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ORIGINAL ARTICLE

THE CONDITION OF SPIRITUALITY IN ONCOLOGICAL NURSING CARE A CONDIÇÃO DA ESPIRITUALIDADE NA ASSISTÊNCIA DE ENFERMAGEM ONCOLÓGICA LA CONDICIÓN DE LA ESPIRITUALIDAD EN LA ASISTENCIA DE ENFERMERÍA ONCOLÓGICA

Ana Maria Sá Barreto Maciel¹, Ana Carla Silva Alexandre², Danielma Maria Barros Ferreira³, Fellipecássio Silva⁴

ABSTRACT

Objective: to analyze aspects related to spirituality in nursing professionals who provide care to patients in the palliative care system. **Method:** this is a qualitative, descriptive study with six professionals from the Nursing team of an oncology center. A semi-structured form was used to collect the data. Qualitative data was analyzed using the Content Analysis technique and the quantitative data with the help of the Epi Info, TM version 2011 program. **Results:** 83% reported developing spirituality during the care provided and 67% believed in interference of the spirituality in the assistance they provide, and also consider it important to dialogue with the patients. **Conclusion:** the belief in being able to develop spirituality during the care provided and the existence of spirituality interference during this care provided by the Nursing team was verified. Through studies of this nature, it is sought to reflect on the Nursing work process in the care of cancer patients, in order to subsidize mechanisms that may favor skills in the context of spirituality. **Descriptors:** Spirituality; Religion; Palliative Care; Medical Oncology; Death; Nursing Care.

RESUMO

Objetivo: analisar aspectos referentes à espiritualidade em profissionais de Enfermagem que prestam assistência a pacientes em regime de cuidados paliativos. **Método:** trata-se de um estudo qualiquantitativo, do tipo descritivo, com seis profissionais da equipe de Enfermagem de um centro de oncologia. Utilizou-se um formulário semiestruturado para a coleta dos dados. Analisaram-se os dados qualitativos pela técnica de Análise de Conteúdo e os dados quantitativos com o auxílio do programa Epi Info, TM versão 2011. **Resultados:** revela-se que 83% afirmam desenvolver a espiritualidade durante a assistência prestada e 67% acreditam na interferência da espiritualidade na assistência por eles prestada, além de considerarem importante o diálogo sobre esta com os pacientes. **Conclusão:** constatou-se a crença em conseguir desenvolver a espiritualidade durante a assistência prestada e a existência de interferência da espiritualidade durante essa assistência prestada pela equipe de Enfermagem. Buscam-se, por meio de estudos dessa natureza, reflexões a respeito do processo de trabalho da Enfermagem no cuidado ao paciente oncológico a fim de subsidiar mecanismos que possam favorecer as habilidades no contexto da espiritualidade. **Descritores:** Espiritualidade; Religião; Cuidados Paliativos; Oncologia; Morte; Cuidados de Enfermagem.

RESUMEN

Objetivo: analizar aspectos referentes a la espiritualidad en profesionales de Enfermería que prestan asistencia a pacientes en régimen de cuidados paliativos. **Método:** se trata de un estudio cuali-cuantitativo, del tipo descriptivo, con seis profesionales del equipo de Enfermería de un centro de oncología. Se utilizó un formulario semiestructurado para la recolección de los datos. Se analizaron los datos cualitativos por la técnica de Análisis de Contenido y los datos cuantitativos con la ayuda del programa Epi Info, TM versión 2011. **Resultados:** se revela que el 83% afirma desarrollar la espiritualidad durante la asistencia prestada y el 67% cree en la interferencia de la espiritualidad en la asistencia por ellos prestada, además de considerar importante el diálogo sobre ésta con los pacientes. **Conclusión:** se constató la creencia en lograr desarrollar la espiritualidad durante la asistencia prestada y la existencia de interferencia de la espiritualidad durante esa asistencia prestada por el equipo de Enfermería. Se buscan, por medio de estudios de esa naturaleza, reflexiones acerca del proceso de trabajo de la Enfermería en el cuidado al paciente oncológico a fin de subsidiar mecanismos que puedan favorecer las habilidades en el contexto de la espiritualidad. **Descriptores:** Espiritualidad; Religión; uidados Paliativos; Oncología Médica; Muerte; Atención de Enfermería.

¹Master, Tabosa de Almeida University Center. Caruaru (PE), Brazil. E-mail: anabarreto@ascas.edu.br ORCID iD: <https://orcid.org/0000-0002-0986-0352>; ²PhD, Federal Institute of Education, Science and Technology of Pernambuco (IFPE) - Campus Pesqueiro (PE), Brazil. E-mail: ana.alexandre@pesqueira.ifpe.edu.br ORCID iD: <https://orcid.org/0000-0002-5754-1778>; ³Post-graduate student, Institute for Educational Development. Caruaru (PE), Brazil. E-mail: danielma_07@hotmail.com ORCID iD: <https://orcid.org/0000-0001-8747-9955>; ⁴Post-graduate student, Regional Hospital of Agreste Dr. Waldemiro Ferreira. Caruaru (PE), Brazil. E-mail: fellipecassio.enf@gmail.com ORCID iD: <https://orcid.org/0000-0002-6858-5397>

INTRODUÇÃO

Care differs in the context of palliative care in curative care because it reaffirms life and faces death as a reality to be lived with family members. It improves the quality of life of patients and relatives, due to an advanced disease, through the prevention and relief of suffering, pain treatment and the valorization of culture, spirituality, customs and values, beyond the desires and beliefs that pervade death.¹⁻²

The latest estimate in Brazil showed the impressive number of 596 thousand new cases of cancer.³ Most of these patients accumulate in hospitals, invariably receiving inadequate care, almost always focused on the recovery attempt, on the use of invasive and high technology methods. The suffering is often ignored by these interventions, sometimes insufficient, sometimes exaggerated or unnecessary, and they are unable, for lack of adequate knowledge, to treat the most prevalent symptoms, with pain being the principal and most dramatic⁴

In view of this problem, the spiritual approach has been increasingly valued in health work since it presents itself as a strong ally in the biological, social and emotional confrontation of difficult moments, as is the case of this disease.⁵

They arise, in this emerged condition in the health sciences, as well as to approach the movement of the human being in palliative care, questions regarding the process of care in Nursing through the patient in the process of finitude, as well as the capacity of development of the spirituality by these professionals to patients who are in palliative care.

OBJECTIVE

- To analyze aspects related to spirituality in nursing professionals who provide care to patients in the palliative care system.

METHOD

This is a qualitative and descriptive study. It was constituted the study population of six professionals of the Nursing team, being three nurses and three Nursing technicians. As a selection criterion, the requirement of professionals trained in the area of Nursing and acting in the positions of nurses or nursing technicians of an oncology center located in

the municipality of Caruaru, 135 km from the capital of Pernambuco.

An interview was conducted with nursing professionals to collect qualitative and quantitative data, which included issues related to socioeconomic aspects, age, sex and occupational occupation, as well as questions related to spirituality: spirituality, belief in development and interference of spirituality in the assistance provided and the dialogue of this theme with the patients. There are also questions related to the practice applied by professionals: preparation for the death process and feelings revealed through patients with no possibility of cure. Data were collected by prior appointment with the professionals in their work environment with an interview lasting ten minutes and at a time that did not cause interruptions of their activities.

The quantitative data was tabulated with the aid of the Epi Info, TM version 2011 program, in which the tables of frequency distribution of sociodemographic variables and distribution on the analysis of aspects related to spirituality in oncology care by Nursing professionals. Qualitative data was analyzed using the Content Analysis technique. This technique consists of three stages: pre-analysis of the material by means of floating reading and reformulation of hypotheses and objectives; exploration of the material and categorization of the comments and, finally, the treatment of the results obtained and the interpretation. Data was grouped into five categories.

The study was submitted to the ASCES-UNITA Ethics and Research Committee approving it under opinion number 1,420,670 and respecting the ethical and legal principles established in the Directives and Norms Regulating Research involving Human Subjects, which CNS Resolution 466/12, in force during the period of the research. The interviewees were categorized from E1 to E6 to ensure the confidentiality of information.

RESULTS

In this study, the aspects related to the spirituality of nursing professionals in the care of cancer patients were analyze.

Table 1. Frequency distribution of sociodemographic variables. Caruaru (PE), Brazil, 2016.

Variables	n	%
Sex		
Female	06	100%
Male	00	0%
Age group		
21 - 29 years of age	03	50%
30 - 39 years of age	01	16.7%
40 - 59 years of age	02	33.3%
Position held in the institution:		
Nurse	03	50%
Nursing technician	03	50%

Table 2 shows the interference process and the application of spirituality in Nursing care to cancer patients.

Table 2. Distribution on the analysis of spirituality and death in oncology care by Nursing professionals. Caruaru (PE), Brazil, 2016.

Variables	n	%
They believe that they can develop spirituality		
Yes	05	83.3%
No	01	16.7%
They consider it important to talk about spirituality with patients:		
Yes	06	100%
No	00	0%
They believe that spirituality interferes with the care given:		
Yes	04	66.7%
No	02	33.3%
They are considered prepared to deal with the death process:		
Yes	02	33.3%
No	04	66.7%

During the interview, it was inquired about the professionals' abilities to develop spirituality in the assistance provided by obtaining the following statements.

By the principle that I choose to follow because of bringing an inner good even better. (E 04)

Putting into practice everything that my religion teaches. (E 06)

Through the change of concepts. (E 02)

It was emphasized, regarding the importance of spirituality, by the subjects of this study, this practice as a way of overcoming the patient, as can be observed in the following statements.

For they help you face every difficult moment that disease imposes. (E 01)

Because it is necessary the contact with the patients in question of the listening, because the patients have their fears, anxieties before a treatment. (E 03)

Very important, encourage you to move forward, with your head held high, even with all the difficulties. (E 05)

Respondents were informed about the interference of spirituality in the care provided.

Facilitates understanding and accepting the process of death and illness. (E2)

Patient in palliative care wants to hear, wants to be heard. (E6)

Different sensations are generated by the health professionals who, when questioned about their feelings toward patients with no possibility of cure, revealed the following feelings.

Acceptance. They are here to fulfill their mission regardless of what happens to them. (E 06)

Sadness, I put myself in the place, but only those who pass do know how hard it is. (E 05)

A feeling of sadness of impotence, for not having what to do with my own hands to help or even come back to your life in a way that you have had before. (E 01)

DISCUSSION

The impact of cancer on the population will be 80% among developing countries of the more than 20 million new cases estimated for 2025.⁶ It is generally inferred that any disease and its treatment can generate stress because, in most cases, illness implies a change in routine, change of environment, rupture of daily activities, difficulty in performing simple tasks, limitation of functionality, among other aspects.⁷ A study was conducted with adolescents with cancer, pointing out that changes in their daily life, mainly concerning their hospitalization and the treatment to which they will be subjected, chemotherapy and radiotherapy, which are the pharmacological drugs most commonly observed in the treatment processes, can cause physical, psychosocial problems and emotional adverse effects that can vary in their symptoms, frequency and intensity and will certainly interrupt or change the lives of adolescents.⁸

A large proportion of these patients in hospitals are invariably receiving inadequate care, often focused on attempted recovery, on the use of invasive and high-tech methods. The suffering is often ignored in these interventions, sometimes insufficient, sometimes exaggerated or unnecessary, and they are unable, due to a lack of adequate knowledge, to treat the most prevalent symptoms, with pain being the principal and most dramatic.⁴

Over the last five decades, palliative care, from serving patients at the end of life, to a highly specialized discipline, and to providing supportive care to patients with life-limiting illnesses throughout the disease. There is now increasing evidence to inform key areas in the practice of palliative care including symptom management, psychosocial care, communication, decision-making and end-of-life care.⁹

Care is differentiated in the context of the palliative care of curative care because it reaffirms life and faces death as a reality to be lived with family members. The objective is to improve the quality of life of patients and their relatives, due to an advanced disease, by preventing and alleviating suffering, treating pain and valuing culture, spirituality, customs and values, in addition to desires and beliefs that permeate death.¹⁻² The spiritual approach in health work is increasingly valued, as well as palliative care, since it presents itself as a strong ally in the biological, social and emotional coping of

difficult moments, as is the case of this illness.⁵

Nursing is responsible for being a profession that is in direct contact with the patient, for a holistic look that contemplates, in the process of caring, the biological, psychological, social and spiritual dimensions of the human being. Based on this perspective, the understanding of the phenomenon of spirituality for the provision of quality nursing care is based.¹⁰

The field of spirituality, religiosity and health is growing all over the world, and Brazil is one of the main countries in this field of research. It is observed the increase in the number of publications with this theme in the last decade with the predominance of quantitative data addressing the mental health problems and published in Brazilian magazines of the sectors of Psychiatry, Public Health and Nursing. Through these discoveries, the development of future studies in Brazil.¹¹

Table 1 shows the professional body of Nursing, which continues to consist of women, both in their levels of performance / university qualification, and in the medium and technical levels.¹² However, the male entry into the profession is stable, with 10% of the teaching positions occupied by men.¹²

The spiritual approach in health work is increasingly valued since it presents itself as a strong ally in the biological, social and emotional coping of difficult moments, as is the case of a disease.⁵ However, one of the difficulties in incorporating beliefs about religion and spirituality into patient care has been the fact that most health professionals receive no training in dealing with the spiritual dimension of health and disease.¹³ Communication is configured as an effective element in the care of patients outside the possibilities of cure. Thus, it is one of the skills that must be employed by the nurse during the care of patients who are under palliative care.¹⁴

It can be related to the fact that most of the nurses have referred to consider it important to offer the patient a spiritual assistance, as shown in table 2, with a current tendency in Nursing to have a vision of the human being in a holistic perspective, based on the basic precept of holism, that the individual whole (body, mind and spirit) is more than the sum of its parts. It is also added that knowing the elements that make up the communication process between the interlocutors, as well as what interferes negatively and positively for a concrete and

firm relationship, is a key requirement for the provision of humanized care.¹⁵⁻⁶

In this sense, positive strategies are considered spirituality, religiosity and the exercise of faith, which have shown potential in the complementary treatment of psychiatric symptoms such as depression and anxiety and neurological and mental health disorders.¹⁷ These strategies are used by health professionals as a proposal to cope with patients with cancer by improving their quality of life.¹⁸

The practice of nurses is influenced by their experiences from the beginning of the training and it is therefore important to include subjects focused on the spiritual dimension of individuals, both for patients and their families, and for health professionals in undergraduate curriculum.¹⁹

It was evaluated in a study that beliefs and spirituality can influence self-care in relation to the disease and may have an effect on its recovery and return to health. It is believed that the benefits of spirituality are related to the stronger, calmer, more confident feeling.⁸ They carry out, in their daily routine, the Nursing professional who deals with the patient with no therapeutic possibilities, feelings of frustration, impotence, sadness, anger, among others, that hinder their professional relationship with the patient / family. Such feelings are omitted containing them in the work environment, that is, some Nursing employees are not allowed to express and experience grief.²⁰

Mourning is a very difficult task for nursing professionals who work with patients with no therapeutic possibilities and who trigger feelings of guilt, sadness, anxiety, anger and impotence.²¹ These reports are corroborated by the same feelings revealed by the interviewees of this study. It is necessary to prepare the human being to take care of another human being and more: there is no way to take care of the spirituality of the other if the professional itself is not developed.²²

Spirituality is therefore widely discussed as a possible complementary resource for combating chronic diseases such as cancer and as an additional way for families to find resources to help deal with the day-to-day difficulties they face when caring for a child or adolescent undergoing treatment.⁸

CONCLUSION

The aspects related to spirituality were analyzed and the belief in being able to

develop spirituality during the assistance provided by the Nursing team and the existence of spirituality interference during this assistance to the cancer patient was verified. The importance of discussing spirituality with patients in palliative care was highlighted by the interviewees, however, they do not consider themselves prepared to deal with the death process in the Nursing work evidencing feelings of sadness, impotence and inability to do something due to the finitude of the patients.

Through studies of this nature, reflections on the Nursing work process in the care of cancer patients in palliative care are sought to support mechanisms that may favor skills in the context of spirituality. It is expected that larger studies will be developed with interventions that seek improvements in the quality of Nursing care to this public.

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REFERENCES

1. Song MK, Happ MB. Generating high quality evidence in palliative and end-of-life care. *Heart Lung*. 2017 Jan/Feb; 46(1):1-2. Doi: [10.1016/j.hrtlng.2016.11.004](https://doi.org/10.1016/j.hrtlng.2016.11.004)
2. Provinciali L, Carlini G, Tarquini D, Defanti CA, Veronese S, Pucci E. Need for palliative care for neurological diseases. *Neurol Sci*. 2016 Oct; 37(10):1581-7. Doi: [10.1007/s10072-016-2614-x](https://doi.org/10.1007/s10072-016-2614-x)
3. Ministério da Saúde (BR) Instituto Nacional de Câncer José Alencar Gomes da Silva. Estimativa 2016: incidência de câncer no Brasil [Internet]. Rio de Janeiro: INCA; 2016 [cited 2017 Dec 11]. Available from: <http://www.inca.gov.br/wcm/dncc/2015/dados-apresentados.pdf>
4. Werle BM. Cuidados paliativos. *Rev Assoc Med do Rio Grande do Sul* [Internet]. 2010 Oct/Dec [cited 2017 Dec 11];54(4):493-94. Available from: http://www.amrigs.com.br/revista/54-04/025-espaco_cremers.pdf
5. Fornazari SA, Ferreira RR. Religiousness/spirituality in oncological patients: life quality and health. *Psic Teor e Pesq*. 2010 Apr/June; 26 (2):265-72. Doi: [http://dx.doi.org/10.1590/S0102-3722010000200008](https://doi.org/10.1590/S0102-3722010000200008)
6. World Health Organization. World cancer report 2014 [Internet]. Lyon: WHO; 2014 [cited 2017 Dec 11]. Available from:

<https://inovethng.files.wordpress.com/2016/11/world-cancer-report.pdf>

7. Elmesany ENM, Barros MLP. Spirituality and Occupational Therapy: Reflections on Palliative. Rev Nufen [Internet]. 2015 Dec [cited 2017 Dec 11]; 7(2):1-24. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S2175-25912015000200002

8. Souza VM, Frizzo HCF, Paival MHP, Boussoll RS, Santos ASS. Spirituality, religion and personal beliefs of adolescents with cancer. Rev Bras Enferm. 2015 Sept/Oct; 68(5):509-14. Doi: <http://dx.doi.org/10.1590/0034-7167.2015680504i>

9. Hui D, Bruera E. Integrating palliative care into the trajectory of cancer care. Nat Rev Clin Oncol. 2016 Mar;13(3):159-77. Doi: [10.1038/nrclinonc.2015.201](http://dx.doi.org/10.1038/nrclinonc.2015.201)

10. Nascimento LC, Santos TFM, Oliveira FCS, Pan R, Flória-Santos M, Rocha SMM. Spirituality and religiosity in the perspectives of nurses. Texto contexto-enferm. 2013 Jan/Mar; 22(1):52-60. Doi: <http://dx.doi.org/10.1590/S0104-07072013000100007>

11. Damiano RF, Costa LA, Viana MTSA, Moreira-Almeida A, Lucchetti ALG, Lucchetti G. Brazilian scientific articles on "Spirituality, Religion and Health". Eur Arch Psychiatry Clin Neurosci. 2016 Jan/Feb; 43(1):11-6. Doi: <http://dx.doi.org/10.1590/0101-60830000000073>

12. Lopes MJM, Leal SMC. A feminização persistente na qualificação profissional da enfermagem brasileira. Cad Pagu. 2005 Jan/June; (24):105. Doi: <http://dx.doi.org/10.1590/S0104-83332005000100006>

13. Borges MS, Santos MBC, Pinheiro TG. Social representations about religion and spirituality. Rev Bras Enferm. 2015 July/Aug; 68(4):609-16. Doi: <http://dx.doi.org/10.1590/0034-7167.2015680406i>

14. Andrade CG, Costa SFG, Lopes MEL. Palliative care: communication as a strategy of care for the terminal patient. Cienc Saude Coletiva. 2013; 18(9):2523-30. Doi: <http://dx.doi.org/10.1590/S1413-81232013000900006>

15. Pedrão RB, Beresin R. Nursing and spirituality. Einstein (São Paulo). 2010 Jan/Mar; 8(1 Pt 1):86-91. Doi: <http://dx.doi.org/10.1590/s1679-45082010ao1208>

16. Broca PV, Ferreira MA. Communication process in the nursing team based on the dialogue between Berlo and King. Esc Anna Nery Rev Enferm. 2015 July/Sept; 19(3):467-

74. Doi: <http://dx.doi.org/10.5935/1414-8145.20150062>

17. Galek K, Flannelly KJ, Ellison CG, Silton NR. Religion, meaning and purpose, and mental health. Psychol Relig Spiritual. 2015 Feb; 7(1):1-12. Doi: [10.1037/a0037887](http://dx.doi.org/10.1037/a0037887)

18. Camargos MG, Paiva CE, Barroso EM, Carneseca EC, Paiva BS. Understanding the differences between oncology patients and oncology health professionals concerning spirituality/religiosity: a cross-sectional study. Medicine. 2015 Nov; 94(47):e2145. Doi: [10.1097/MD.0000000000002145](http://dx.doi.org/10.1097/MD.0000000000002145)

19. Maftum MA, Souza JR, Bais DDH. Nursing care facing the recognition of patients' belief or religion: undergraduates' perceptions. Online Braz J Nurs [Internet]. 2008 [cited 2017 dec 11]; 7(2). Available from: <http://www.objnursing.uff.br/index.php/nursing/article/view/j.1676-4285.2008.1525/375>

20. Rosa DSS, Couto AS. The coping emotional professional nursing in patient care in the process of life terminality. Rev Enferm Contemp. 2015 Jan/June; 4(1):92-104. Doi: [10.17267/2317-3378rec.v4i1.467](http://dx.doi.org/10.17267/2317-3378rec.v4i1.467)

21. Sulzbacher M, Reck AV, Stumm EMF, Hildebrandt LM. Nurses in Intensive Care Unit living and facing death and dying situations. Sci Med (Porto Alegre) [Internet]. 2009 Jan/Mar [cited 2017 Dec 11]; 19(1):11-6. Available from: http://www.academia.edu/24367577/O_enfermeiro_em_Unidade_de_Tratamento_Intensivo_vivenciando_e_enfrentando_situa%C3%A7%C3%B5es_de_morte_e_morrer

22. Sá AC. Reflection on nursing care from the point of view of human spirituality and a Cristian attitude. Mundo Saúde [Internet]. 2009 Apr/June [cited 2016 Aug 11]; 33(2): 205-17. Available from: http://www.saocamilo-sp.br/pdf/mundo_saude/67/205a217.pdf

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Corresponding Address

Fellipe Cássio Silva
Av. Luiz Coimbra, 187
CEP: 55130-000 – São Cateano (PE), Brazil