



THE RELATIONSHIP BETWEEN SPIRITUALITY AND CARE ACCORDING TO NURSING STUDENT DESIGNS

AS RELAÇÕES ENTRE ESPIRITUALIDADE E CUIDADO SEGUNDO AS CONCEPÇÕES DE ESTUDANTES DE ENFERMAGEM

LA RELACIÓN ENTRE LA ESPIRITUALIDAD Y LA ATENCIÓN DE ACUERDO A LOS CONCEPTOS DE LOS ESTUDIANTES DE ENFERMERÍA

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ABSTRACT

Objective: to investigate the views of nursing students about spirituality in the context of health/disease. **Method:** exploratory, descriptive study, with qualitative approach carried out with nursing students at a public university. The data were produced by means of a questionnaire, then, to the analysis, it was used the content analysis. **Results:** it was found that spirituality is represented by transcendence, subjectivity and transsubjectivity. It was proved that the studied population understands the relationship between spirituality and care in nursing care in humanistic, holistic and religious perspectives. Regarding the importance of spirituality in the health/disease process, the most important phenomena were wellness, faith healing, wholeness and confronting the disease/treatment adherence. **Conclusion:** it was observed the theoretical shortage of nursing students regarding spirituality in the context of health. **Descriptors:** Spirituality; Nursing; Nursing Care.

RESUMO

Objetivo: investigar as concepções de estudantes de enfermagem acerca da espiritualidade no contexto saúde/doença. **Método:** estudo exploratório-descritivo, com abordagem qualitativa realizado com estudantes de enfermagem de uma universidade pública. Os dados foram produzidos por meio de questionário, em seguida para a análise foi empregada a Análise de conteúdo. **Resultados:** constatou-se que a espiritualidade é representada pela transcendência, subjetividade e transsubjetividade. Comprovou-se que a população estudada compreende a relação entre espiritualidade e cuidado na assistência de enfermagem nas perspectivas humanista, holística e religiosa. Quanto à importância da espiritualidade no processo saúde doença, destacaram-se fenômenos como bem-estar, cura pela fé, integralidade e enfrentamento a doença/adesão ao tratamento. **Conclusão:** constatou-se a carência teórica de estudantes de enfermagem quanto à espiritualidade no contexto da saúde. **Descritores:** Espiritualidade; Enfermagem; Cuidados de Enfermagem.

RESUMEN

Objetivo: investigar los puntos de vista de los estudiantes de enfermería sobre la espiritualidad en el contexto de la salud/enfermedad. **Método:** estudio exploratorio, descriptivo, con enfoque cualitativo realizado con estudiantes de enfermería en una universidad pública. Los datos fueron producidos por medio de un cuestionario, a continuación, con el análisis se utilizó el análisis de contenido. **Resultados:** Se encontró que la espiritualidad está representado por la trascendencia, la subjetividad y la transsubjectivity. la población de estudio que fue probada entiende la relación entre la espiritualidad y la atención en los cuidados de enfermería en enfoques humanistas, holísticos y religiosas. La importancia de la espiritualidad en la salud y enfermedad, los fenómenos más importantes, tales como el bienestar, la curación por fe, integridad y hacer frente a la adherencia de la enfermedad/tratamiento. **Conclusión:** se observó la escasez teórica de los estudiantes de enfermería en relación con la espiritualidad en el contexto de la salud. **Descriptor:** Espiritualidad; Enfermería; Los Cuidados de Enfermería.

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INTRODUCTION

The relationship between spirituality and health has for some time attracted the interest of researchers in both the social sciences as the health sciences. Despite the growing scientific literature on the subject, there is no insight into the significance of religion and religiosity. In most societies these terms have been used as synonyms spirituality, including in the scientific literature. Despite being used in this manner, these concepts do not present the same characteristics. But it is imperative to understand that there will always be a relationship between them.^{1, 2}

The use of the terms "religion", "religion" and "spirituality" has grown in recent years. From 1997, there has been a movement in order to discuss and conceptualize these terms. This differential has been explained as follows: religion has a social nature and is linked to a doctrine; religiousness is shared or practiced collective experience; yet spirituality refers to search and subjective, individual and non-institutional practices.³

Corroborating this discussion, the psychiatrist Viktor Frankl (1905-1997) states that religion/ spirituality would be a way to find meaning in life, although this is not the only way. This principle is called "logotherapy". Logos in Greek means "sense" and therapy, "care". Therefore, logotherapy means "take care of the sense," which is the main driving force in man.⁴

The basis of logotherapy is patient's confront with the meaning of life. Projections of biological, psychological and social dimensions are expressed in the spiritual dimension and totals in our existence. This dimension, also called "noetic" takes the individual out of their conditionalities, see its meaning. Each person seeks a motivation that give meaning to your life and that search is not seized, subject, much less the object of his consciousness. Therefore, speech therapy is the spring which drives the human existence, providing unique and specific for each individual direction and should only be experienced by it.⁵

The discourse on spirituality in nursing was started by Florence Nightingale. In her manuscripts, she explored themes related to transcendence and human transience. The physical body was seen as an instrument for the spirit while spirituality was the highest level of human consciousness able to cultivate the divine nature characterized by love.⁶

In the 1980s, the American Association of Nursing Diagnoses (NANDA) began to consider

spirituality as a pattern of human response, focus of professional attention nursing. Researchers in the field of nursing, among them Wanda Horta, Martha Rogers, Margaret Newman, Rosemary Rizzo Parse and Jean Watson, addressed human spirituality as an essential dimension of nursing care.

Although spirituality inhabits the discourses of Nursing in perspective of the biopsychosocial and spiritual care, the care of this human need is neglected or even unknown in professional practice. The influence of materialist perspective that values beauty, power and social achievements, hinders the practice of spiritual care, emptying the human being in its values.⁷

A study with nurses who work in the care of cancer patients found that most of these say they do not have contact with the subject during training, but judged important to address the spirituality of the client. Another study showed that few nursing professionals address customer spirituality in delivered care.⁸

Health professionals have difficulty understanding the relationship between spirituality and health, and to incorporate the spiritual dimension in their professional activities. One of the reasons for this problem may be related to their professional training, where the theme spirituality is approached superficially and subjectively. Also, not knowing how to differentiate religiosity from spirituality interferes in how spiritual care is provided to the individual.⁹

Taking into account that it is during training that the student can develop awareness about spirituality, this study aims to increase knowledge about the training of nursing in the context of biopsychosocial and spiritual wholeness.

OBJECTIVE

- Investigate the views of nursing students about spirituality in the context of health/disease.

METHOD

Exploratory and descriptive study with a qualitative approach, based on the premise that knowledge of people is only possible from the description of the experience as it is lived and defined by their authors, and provide free field to the rich potential of perceptions and subjectivities of humans.¹⁰

It was developed in the Health Sciences Centre, from a public university located in the city of João Pessoa, Paraíba, Brazil. The participants were 30 students of the

undergraduate course in Nursing who agreed to join the study and meet the following inclusion criteria: be enrolled between the fifth and ninth periods, taking part in supervised training activities and agreed to sign the Term of Free Consent and Clarified (TFCC).

In order to ensure the rights of the participants in compliance with the aspects contained in Resolution 469/2011¹¹, from the National Health Council which deals with the recommended guidelines and standards for research involving human beings, the respective project was submitted and approved under the Protocol number 465.207 by the Ethics Committee of the Federal University of Paraíba, with CAAE n° 21541013.2.0000.5188.

For data collecting, it was elaborated a compound instrument of two parts: the first part containing data demographic partner as gender, age, marital status and religion, and the second containing the following questions: What do you mean by spirituality and the importance of it in your life? In your opinion, what the relationship between spirituality and nursing care? In your opinion, what is the relationship between spirituality and health-disease process?

The collecting was carried out by one of the authors of the research. Before data collection, the students were informed in a clear language about the study objectives, its risks and benefits, and assure them anonymity, confidentiality of information and the freedom to stop participating at any time of study. All those who agreed to participate in the study signed the TFCC.

The data were analyzed by Content Analysis Technique 12, since the speech the meaning of the spiritual dimension requires an analytical method capable of conducting research in a safe way. First, a pre-analysis was done to organize the material that constitutes the search corpus. Then the material was explored from the choice of units and categories. Finally, the results were extrapolated and interpreted.

RESULTS AND DISCUSSION

The results will be presented by the following thematic categories: I) Characterization of the subjects; II) spirituality concept and its importance; III) Relationship between spirituality and nursing care; IV) The relationship between spirituality and health-disease process.

♦ Characterization of the subjects

The average age of respondents is 23,6 years, 19 years younger and 28 years older. Of

the 30 students participating, 22 are female and eight male. It may be noted that the sample of the present study was the predominance of females, which corroborates with national data that the female predominance exercises in undergraduate courses in Nursing.^{13,14} Moreover, this finding is associated with own historical evolution of nursing, which gave women the responsibility for the care. And although men also carry on nursing, the profession is still essentially feminine.¹⁵

Regarding the creed/religion, it is predominantly Catholic (fifteen), followed by the Gospel (eleven), no religion (three) and spiritualist (one). The results of this study follow standard national religious distribution.¹⁶

One of the characteristics of religion in Brazil is the diversity of creeds and/or plurality of beliefs, since colonization, and has been widening in recent years, according to the Brazilian Institute of Geography and Statistics (IBGE).¹⁶ A fact to be observed from the last census is the decline in religious affiliation between the Catholics and the consequent increase of the number of irreligious Brazilian. Young found space to escape the institutional mediations and join the alternative output: be religious without religion.¹⁷

It was found that the students declared Catholics, Protestants, spiritualists and irreligious somehow ensure the importance of spirituality on a scale of importance. Only one of the participants, and belonging to the group of irreligious, stated that spirituality is not important to their life. The lack of spirituality is linked to what refers to it as meaningless. There is in human being an unconscious spirituality that originates the most authentic made decisions of existence and are produced in the human unconscious (noologic).¹⁸

Regarding religious frequency, the most sporadic attendance (once a month) is about 30% of those who say they are religious practitioners. The frequency of religious cults in Brazil is higher among women and individuals over the age of 50 years.¹⁹ Therefore, this lack of attendance is within national parameters.

♦ Spirituality concept and its importance

About the concept of spirituality given by students, an open question was used, and as a result, almost half of the participants (eleven) combines spirituality belief in a higher being than human being. They believe that this force majeure metaphysically is a

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"God" with whom a man relates and communicates, and sees spirituality as a reflection of that communion with God.

Spirituality is the way we relate to God. This is the faith we have and the well-being provided by the same. (D3)

Spirituality is the part of life that connects us to God. (D9)

It is the superhuman form understanding everyday events that science will never come to explain. (D10)

To have a belief, not necessarily in any God, but to believe in something, someone. (D13)

Spirituality is a state in which the person has a direct connection with God, it is to believe in the existence of a higher being. (D28)

The assignment of the belief in a higher being as something inherent to the human being is a human characteristic described by Frankl. Man conceives religion as healthy expression of the human being, as a manifestation of the spiritual dimension. There has always been in men an approach, an intentional connection with God, though unconscious. The assumed meaning of life is to understand the human being as a spiritual being who is not touched by the neuroses or psychoses, free will flows like personal power, which makes them decide the course of their life.^{5,18}

Studies conducted with nursing students in São Paulo colleges show that it is possible to find similar results in relation to the concept of spirituality. Most nursing students point out the concept of this term as belief and relationship with God or search for the meaning of life.^{13,14}

In this study, some students consider spirituality as a link between man and something superior that helps them understand the circumstances, makes sense of the inexplicable things, governs their life and controls the universe.

Dimension of the human being that corresponds to their subjective needs of belief in something that gives meaning to things. (D5)

It is the superhuman way to understand the daily manifestations, which science will never come to explain. (D10)

It is the fact that you believe in a higher power which controls the universe. (D21)

Spirituality is a state in which the mind gives the soul a good way of seeing life, from values, culture, personal interests. (D27)

Spirituality is autonomous, extremely important for the education of specific knowledge and is supported by the disciplines inherent in empirical knowledge. It has close relationship with the transcendent which is based on personal questions of existential questions. It is a human propensity in the

search for meaning in life through concepts that transcend the tangible and may or may not include formal religious participation, resulting in the development of religious rituals and community formation.² Spirituality is an intrinsic dimension of the human being and can be experienced in many aspects, not only in religious.²⁰

Regarding the importance of spirituality in the life of students, a five variables scale was used, from "not important" to "very important." From the thirty students, eighteen consider spirituality "very important", eight consider "important", three "relatively important" and "unimportant". The "little important" variable was not considered. It is observed that regardless of religious affiliation (Catholic, Protestant or spiritualist), most students point out the importance of spirituality in human life.

Spirituality is a complex and multidimensional part of human experience. It is expressed in a search of the individual, the ultimate meaning through religious participation and/or belief in God, family, naturalism, rationalism, humanism and the arts. Many find spirituality in religion or in personal relationship with the divine, others may find it through a connection with nature, with the music and the arts, or through values and principles, or through scientific truths.²¹

Spirituality is like the amalgam of positive emotions that unites us to other human beings and our experience with the divine, whatever we conceive that. Love, hope, joy, forgiveness, compassion, faith, and gratitude. Spirituality has no roots in ideas, sacred texts and theology. It includes positive emotions and social links. Love is the shortest definition of spirituality.²²

Not everything is learnt at school, and not every health behavior occurs in clinics and hospitals. Spirituality and religion represent the same relationship. Spirituality refers to the spirit(s) domain(s): God or gods, souls, angels, Jinni, demons. In short, all this is what has been called supernatural and remains for many. Finally, "spirituality is simply, as: a personal relationship with the transcendent and religion, as: community and institutional aspects of spirituality."²³

◆ Relationship between spirituality and nursing care

In the speeches of nursing students about the relationship between spirituality and nursing care can realize the discourse about the humanization of care and empathic relationship in the care process, fundamentals that reflect the science and art of nursing.

To ensure a humanized care. (D1)

As we have a good spiritual understanding we start to offer more love to others, put ourselves in the other's shoes, reflecting our human assistance. (D3)

It is intimate relationship, spirituality and assistance makes us more human to look to the next, to see him beyond the physical, physical and also spiritual pain. (D24)

The humanization depends on the health professional ability to speak and listen, to dialogue with his neighbor, because without communication there is no humanization. Communication should be understood as a process of understanding, sharing sent e received messages, and these messages and how they give their exchange influence on people's behavior.²⁴

In the graduate speech it was also identified the holistic paradigm in the spirituality/assistance relationship. The holism opposes mechanistic logic that partitions the human being. Its basic precept says that the individual whole (body, mind and spirit) is more than the sum of its parts.

Spirituality is fundamental in understanding the other. And patient care is to understand them and watch them holistically. (D9)

The professional to have contact with patient should treat it holistically giving attention to their spirituality and respecting it, it is part of the patient. (D20)

In patient care aimed to look at the patient holistically, it would be interesting to offer spiritual assistance, as it would contribute to a better prognosis [...]. (D28)

The practice of holism contradicts the isolated view of the health-disease, causing health to be assumed as a continuous change to environmental challenges and the dynamic balance of the body. This speech is very present in nursing, because it is a humanistic science.

However, the nurse is confronted with human vulnerability complex and intense, but with trained eye, imposed by the biomedical model that separates the material dimensions of subjective. It's created, then, a perspective on the enchantment of the interpretation of the daily facts, growing steadily a reflection state of life where emotions and routine gestures become questioned and denoted. To take care of the whole person, it is necessary to be present as whole person.²⁵

Another aspect that emerged from the analyzed speeches was the religious vision of the relationship between spirituality and nursing care.

These issues are of paramount importance for a process of improvement, because for God nothing is impossible. (D10)

It is important for the patient's recovery, because the individual who believes has faith in a higher being, believes more in your healing. (D14)

Each person has their religion, their faith and this can strengthen the individual in difficult times. (D23)

I believe that the more connected to the will of God I am, the more attentive to the needs of others I will be[...]. (D26)

The religious view is very present in the discourse of many nursing professionals and it was no different in the speech of students in this study. It is important for nurses to understand that the human being has the ability to relate unconsciously with religious values, and must be aware and ready to supply the expectations of being human, related to these needs by providing means for achieving this cuidado.¹⁸ On the other hand, spirituality is a construction formed by faith and sense where the faith element is associated with religion and religious beliefs. In contrast, the sense component is a more general concept, which can exist in both people who follow a particular religion as those who have no religious reference.²⁶

Although the students signalize the importance of considering spirituality in nursing care, it is still not valued by most of the nurses, especially in Portuguese-speaking countries. Study developed with nursing professionals showed that spiritual care, even when performed, is rarely registered nurses.²⁷

♦ Relationship between spirituality and health-disease process

When questioning the nursing students about the relationship between spirituality and health-disease process, the speeches show the difficulty of understanding the difference between the spiritual and psychological dimensions.

Spirituality is a factor that interferes with the health/disease process because the person needs to be well physically and psychologically to keep well in full. (D2)

We know that the psychological state of the patient directly influences your health, then a patient who practice their faith and their spirituality is preserved consequently is more prepared for the health/disease process and its complications. (D24)

Very important, as it is the start that gives impetus to improvement, to emotional control in the interests of change. (D27)

A study developed with nursing students from a public university in the state of Paraná showed that they have difficulty understanding the specificity of the spiritual dimension, detached from the psychological and emotional dimension.²⁸

There is in nursing students, a tendency to associate spirituality with religion and more specifically, with faith. For Christians, faith is the conviction that something is true without any proof, the absolute trust this something or someone. The faith healing or "spiritual healing" is a type of alternative medicine, sometimes accompanied by the refusal of modern medical techniques. People with greater religiousness/spirituality have higher survival and overall well-being, lower prevalence of depression, drug abuse and incidence of suicide and better quality of life, among other associations.²⁹

To allow its particularities are taken into account improving their treatment adherence and minimizing their psychic and spiritual and physical suffering accordingly. (D6)

Depending on what he believes, no doubt he can reach your goals related to health. (D10)

For often spirituality, in difficult times helps a lot in therapy. (D14)

It is important, given that spirituality can help the patient in fighting the disease. (D17)

Most importantly, studies show that the spirituality of presence improves the immune system and fighting the disease. (D22)

We know that the psychological state of the patient directly influences your health. So a patient who [...] is preserved with its spirituality, accordingly, is more prepared for the health-disease process [...]. (D24)

professional is important to respect the patient's religion, because it can help in curing the disease. (D25)

It is important to promote greater peace for the patient, promotes mutual respect between the patient and the professional.

Often, it provides an improvement or even the client cure. (D29)

The spiritual dimension is in man, in his state of health, regardless of religious status, it encompasses the lives of those who are truly spiritual. It is a designation of man's personal relationship with the Sacred without ideological imposition, or perceptual constraint. Spirituality and religion, along with faith and purpose, contribute to personal, mental and physical skills. human experiences contrary the disease, are privileged in positive psychology, coupled with studies that relate spirituality/religiousness with quality of life.²

The account of most of the students about the spirituality of influence on the individual's health is consistent with findings from several studies demonstrating want to see the influence of spirituality in different

contexts of the health disease.¹⁴ Spirituality in the health disease is seen by students as part a comprehensive care, institutional support. Even though spirituality a concept recognized by nursing, there is a lack of clarity on this concept and its relationship to spiritual care, causing discomfort and personal questioning the nurse. During the training, it is not perceived the care of the spiritual dimension of patients, which contributes to the obscure care reality.³⁰

CONCLUSION

The design of nursing students about the relationship between spirituality, nursing care and the health-disease process is marked by transcendence, subjectivity and transsubjectivity. Moreover, it is evident that conceptions of the students are guided by the humanistic, holistic and religious perspectives.

It infers that little emphasis has been given to the spiritual dimension in care in the training of nursing professionals, since most of the participants have difficulty in identifying the spiritual needs of the individual and see how these can be met through professional nursing care.

In this perspective, the professional awareness of nursing students can be extended from its undergraduate, qualifying it for health and spiritual care. This is one of the crucial points: the theoretical shortage of students with regard to interventions on the spiritual needs of the recipients of their care.

It may suggest that: a) this dimension is neglected both by future students health professionals, how the course teachers; b) that there is difficulty in understanding the meaning of the spiritual dimension; c) not only students, but a very significant portion of society puts on the same concept religion, religiosity and spirituality; d) discussions on spirituality almost never process in academia.

It is necessary to advance in the construction of this road with the intention of making it clear to future researchers of this subject the meanings, implications and subjectivities contained in the relationship between spirituality and care. Aspects were surveyed on the probable performance in nursing care, on issues involving the spiritual comfort of the patient. This practice has made us reflect on the preparation of future nursing professionals, as the generation of new knowledge, it is important to prioritize teaching justifying the spiritual care that is present in care of the nurse practice. Although the future professionals are sensitized to this need, it is permeated by this

care and extends to patients, families and professional staff. The nursing care and the spiritual dimension of man must be learned to grasp, because the nursing as a profession and teaching and learning need to be rethought. The student depends on the teacher to be taught and put into the context of the reality that involves spirituality and health.

Realize that there is a physical extra dimension as a constituent of the human being (spirituality) requires the health professional, a review of theoretical models that guide their professional practices. The health to be holistic needs to be studied as a multidimensional system involving physical, psychological, social and cultural interdependent.

This issue needs to be appropriate, discussed and disseminated by health authorities, preferably degree and other levels of nursing education. There is a need to include knowledge that serve as support to build a new nursing care, valuing the spiritual dimension, being large, diverse and involved questions concerning the faith, religion, values, culture and other aspects involving the man's spirituality.

From the data and after analysis, we question how the undergraduate course in Nursing has prepared its students for interventions in the field of spirituality without a communicational theoretical axis suitable for perception and identification of spiritual needs. It is necessary to explore the curriculum theoretical potential of nursing graduate with spirituality lenses, so that the health care is consistent with all dimensions of the human being needs to be serviced.

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