patients/users.

The participants of the study were ten nurses: five from the adult ICU; one, from Chemotherapy; one, from the direction of the Interdisciplinary Home Care Intervention Program (PIDI) Oncológico and three assistance from the PIDI. The decision to elect these units to carry out the study is justified because they are the places where the cancer patients/users, are assisted by the nurses.

The inclusion criteria of the study participants were: to be a nurse assistant in these units; be working on the days of data collection; accept to participate in the study and sign the Informed Consent Term (ICT). Nurses who were not present on the days of data collection or did not agree to participate in the study were excluded from the sample.

The data collection was done through a semi-structured interview¹⁹ with the participants of the research, using a guiding guide specifically constructed for this investigation. This guide was elaborated with closed and open questions that contemplated the theme, especially the question of research and objectives. It was previously tested and then applied to the participants. The data collected were transcribed in full and after successive readings, organized by highlighting the unit records and later grouping them into themes/categories.¹⁹ After this stage, the data were analyzed and interpreted in the light of the theoretical reference.

The data were analyzed by the technique of content analysis¹⁹. This method consisted of three steps: pre-analysis, in which a floating reading of the speeches to be analyzed was performed; Exploration of the material, which dealt with the steps of codification,

enumeration, classification and aggregation, according to previously formulated rules, and treatment of the obtained results and their interpretation.

Ethical principles were observed according to Resolution 466/12, which regulates research with human beings, respecting the dignity of the human person, guaranteeing the right to privacy, anonymity of identity and non-submission to risks. No financial reward was offered to participants. The research proposal was duly registered in the Brazil Platform and sent to the Anhanguera Faculty Ethics Committee, receiving approval under the opinion nº 765.820 / 2014. In order to preserve the participants' anonymity, the letter P (participant), followed by Arabic numerals, was used to identify them, observing the order of the interviews.

It is emphasized that the article was delineated based on the category: Relationship of spirituality in the confrontation of cancer and spirituality in the health-disease-care process of the cancer user, under the nurse's outlook.

RESULTS AND DISCUSSION

Spirituality is one of the dimensions of human experience. It is expressed by the inner search of the human being and the constructed meaning, through their beliefs, values and principles, that can rescue the meaning of life and thus, enable interrelationships with the divine, with nature and with oneself.

In this study, the spirituality in the health-disease-care process of the oncological user, under the nurse's eye will be presented by the following categories: Relationship of spirituality in the confrontation of cancer and Spirituality of the cancer patient/user under the nurse's outlook.

♦ Relationship of spirituality in coping with cancer

From the data expressed by the participants, it is possible to understand that there is a relation of spirituality in the confrontation of cancer:

I think it's an anchor that the person has and can hold on to, that can help, which is a stimulus [...] as I can explain, something that the person clings to gain strength in a moment of difficulty [...] Something that you can believe. (P1)

We can see patients who pray ... they pray, they have their belief, they have a better perspective on life, and those who do not, sometimes we see them in a sad way, giving up the treatment. P3)

[...] I understand that spirituality serves as a support for confronting and accepting death and I believe that spiritual healing can occur even after physical death. (P6)

[...] I think it contributes and that there is a difference between those who develop their spirituality and those who do not have what to support at that moment.

[...] they view the treatment with a more encouraging inner force [...] believing that the battle is not lost and that they have a force that is at their side. (P9)

Nurses perceive the relationship between spirituality and ways of coping with cancer. This relationship is expressed through some meanings, which are configured as support/help/assistance, serving as an anchor and offering a better perspective on life. The participant's speech (P7), testifies to the influence of this element, when present in the oncological user, when affirming that there is a difference between those who develop their spirituality and those who do not have what to support at that moment. Thus, it is possible to understand that coping strategies anchor in the strength/stimulus provided by spiritual support, whether through belief, faith, prayer and/or other mechanisms that can transcend the physical/biological aspect and alleviate human suffering. Therefore, spirituality is able to restore balance by mobilizing forces/energies for health recovery and/or overcoming difficult times in the course of illness and cancer treatment.

Faced with this meaning of spirituality in the health-illness-care process, spiritual support is capable of generating hope, reorganization and adaptation to the process of illness. It is understood that spirituality, when compared to an anchor, can symbolically mean something to "grab", hold onto, not to succumb and thus serve as the stimulus/propelling force necessary to cope with the disease.

The data of this study find similar data in two studies^{16,20} carried out on spirituality and health, whose results consider that spirituality, in the face of adverse situations, can represent a source of comfort, well-being, safety, meaning and strength. So, when the human being feels unable to find meaning for the events of life, such as illness, they suffer from the feeling of emptiness and despair. By rescuing spirituality, they fortify themselves to

face situations of uncertainty, suffering, anguish and fear.

Some lines of the participants of this research corroborate and complement the expression:

[...] I think that the way people face suffering when they are more spiritual is a little softer, it softens suffering a little, I think that values of hope, faith, motivation, even unite families and form a means Support to overcome suffering. (P4)

I believe in the power of thought and the way to face the problem, I think it does not solve, but it softens the pain and the period of life that it has is still better used. I believe that spirituality often brings meaning to suffering [...] through spirituality, finds resources [...] to experience this process better [...] it means the suffering, so I think it is so positive for overcoming adversity and resilience. (P7)

When we think that we are not eternal, fear arises. I believe that. in this point, spirituality helps to alleviate these fears, to raise the spirit, to promote the security that on the other side will not suffer damages (P10).

According to the reports, spirituality, in restoring faith, hope, support, unity, is capable of bringing meaning and/or significance to suffering and, thus, empowering energies capable of softening and/or overcoming adversity, pain and the suffering. Still, in relation to spirituality, in facing the cancer, it is possible to observe, in the speeches, that the spiritual support mobilizes psychoemotional mechanisms able to ameliorate the pain, the suffering, the fear and the uncertainties. These mechanisms, in addition to providing the necessary support for reflection, enable the reassessment of feelings, behaviors and attitudes in the way of facing illness and treatment, and, consequently, transformations and / or adaptations to their way of life.

According to the answers, it is perceived that, regardless of being a practitioner or not of some religion, and/or belief, the interviewees referred to believe in the existence of the relationship between spirituality and suffering and perceive spirituality as something positive in the treatment of the cancer patient/user. Thus, it is understood that spirituality is part of the integrality of the human being and is configured as a human need. This need arises, even more, in moments of anguish, pain and suffering. Therefore, considering the understanding of the human being as an integral being and the spiritual dimension as a vital component to human life, it is known that such a dimension influences and suffers

influences in the way of thinking, acting and, thus, caring or self-caring^{3,9}, since one dimension influences the other and enables changes and transformations in the multidimensionality of the human being as a whole.

Data similar to that of this study was found in the survey²¹ conducted at a public hospital in the northwest region of the State of São Paulo, about the relationship between spirituality and cancer in the perspective of cancer patients, with 14 cancer patients undergoing chemotherapy. The results have identified that the disease still carries the stigma of suffering, distress, indignation and fear in the face of future uncertainties. However, it is understood that meanings, built by the human being's particular way of feeling, interpreting and reacting to these events, are capable of providing not only a meaning to cancer, but a real meaning to life itself, thus generating feelings of hope and emotional support for coping with the disease and treatment.

Studies^{6,17,20} on adverse health conditions and cancer patients corroborate the results of this study, revealing that the forms of coping with certain diseases are directly linked to the strength of faith and to religious beliefs, Way of expressing spirituality, which allows them to meet their existential needs and face health problems. Thus, in the attempt to understand and seek a broader sense of life, the human being, when experiencing spirituality, is able to potentiate positive energies for coping with difficult situations, as well as overcoming its limits and weaknesses. It is understood that, regardless of the religious aspect, spirituality is one of the dimensions inherent in the existence of the human being, with a strong influence on the interrelationships of the health-disease process to cancer patients/users.

♦ Spirituality of the patient / cancer patient in the health-disease-care process

The following reports demonstrate the position of the professionals in the perception of the spirituality of the cancer patient/user:

For us, health professionals, is a little difficult, because we sometimes do not value as much as we should this issue [...] this issue is tied to several relational and family issues [...] the greatest essence for support and comfort Spiritual to confront the critical situations they are experiencing can come from spirituality and help you understand the moment you are going through. (P2)

The spirituality of these patients needs to be rescued and promoted by people who

understand what he is experiencing ... it is difficult to account for the patient's spiritual issues, because there is no professional training [...] (P3)

[...] it is a failure in formation ... it is mentioned that one aspect of the human being is the spiritual aspect, but how to take care of the spiritual side is not taught ... as a nurse, what can we do to favor the spiritual side of your client if I was never told or taught about it in a more punctual way ... so it was always just quoted the spiritual aspect, of the human being and what I do with him? (P4)

[...] I think that spirituality makes it possible to face difficult situations with better acceptance and inner search for strength to overcome fear, insecurity ... I believe that, in the oncological patient even the spiritual care itself is a necessity. (P5).

From the point of view of nurses, the spirituality in the actions of patient care / oncological user is still incipient, little valued, with implications in the professional formation itself, evidenced by the lack of preparation of the professionals / nurses to deal with the aspects that integrate the spiritual dimension of the users Cancer patients. The reports also highlight the limitations and weaknesses of the professionals, regarding relational issues, comfort, support in critical situations and in meeting the spiritual needs of patients / users and their families.

Faced with these questions, the nurses / participants in this research seem to understand the importance of the spiritual dimension in the life of their users / patients. On the other hand, it is evident that academic / university education does not, satisfactorily address, the subject and thus, does not prepare and / or train the professional nurse to develop the different skills, abilities, behaviors, attitudes and sensitivity to approach and integrate spirituality to Nursing / health care actions.

Research²² carried out at the Health Sciences Center of a public university located in the city of João Pessoa / Paraíba / Brazil, with 30 Nursing students, investigated how they visualize the relationships between spirituality and care. The results show that the studied population understands this interrelationship in Nursing care in the humanistic, systemic and religious perspectives. At the same time, it identifies gaps in academic formation, identifying the theoretical lack of Nursing students regarding spirituality in the course of the disciplines. To meet this need, there is the challenge of exploring the curricular potential in Nursing graduation, interrelated with all dimensions of the human being in the healthcare process.

In accordance with these findings, the study²³, with a qualitative approach, developed with 17 nurses from a state school hospital in the interior of São Paulo, on spirituality and religiosity in the perspective of nurses, identifies the applicability of these terms in nurses' clinical practice. Of their own spirituality and religiosity, as well as their academic background. Thus, opportunities for discussion on the spiritual dimension, from the beginning of the training of Nursing professionals and in the actions of permanent education, can contribute to the rescue of the essence of integral care.

The following statements show how spirituality, in the view of nurses, influences the health-disease-care process.

When we pray, we elevate our spirit, and this triggers a series of physiological manifestations in our central nervous system, such as the production of some neurotransmitters that aid in the relief of pain, promote joy and a sense of hope, as we cherish the soul by praying, praying, and Express our feeling to God. (P6)

[...] I think that spirituality makes it possible to face difficult situations with better acceptance and inner search for strength to overcome fear, insecurity ... psychological and emotional support [...] I believe in the oncologic patient to spiritual care itself is a necessity. (P8)

Faced with these questions, the nurses express their perception of spirituality, configuring it as the force of prayer, faith in God or something Higher that can cherish the soul, reestablish balance, promote joy and a sense of hope in its cancer patients/users.

According to the nurses' reports, the support promoted by spirituality can provide a better psychological and emotional control over the situations experienced in the course of the disease and treatment. The interviewed nurses consider that the spiritual approach in the health-illness-care process is a need of the cancer patient / patient, and thus, it can positively impact on the way to restructure their lives and thus overcome the difficulties experienced.

From these conceptions, the professionals / nurses need to manage care in order to observe behaviors, attitudes and mechanisms of coping with the disease and treatment, in order to establish spiritual well-being. Therefore, it is up to nurses to qualify the care, needs and unique requirements of the cancer user, in order to provide support, comfort and hope, even if sometimes treatment does not ensure cure.

In my experience, treating patients in the process of termination, that is, without

possibilities for healing. I understand that spirituality serves as a support for confronting and accepting death and I believe that spiritual healing can occur even after physical death. (P10)

A cross-sectional and quantitative study, carried out with 30 teachers and 118 Nursing students, from the Nove de Julho University in São Paulo / Brazil, regarding the concept of spirituality, identifies that the majority (46.3%) points to the question of belief and (36.9%), belief in the existence of the soul and life after death (25.5%), belief in something transcends matter (14.1%) And ethical and humanistic posture (14.8%). In this way, it is possible to observe how the professionals perceive the spirituality in the dimensions of the faith in God or Something Superior capable of potentiating energies and to bring benefits to the lived experience in the path of illness.

In this way, the positive energy emanated by faith, belief and / or other aspects, that transcend the physical and biopsychic aspect, can contribute to improve the condition of living, feeling and reacting oncological user. Thus, for better results in health and quality of life, it is understood that spirituality is multidimensional, relational and encompasses meanings, purposes, self-reflection, hope, faith and beliefs in coping with disease and treatment.

In this sense, understanding that spirituality affects health and possible coping mechanisms is an important step in incorporating it into the practice of Nursing / health care. In this sense, nurses, when dealing with the aspects that encompass the spiritual dimension, need to observe behavior, recognize the needs of patients / users and demonstrate respect for their beliefs and values. Thus, it will be possible to build a bond and trust relationship, as well as ensure adherence and better results in Nursing care actions to these patients / cancer users.

From the above, in order for nurses to be able to fully know the one they care for, it is necessary to understand that spirituality represents an important adjunct in treatment, with the possibility of cooperating with the various factors that directly and / or indirectly can affect and generate instabilities / disturbances in physical, psycho-emotional and social comfort.

CONCLUSION

The results of this study show that spirituality is an essential construct in the actions of the disease-health-care process, geared to the needs of the human being, in

the perspective of their multidimensionality. However, there is a need to broaden the discussions on the theme in all the action scenarios. And even more, it is indispensable to deepen the knowledge of professionals / nurses regarding spiritual care, in order to identify the needs of cancer patients / users to assist them in coping with diagnosis, treatment and support to quality of life .

Based on the results of this research, based on the data / information, highlighted in the participants' speeches, it is suggested to provide spaces for discussion about spirituality, from the beginning of the training of professionals / nurses, and also during professional practice. This process of discussion should include, among other aspects, sensitivity, listening / dialogue, ethical and solidarity relations, promoting lifelong learning, built in relationships with others by exercising the actions of Nursing / health care in the health- Disease-care.

It is considered that the study contributes to the formation and practice of Nursing / health, as well as to the understanding of aspects that integrate spirituality in the health-disease-care process. Thus, there is the possibility of finding strategies to plan the actions of care in a comprehensive way to the needs of patients / cancer patients in their multidimensionality.

It is suggested, the continuity of research in this field, in order to understand the interrelation between the perceptions of the professionals / nurses with those of the cancer patients / patients and their relatives about the meanings, expressions and / or aspects of spirituality in the health-disease-care process. Therefore, understanding the perceptions of professionals / nurses, users and their families, in order to overcome the limitations / fragilities, can be configured as new elements capable of collaborating to generate more effective care practices sensitive to spiritual needs Of patients / cancer patients.

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