



SPIRITUALITY AND RELIGIOSITY IN THE DAILY ROUTINE OF HOSPITAL NURSING

ESPIRITUALIDADE E RELIGIOSIDADE NO COTIDIANO DA ENFERMAGEM HOSPITALAR ESPIRITUALIDAD Y RELIGIOSIDAD EN LA COTIDIANIDAD DE LA ENFERMERÍA HOSPITALAR

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ABSTRACT

Objective: to promote reflections on the presence of spirituality and religiosity in the daily routine of hospital nurses. **Method:** a descriptive study. A reflexive analysis from national and international articles researched in the VHL, PubMed/MEDLINE and in the SciELO library. **Results:** religiosity/spirituality when revealed as human needs require the nurse's ability to know how to understand them. In the daily routine of nursing, both contribute to the promotion of emotional comfort and well-being of nurses and patients. **Conclusion:** in summary, the reflections suggest spaces for discussion about the role of spirituality and religiosity in the nursing training process, in order to provide subsidies/tools for mediation of integral care. **Descriptors:** Nursing; Spirituality; Hospital; Professional Practice; Professional-Patient Relations; Religion.

RESUMO

Objetivo: promover reflexões sobre a presença da espiritualidade e religiosidade no cotidiano do enfermeiro hospitalar. **Método:** estudo descritivo, tipo análise reflexiva a partir de artigos nacionais e internacionais pesquisados na BVS, PubMed/MEDLINE e na biblioteca SciELO. **Resultados:** religiosidade/espiritualidade ao se revelarem necessidades humanas exigem do enfermeiro capacidade para saber compreender. No cotidiano da enfermagem ambas contribuem para promoção do conforto emocional e bem-estar de quem é cuidado e de quem cuida. **Conclusão:** em síntese as reflexões sugerem espaços de discussão sobre o papel da espiritualidade e religiosidade no processo formativo da enfermagem, a fim de fornecer subsídios/ferramentas para mediação do cuidado integral. **Descritores:** Enfermagem; Espiritualidade; Hospital; Prática Profissional; Relações Profissional-Paciente; Religião.

RESUMEN

Objetivo: fomentar reflexiones sobre la presencia de la espiritualidad y religiosidad en la cotidianidad del enfermero hospitalario. **Método:** estudio descriptivo, tipo análisis reflexivo a partir de artículos nacionales e internacionales investigados en BVS, PubMed/MEDLINE y en la biblioteca SciELO. **Resultados:** religiosidad/espiritualidad al revelarse como necesidades humanas, exigen del enfermero capacidad para saber comprenderlo. En la cotidianidad de la enfermería ambas aportan elementos de confort emocional y bienestar de quien es cuidado y de quien cuida. **Conclusión:** en síntesis, las reflexiones sugieren espacios de discusión sobre el papel de la espiritualidad y religiosidad en el proceso formativo de la enfermería, para proporcionar elementos/herramientas para mediación del cuidado integral. **Descriptores:** Enfermería; Espiritualidad; Hospital; Práctica Profesional; Relaciones Profesional-Paciente; Religión. **Descriptores:** Enfermería; Espiritualidad; Hospital; Práctica Profesional; Relaciones Profesional-Paciente; Religión.

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INTRODUCTION

Inferences of religiosity/spirituality related to health have been the subject of several studies in recent years by recognition as a resource for confronting difficulties.¹ Thus, just as the worldview and health interfere directly with nursing care, studies indicate that spirituality and religiosity are dimensions that influence from the diagnostic process, daily living, adherence to treatment, to therapy.²

Increasingly, it is fundamental to develop studies related to the daily routine of nursing, including in its processes. These studies should include questions that refer to the subject and his/her totality, that is: the body, the intelligence, the emotions and the ability to relate.³ In this sense, spirituality and religiosity, as an activity that mobilizes the subject, favors the relationship with the suffering patient, where the nurse has the opportunity to work the inner silence as a form of self healing, as it comes into harmony with the patient self-transform for health, empowerment.⁴

The concept of spirituality is broad and involves human meanings, purposes and values, such as love, compassion, empathy, responsibility, care, wisdom, among others. It refers to reflection, whether or not it relates to a religion, to the meaning of life, to the sacred or transcendent. While religion is constituted by beliefs, practices, symbols, rituals, bringing the individual closer to the sacred or to the transcendent.⁵

Thus, the nurse as a moving being capable of imprinting something singular in what he/she participates in, must be attentive to the fact that his/her own spirituality can influence his/her patients' world perception.² Similarly, the nurse must know the main factors of reinvigoration of hospitalized patients, inciting them and reinforcing their faith, so that it can provide comfort and security, which spirituality or religion offers.⁶

From this reflection, we hope it develops a debate regarding spirituality, religiosity and hospital nursing, also offering a compilation of information about the theme. In the same way that the article is able to collaborate, as a bibliographic and informational subsidy, in order to promote joint research initiatives on the subject in question.

OBJECTIVE

- To promote reflections on the presence of spirituality and religiosity in the daily routine of hospital nurses.

METHOD

This is a reflexive analysis based on national and international articles researched in the VHL, PubMed/MEDLINE and in the SciELO library. The articles were analyzed allowing grouping by closeness to the theme. The reflection frame was given, addressing the issue of spirituality and religiosity related to the nursing routine.

RESULTS E DISCUSSION

♦ Fundamentals for reflection on spirituality, religiosity and nursing

Considering that the spiritual dimension is an integral part of the individual, that is, a unit formed by body, mind and spirit, which leads us to consider that there is a need for intervention also in the spiritual field.⁶ In nursing the understanding of the spiritual dimension is strongly related with the concept of religiosity, and this is justified by the fact that the theme is not studied in a more detailed way during the academic course.⁷

The spiritual dimension has at least four distinct meanings: faith and religious belief, belief in a higher being/superior power, spiritual well-being and attribute of the spirit. It is observed that this multiplicity of meanings is directly related to the care provided to the patient and family and they are predictive of the emotional conditions of the professionals themselves, since they interfere directly in the relationships of empathy and in their existential questions.⁸

Broadly speaking, nurses can understand and identify some particularities implied in the concepts of spirituality and religiosity in the same way, recognizing articulation between them. In this case, the use of these concepts in nurses' daily lives is influenced by their own spirituality and religiosity, as well as by the fear of the repercussions of approaching these aspects directly to patients. However, it provides spaces for discussion about the role of spirituality and religiosity in all nurses' training processes, including in ongoing education actions, thus contributing to the recovery of the essence of integral care.⁶

The nurse must attend to situations of clinical instability that may reflect the tenuity of the lines that separate the stimulus speech from the patient and the family to a false religious illusion. The literature points out that nurses should be alert when referring to God or other deities with patients when there is no prior identification of the belief system expressed by the patient/family.⁸

In this way, when the spiritual aspect is revealed as a basic and inherent human need for the patient, it requires the nurse to be able to understand, identify and access these needs using means such as communication with the patient and family. However, the nurses should play the role of facilitator of promotion of biopsychological, socio-spiritual and emotional well-being, and must provide it with the best forms of coping with the disease during hospitalization. In this way he/she can use spirituality as a significant tool for care, helping in the process of confrontation, hope and peace with the disease.⁷

The topic of spirituality is a theme present in the history of nursing, which contributes directly to the patient's health, both in coping with his/her illness and in understanding the proposed treatment. In the process of hospitalization, where the patient often experiences feelings of loss, homesickness and family, associated with lack of privacy and discouragement regarding diagnosis, it relates to the meaning of life, of faith in something, of the process of sickness, of death. However, by allowing them to receive spiritual help, those who have believed in their spirituality or followed the practices of some religion, present another attitude to the disease different from those who did not believe or did not practice it. In order to promote treatment, quality of care and restoration of health, with the promotion of actions of spiritual attention, such as the "religious agent" that acts in the hospital setting, with a mission of propitiating support and communication between people, spiritual enhancer, both to patients and their families, but also for professionals involved in care. With actions focused on spiritual help, such as: prayers, readings of appeasing messages, spiritual songs, practiced individually or in groups.⁹

The concept of spirituality, as a human dimension, tends to become evident in situations of greater suffering or difficulty in life, such as illnesses, conditions in which nurses face patients on a daily basis. In this meeting, being with those who are vulnerable and in suffering, nurses can and should find space to realize spiritual care. However, there are difficulties, both in the composition of clinical practice and in the level of formation, as the nursing classifications do not integrate terms, diagnoses, interventions and results related to spirituality.⁸

Spirituality has been narrated from foundations such as: meaning, values, transcendence, connectivity, becoming. While religion can be understood as the

systematization of ritualistic and symbolic elements that characterize how people access the divine and the sacred. In the last 20 years there has been an expressive growth of publications on spirituality in health, influenced from the aid to face the most diverse situations of imbalance in people's health and preparation for death, to the interpersonal relations of the professionals. The quality of relationships is the essential element for effective care, the belief system has a direct influence on the process of building the bond of care and any negative interference in interpersonal relationships that causes limitation or impossibility of the contact can be considered a serious care problem. There is a tendency to use the term "spiritual well-being" in the sense of conceptually accessing a less palpable or perceptible dimension that the purely religious sense offers.¹⁰

A study of satisfaction with spiritual care during hospitalization indicates that patients want to have their spiritual needs healed while hospitalized. In this way, given the appropriate resources and education, nurses can be empowered to address the patients' spiritual care properly. Effects of spirituality training on a program for nurses and patients in the Progressive Care Unit points out that there is a desire on the part of patients that their spiritual needs be addressed while in the hospital. Yet nurses often feel unprepared to meet the spiritual needs of their patients. In addition to the lack of capacity building, other barriers arise in providing spiritual care, such as lack of time and resources, lack of privacy, and personal attitudes/sensitivities on the part of nurses.¹¹

Spiritual or religious beliefs can help cope with the disease. There is evidence that patients with religious beliefs have a rehabilitation with a sense of hope and satisfaction with life, with lower levels of depression. In a theological conception religious faith is admitted as a negotiation strategy for survival. However, having faith in the treatment would not be a precondition for engagement in the treatments offered, but rather an action through which the patient could assist the body in its recovery by actively elaborating its participation in the healing process. In this sense, there is a necessity for a closer approach of nurses with themes that address religiosity/spirituality, allowing the promotion of a transcendent meaning to the lived events of these patients, contributing to provide emotional comfort or a feeling of hope, thus strengthening the overcoming of problems of life and health.¹³

The literature points out that although nurses recognize the positive influence of the religiosity/spirituality approach during care, they report that they do not feel prepared for such an approach and that the training does not include in their curriculum issues related to the topic that may help develop this skill. Evidencing that the greater the degree of spirituality of the professional, the greater the recognition of the influence of religiosity/spirituality on the health of the patient.¹⁴

In their daily lives, nursing deals with suffering, and in this sense, religiosity exerts influence on care, providing psychic comfort for the patient. Religion influences the perception and behavior of both the caregiver and the care receiver. The nurse must seek varied resources to integrally operate in care, inserting there personal and religious practices. Despite the difficulty in addressing religious issues in care, resulting from the lack of space in academic training and in the professional environment itself to discuss the relationship between religiosity and care. However, in seeking to understand patients' religiosity, nursing extends its professional tools to everyday practice.¹⁵

There is scientific evidence that patients with chronic illnesses cling to faith and religious acts as a way to find support and relief for their pain. Religiousness is presented as a strategy commonly used by the individual in a situation of illness, as a way of seeking improvement and strength for coping with the disease. Since 1950, epidemiological studies have shown the correlations between religiosity and spirituality for the patient. Currently, the studies present greater associations between religiosity/spirituality in the diseases, with greater general well-being, lower prevalence of depression, better quality of life, better coping, lower mortality, shorter hospital stay and even better immunological function. Since the purpose of religion is to provide psychological well-being, because the religious human being anchors its existence in the absolute, it can be interpreted that religiosity is a factor protecting the emptiness and existential despair. Thus, religiosity could offer psychic well-being to the subject; moreover, religiosity could help humans in the search for answers to our philosophical-existential questions. However, it can not be conceived that the absence of religiosity should lead to diseases, but it can only be understood that religiosity can constitute only a factor of protection or even coping with the adversities of everyday life.¹⁶

CONCLUSION

We sought to reflect on spirituality and religiosity in the daily routine of hospital nursing. It was verified that the use of these concepts in nurses' daily lives is influenced by their own spirituality and religiosity. In this way as a resource to operate care, it favors the promotion of emotional comfort and psychic well-being of both the caregiver and the care receiver.

The selected literature points out that nursing does not contain content on spirituality and religiosity in its curriculum, to supply spiritual reactions in care, here referred to the hospitalized patients. However, it has been observed in some studies that nurses recognize the positive influence of the focus of spirituality and religiosity on care, but admit that they do not feel prepared because they did not discuss/study the themes more closely during their academic training. In addition to the lack of professional training, other barriers are pointed out, such as: lack of privacy time and personal attitudes/nursing sensibilities.

The daily hospital requires compromised nurses, with actions that include in their baggage objective and subjective questions. The latter demands a sensible action to mediate conflicts, dilemmas and suffering. Thus, spirituality and religiosity constitute subsidies for the care of patients and their families in the face of adversities encountered in coping with illness during the hospitalization process, which is watered by fears, anguish, doubts and questions about living, falling ill and dying.

The care of the other, but also of oneself, involves several aspects, among them spirituality and religiosity, which helps to minimize the impacts generated by hospitalization. The hospital routine favors the care not only of the other - hospitalized patient, but also of a nurse. Therefore, the greater the degree of spirituality and religiosity of nurses, the greater the knowledge of the influence on the interferences in the hospitalization process.

In summary, the reflections in this sense suggest spaces of discussion about the role of spirituality and religiosity in the nursing training process from graduation to permanent education. By favoring the construction of knowledge based on the needs of both the caregiver and the care receiver. Constituting it as a fundamental step for the construction of new knowledges in nursing, in order to provide subsidies/tools for mediation of integral care.

REFERENCES

- Gomes AMT, Espírito Santo CC. Spirituality and the nursing care: challenges and perspectives in the context of the health-illness process. *Revista Enfermagem UERJ* [Internet]. 2013 Apr/jun [cited 2018 Jan 29];21(2):261-4. Available from: <http://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/7214> DOI: <https://doi.org/10.12957/reuerj.2013.7214>
- Souza MMT, Passos JP. The nursing work in the hospital context from the perspective of the activity clinic: preview note. *Revista Enfermagem Atual*. 2018; 84: 97-98.
- Souza MMT, Tavares CMM, Gomes AMT, Passos JP. A Clínica da Atividade e o prazer no trabalho do enfermeiro no contexto hospitalar. 2º. Seminário Nacional sobre Saúde e Trabalho, USP, Ribeirão Preto. 2017; 1(1):135-135.
- Koenig H, King D, Carson VB. *Handbook of religion and health*. 2nd ed. Oxford: University Press; 2012.
- Koenig HG. Religion, spirituality, and health: the research and clinical implications. *ISRN Psychiatry* [Internet]. 2012 [cited 2018 Jan 29];ID278730:1-33. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3671693/pdf/ISRN.PSYCHIATRY2012-278730.pdf>
- Nascimento LC, Santos TDFM, Oliveira FCS, Pan R, Flória-Santos M, Rocha SMM. Spirituality and religiosity in the perspectives of nurses. *Texto & Contexto Enfermagem* [Internet]. 2013 [cited 2018 Feb 6];22(1). Available from: <http://www.redalyc.org/html/714/71425827007/>
- Brito FM, Costa ICP, de Andrade CG, de Lima KFO, da Costa SFG, Lopes MEL. Spirituality in imminent death: strategy utilized to humanize care in nursing. *Revista Enfermagem UERJ* [Internet]. 2014 [cited 2018 Jan 29];21(4):483-9. Available from: <http://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/10013>
- Berenguer SMAC, de Oliveira Pinto SM. The competence for the spiritual care in nursing. *J Nurs UFPE on line*. 2016 Dec [cited 2018 Feb 1]; 10(6):4974-5. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/11281> DOI: <https://doi.org/10.5205/1981-8963-v10i6a11281p4974-4975-2016>
- Araújo EC. A espiritualidade nos cuidados de enfermagem ao paciente hospitalizado. *Revista de enfermagem UFPE* [Internet]. 2015 Set [cited 2018 Feb 2];9(Supl.8):[about 5 p.]. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/10737> DOI: <https://doi.org/10.5205/1981-8963-v9i8a10737p%25p-2015>
- Penha RM, Silva MJPD. Meaning of spirituality for critical care nursing. *Texto & Contexto-Enfermagem* [Internet]. 2012 [cited 2018 Jan 29];21(2):260-8. Available from: <http://www.producao.usp.br/handle/BDPI/39380>
- Lind B, Sendelbach S, Steen S. Effects of spirituality training program for nurses on patients in a progressive care unit. *Critical Care Nurse* [Internet]. 2011 [cited 2018 Jan 29];31(3):87-90. Available from: <http://ccn.aacnjournals.org/content/31/3/87.short>
- Delgado-Guay MO, Hui D, Parsons HA, Govan K, De la Cruz M, Thorney S, & Bruera E. Spirituality, religiosity, and spiritual pain in advanced cancer patients. *Journal of pain and symptom management* [Internet]. 2011[cited 2018 Jan 29];41(6):986-94. Available from: [http://www.jpainjournal.com/article/S0885-3924\(11\)00020-0/fulltext](http://www.jpainjournal.com/article/S0885-3924(11)00020-0/fulltext) DOI: <http://dx.doi.org/10.1016/j.jpainsymman.2010.09.017>
- Correia DS, Cavalcanti SL, Freitas DA, Oliveira BC, Tochetto TD. The importance of religiosity/spirituality in the perspective of cancer patients. *J Nurs UFPE on line* [Internet]. 2016 Aug [cited 2018 Jan 29];10(8):2895-905. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/11358/13084> DOI: <https://doi.org/10.5205/1981-8963-v10i8a11358p2895-2905-2016>
- Longuiniere ACFDL, Yárid SDY, Silva ECS. Influence of religiosity / spirituality of health professionals in the valorization of the spiritual dimension of the critical. *J Nurs UFPE on line* [Internet]. 2017 Jun [cited 2018 Feb 1];11(Suppl. 6):2510-7. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/23418/19097>
- Cortez EA, Teixeira ER. The nurse in face of the client's religiosity. *Rev. enferm UERJ* [Internet]. 2010 [cited 2018 Feb 1];18(1):114-19. Available from: <http://bases.bireme.br/cgi-bin/wxislind.exe/iah/online/?IisScript=iah/iah.xis&src=google&base=BDENF&lang=p&nextAction=lnk&exprSearch=18412&indexSearch=ID>
- Nepomuceno FCL, de Melo Júnior IM, de Almeida Silva E, de Lucena KDT, Deininger LDSC. Religious attitude: a hope for cure for

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chronic renal patients on dialysis servisse. J Nurs UFPE on line [Internet]. 2014 [cited 2018 Feb 1];8(8):2576-83. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/9958> DOI: <https://doi.org/10.5205/1981-8963-v8i8a9958p2576-2583-2014>

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