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INTEGRATIVE LITERATURE REVIEW ARTICLE

PROMOTION OF SPIRITUAL CARE BY THE INTENSIVE CARE NURSE* PROMOÇÃO DO CUIDADO ESPIRITUAL PELO ENFERMEIRO INTENSIVISTA PROMOCIÓN DE LA ATENCIÓN ESPIRITUAL POR EL ENFERMERO INTENSIVO

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ABSTRACT

Objective: to know the strategies used by the intensive care nurse to promote the spiritual care of the patient. **Method:** this is a bibliographic study, integrative review type, from 2014 to 2018, in the databases LILACS, BDENF, MEDLINE, SCOPUS and CINAHL. The articles were classified according to the level of evidence, analyzing them descriptively. **Results:** the actions most performed by intensive care nurses are revealed: actively listening to spiritual themes in the history of a patient's illness; hear the patient talk about spiritual concerns; talk with the patient about spiritual resources; encourage the patient to talk about their spiritual coping and stay present just to show affection. **Conclusion:** it was identified that these care provided were effective, as both patients and relatives felt contemplated and welcomed. **Descriptors:** Nursing; Nursing Care; Spirituality; Humanism; Intensive Care Units; Holistic Health.

RESUMO

Objetivo: conhecer as estratégias utilizadas pelo enfermeiro intensivista para a promoção do cuidado espiritual do paciente. *Método*: trata-se de um estudo bibliográfico, tipo revisão integrativa, no período de 2014 a 2018, nas bases de dados LILACS, BDENF, MEDLINE, SCOPUS e CINAHL. Classificaram-se os artigos de acordo com o nível de evidência, analisando-os de forma descritiva. *Resultados*: revelam-se as ações mais realizadas pelos enfermeiros intensivistas: ouvir ativamente temas espirituais na história da doença de um paciente; ouvir o paciente falar sobre preocupações espirituais; falar com o paciente sobre recursos espirituais; encorajar o paciente a falar sobre seu enfrentamento espiritual e permanecer presente apenas para mostrar carinho. *Conclusão*: identificou-se que esses cuidados prestados eram efetivos, pois tanto os pacientes como os familiares se sentiam contemplados e acolhidos. *Descritores*: Enfermagem; Cuidados de Enfermagem; Espiritualidade; Humanização da Assistência; Unidades de Terapia Intensiva; Saúde Holística.

RESUMEN

Objetivo: conocer las estrategias utilizadas por el enfermero de cuidados intensivos para promover el cuidado espiritual del paciente. *Método*: este es un estudio bibliográfico, tipo de revisión integradora, de 2014 a 2018, en las bases de datos LILACS, BDENF, MEDLINE, SCOPUS y CINAHL. Los artículos se clasificaron según el nivel de evidencia, analizándolos descriptivamente. *Resultados*: se revelan las acciones más realizadas por los enfermeros de cuidados intensivos: escuchar activamente temas espirituales en la historia de la enfermedad de un paciente; escuchar al paciente hablar sobre preocupaciones espirituales; hablar con el paciente sobre recursos espirituales; animar al paciente a hablar sobre su afrontamiento espiritual y a mantenerse presente solo para mostrar afecto. *Conclusión*: se identificó que estos cuidados fueron efectivos, ya que tanto los pacientes como los familiares se sintieron contemplados y acogidos. *Descritores*: Enfermería; Atención de Enfermeira; Espiritualidad; Humanización de la Atención; Unidades de Cuidados Intensivos; Salud Holística.

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^{*}Article extracted from monograph << Strategies used by intensive care nurses to promote spiritual care >>. Ceara state University. 2018.

INTRODUCTION

The concept of health is known to have evolved over time, for during Greek mythology it was considered a balance between natural forces and was related to the gods. In addition, Hippocrates then attributed a difference between religion and health, since it was said that the state of illness was related to environmental, physical and social factors, so Descartes began to study the human body, unveiling the logic of the division of body and mind health.¹

Health was then defined in 1946 by the World Health Organization as a state of complete physical, mental and social well-being and not just the absence of illness and disease. It is believed that this definition of health proposed by the WHO is somewhat utopian, since the individual can remain without illness, but nowadays, due to the change in the lifestyle of people, it is difficult to maintain physical, mental and social well-being.²

In order to be able to achieve complete well-being, care must be taken to include spirituality, as spirituality will be shaped by experiences lived individually or with the community.³

People feel good, healthy and well-being, reporting feelings of spirituality and integration with the divine order (called differently according to religion or philosophical system). It is inferred that in people who get sick, these components are also present, either as a feeling of abandonment to God or religious doubts, or as seeds of healing and health in the midst of a disease process.⁴

The spiritual dimension portrays the experience and freedom of each being, their involvement with the world related to faith, creativity and the search for the meaning of life, and thus there is no being in the world, regardless of religion, which is devoid of spirituality.⁵

It is understood that the approach with the spiritual dimension and religious aspects, especially in some cultures, in times of difficulty, is common and has been fundamental to initiate spiritual care. Therefore, professionals should value spiritual care, considering the benefits it can bring to the patient and the influence on their quality of life.⁶⁻⁷

The spiritual dimension has been recognized as an important internal resource that helps individuals cope with adversity, traumatizing and stressful events, and as a harmonizing component of the professionals' relationships in the workplace that assists in changing the care model as it recognizes the other in its entirety, it is important that it is highlighted during care.⁸⁻⁹

The importance that spiritual care has in patient recovery was questioned: "What are the strategies used by the intensive care nurse to promote the patient's spiritual care?".

Thus, the aim was to enable the reflection of professional nurses, especially those working in the Intensive Care Unit (ICU), on the management of care in the spiritual sphere and contribute to changes or improvement of practical actions, always seeking to achieve patient's well-being.

OBJECTIVE

• To know the strategies used by the intensive care nurse to promote the spiritual care of the patient.

METHOD

It is a bibliographic study, integrative type of literature. In order to achieve this methodological rigor, six steps are followed: elaboration of the guiding question; literature search; data collect; critical analysis of studies; discussion of results and presentation of integrative review.¹⁰

The guiding question was: "What are the strategies used by the intensive care nurse to promote the spiritual care of the patient?".

For the selection of the research question, the PICO mnemonic strategy was used, a good definition of the problem question that facilitates searching the database, avoiding unnecessary searches.¹¹

The strategy regarding this study is as follows: Patient - patient hospitalized in an Intensive Care Unit; Intervention - promotion of spiritual care; Comparison-strategies used by the intensive care nurse; Outcomes - effectiveness / impact of spiritual care strategies used for the patient.

The study included original full-text articles, freely available on the Internet, in English, Spanish and Portuguese, published in the last five years, from 2014 to 2018.

Studies that were not related to the research theme and those found in duplicate in the different databases were excluded.

First, the following descriptors in health sciences were chosen to begin searching the databases: Spirituality, Nursing and Intensive Care Unit.

The following databases were elected due to their greater ease of access: Latin American and Caribbean Health Sciences Literature - LILACS; Nursing specialized bibliographic database - BDENF; Medical Literature Analysis and Retrieval System Online - MEDLINE; CINAHL and SCOPUS. Data were collected from July to August 2018.

The following associations were performed in each database: Association 1: Nursing AND Spirituality AND Intensive Care Unit and Association 2: Spirituality AND Intensive Care Unit.

The boolean descriptor AND was used because, in order to reach the objective of the study, it was

necessary to unite the descriptors in the articles and could not exclude either.

In order to facilitate the analysis of the articles and the tabulation of the data while reading the full articles, a data collection instrument produced by the author was used, which was filled with the data: article number; title; author; periodic; data base; goal; level of evidence; data collect; data analysis; results and discussions.

It is required that the realization of the integrative review, in a logical way, be carried out, free of epistemological follies, that the reviewers proceed to the analysis and synthesis of the primary data in a systematic and rigorous way.¹²

The following shows the flowchart for selecting the articles included in the study.

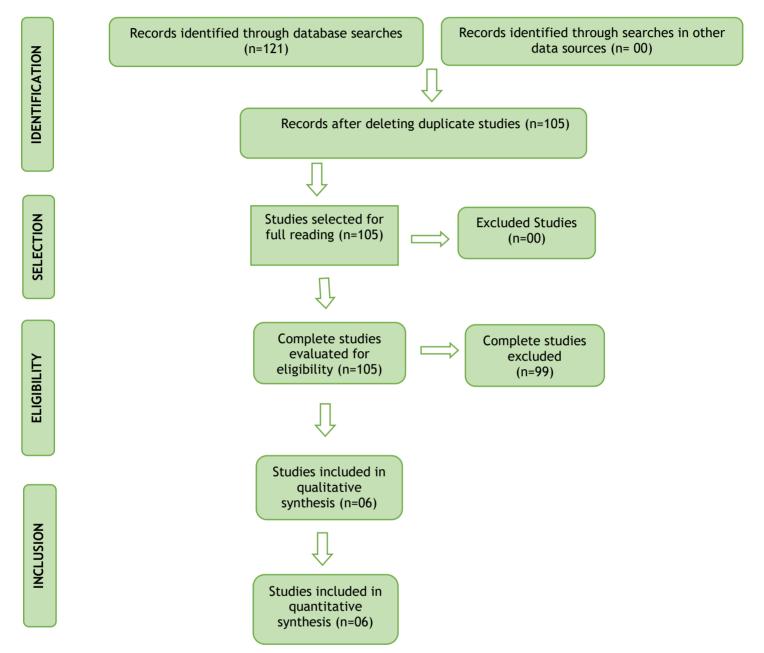


Figure 1. Flowchart of selection of articles included according to Preferred Reporting Items for Systematic Reviews and Meta-Analyzes (PRISMA 2009). Fortaleza (CE), Brazil, 2018.

The critical analysis of the articles was divided into seven levels, highlighting that, at levels 1 and 2, the evidence is considered strong; 3 and 4, moderate and 5 to 7, weak. The studies were divided for this level into: evidence from a systematic review or meta-analysis of all randomized controlled trials or guidelines based on systematic reviews of controlled trials (level 1); least one well-designed obtained from at randomized controlled trial (level 2); from a well and controlled designed study without randomization (level 3); from a case-control or cohort study (level 4); from a systematic review of qualitative and descriptive studies (level 5);

evidence from a single descriptive or qualitative study (level 6) and evidence from the opinion of authorities and / or expert / expert committee reports (level 7). 23

This study does not require submission to the ethics and research committee because it is not performed with human beings. However, the copyright was respected, referring to all authors cited, as directed by Law No. 9,610 of February 19, 1998, which deals with Copyright.

RESULTS

Using the combinations of the descriptors mentioned above, a total of 121 articles were found.

After this selection, a first reading was performed, excluding duplicate articles (total of

16). The full texts were then read in order to analyze whether they met the stated objective and inclusion and exclusion criteria. Thus, the final sample of this integrative review was composed of six articles, as described in Figure 2.

Author	Year	Country	Type of study	Level of evidence
Kisvetrová, Skoloudik, Joanovic, Konecna, Miskova. ¹⁸	2016	Czech republic	Descriptive Cross- sectional	Level 6
Johnson, Engelberg, Nielsen, Kross, Smith, Hanada, et al. ¹⁹	2014	United States	Cohort Prospective	Level 4
Bakir, Samancioglu, Kilic. 16	2017	Turkey	Descritptive	Level 6
Taylor, Mamier, Ricci-Allegra, Foith. ²¹	2017	United States	Cross-sectional	Level 6
Nascimento, Alvarenga, Caldeira, Mica, Oliveira, Pan, et al. ²²	2016	Portugal/Brazil	Exploratory	Level 6
Abu-El-Noor. ²⁰	2016	Israel	Descriptive	Level 6

Figure 2. Results found in studies according to author, year of publication, country, type of study and level of evidence. Fortaleza (CE), Brazil, 2018.

Similar studies presented similar objectives, generally seeking to analyze nurses' knowledge of spirituality and then to know which strategies are

used to provide spiritual care. The objectives, results and final considerations of the articles selected in figure 3 are presented.

Article	Objective	Results	Considerations
1	To evaluate the practice of nurses with regard to dying care and spiritual support interventions in intensive care units in the Czech Republic and to find correlations between specific factors or conditions and the frequency of use of NIC interventions.	The most commonly used activities were "treating individuals with dignity and respect", "monitoring pain" and "assisting with primary care" as needed. In contrast, the least commonly used activities were "communicating willingness to discuss death", "providing culturally appropriate food" and "facilitating the discussion of funeral arrangements".	Supporting palliative care education could increase the frequency of use of activities in the psychosocial and spiritual dimensions in the ICU and improve nurses' ability to communicate with patients and their families about issues related to death and dying.
2	To evaluate the activities of spiritual caregivers' conduct in supporting patients and family members and whether these activities are associated with family satisfaction with ICU care.	The specific activity "discussed the patient's wishes for end-of-life care" as well as the total number of activities were significantly associated with both higher total FS-ICU and higher decision-making scores. Higher decision-making scores were also significantly associated with the activity: "prepared the family for a family conference". The item "reminded the family about the patient" was associated with the assessment of the highest families of satisfaction in having spiritual needs met in the ICU. None of the spiritual provider's activities were associated with the FS-ICU-Care subscale. It was found that 70% of primary care patients would like to discuss spiritual matters with their health care team if their family members die, indicating that spiritual care is needed to support families of high-risk patients.	Spiritual caregivers participate in a variety of activities with ICU patient families; several are associated with increased family satisfaction with ICU care in general and ICU decision making specifically. These findings provide insight into the activities of spiritual care providers and provide guidance for interventions that improve spiritual care for families of critically ill patients.
3	Determine visions and perceptions, in Muslim intensive care, of nurses about spirituality and spiritual care in nursing practice, detect factors and raise awareness about spirituality and spiritual care.	•	It was found that intensive care nurses needed more information about spirituality and spiritual care. It is necessary to plan training on interventions to be administered by intensive care nurses for the spiritual needs of patients and to ensure continuity of training.

Describe how often US nurses provide various spiritual care therapies using a combined sample of four different studies.

spiritual care to patients in the health care unit were determined as "insufficient number of nurses compared to number of patients" (47.6%), "failure to allocate sufficient time due to excessive workload" (28.3%) and "fatigue" (24.1%)

(24.1%).Mamier's study sought to identify the frequency and type of spiritual care practices provided by the nurse, identifying that nurses who received spiritual care training reported more frequent spiritual care. Taylor's study investigated how facets of nurses' religiosity were associated with the provision of spiritual care. Ricci-Allegra examined whether spiritual perspectives, mindfulness, and spiritual care were related. And Foith assessed not only the frequency of spiritual care, but also those perceived as barriers to The spiritual care. Nurse Therapeutics Scale (NSCTS) scale was used, which measures the of 17 therapies frequency determined by an expert panel to represent the appropriate spiritual care for a nurse to provide. These are: ask the patient how you could support their spiritual or religious practices; help a patient have time or space for spiritual reflection or practice; actively listen to spiritual themes in the history of a patient's illness; evaluate a patient's spiritual or religious beliefs or healthrelated practices; hear a patient about spiritual concerns; encourage a patient to talk about how illness affects relating to God or whatever their Supreme Other or transcendent reality; encourage the patient to talk about their spiritual coping; documented spiritual care you provided in a chart; discussed a patient's spiritual care needs with a colleague; get a chaplain to visit a patient; organize the clergy of a patient or spiritual mentor to visit, encourage the patient to talk about the meaning of his or her life in the midst of illness; encourage a patient to talk about the spiritual challenges of living with the disease; offer to pray with a patient; offer to read a spiritually stimulating passage; talk with the patient about spiritual resources and after completing a task; stay present just to show affection.

Spiritual care was described by nurses as respecting family beliefs and providing them with the opportunity to express spirituality or religiosity in the ICU, such as allowing the presence of significant or religious objects close to the sick child. Nurses realized that when they encourage and respect family faith, positive thinking, and belief in God, they also promote serenity and reduce anxiety about the child's

These findings provide the strongest evidence to date for the need to improve spiritual care education and support for nurses. These findings indicate that even the foundations of spiritual screening, deep listening to spiritual themes, and the presence - arguably essential -Holistic and curative nursing care are infrequent in most nurses. If nurses had the capacity, resources, and incentive to provide ethical spiritual care, patients' experiences were likely to be more satisfying. In fact, it is also possible that nurses' care experiences are also more satisfying.

Describe the meaning of spirituality according to nurses working in the pediatric ICU and nurses' experiences in providing spiritual care to children and their families.

5

The results show that nurses understand spirituality as an important part of caring for children, families and health professionals in critical nursing care. The success of spiritual care required the establishment of a preliminary relationship with the child and family, which was mainly hampered by lack of time during the work shift.

6 This study aimed to explore how Palestinian ICU nurses understand spirituality and end-of-life spiritual care.

illness. Most participants described providing spiritual care in terms of incorporating religious practices or beliefs into their daily provision of holistic nursing care. They that mentioned during communication with the patient, they can tell which patients need spiritual care. And consider careful accomplishments such as hearing or holding your hands; allow family members to stay for long periods of time; allow family members to bring a cassette player or MP3 to recite the Quran next to the patient.

Nurses used communication and observation to identify patients' spiritual needs and provide relevant spiritual care. This study clarified Palestinian ICU nurses understand and practice spiritual care at the end of their lives. Most of the spiritual care provided was based on religious beliefs practices, thus illustrating the importance of religion's role in health care.

Figure 3. Results found in the studies according to the objective, the results and the considerations. Fortaleza (CE), Brazil, 2018.

DISCUSSION

It is revealed that the interest in researching spirituality in health is increasing, which is noticed when the year of publication of the articles is analyzed. It is detailed, as presented, that 50% (3) of the selected articles were published in 2016 and 33.3% in 2017.

The articles were published in six different journals, all international journals, and, regarding the type of study, 57.1% (4) were descriptive studies; 28.5% (2), exploratory studies and 14.2% (1), cohort study, all with qualitative approach.

As for the level of evidence, 85.7% (6) of the studies were level 6 and 14.3% (1) were level 4, and according to the classification of Melnyk and Fineout Overholt (2010), levels 1 and 2 refer to strong evidence; 3 and 4 to moderate and from 5 to 7 to weak. It is reported that, thus, all selected studies have a weak level of evidence, which was expected, since spirituality is most often approached in a qualitative manner.

Work with spirituality can be performed in various conditions and locations, regardless of the degree of scientific knowledge, economic level, gender or age, and spiritual care can be performed on the street, in hospitals or in a business environment.⁴

Technology is used to effect care, which is understood as producing material things through work, but when one thinks of technology in care, one realizes that it does not refer exclusively to equipment, but rather to building symbolic products that meet needs. It is detailed that, in the case of care, especially in nursing, technology is peculiar, since each human being has its characteristics, needing to adapt the predetermined care for each situation so that individual and unique care can be offered..¹³

This technology has influenced not only the direct care to patients, but the values, knowledge, skills, health care policies, rules and responsibilities of professionals working in this

area, with the inclusion in the concept of health, non-material or spiritual dimension and, with this formalization of this new domain, the need to expand scientific knowledge regarding the recognition of spiritual needs was established.⁶

Florence offered special attention to terminally ill or severely ill patients, reading passages from the bible and comforting their evening visits. Thus, one of his legacies was left to see the patient always holistically. It is pointed out that, in the early 70's, nursing theorists began to gain space that brought the need to see the whole human being, highlighting Wanda Horta, with the Theory of Basic Human Needs, when she put spirituality as a basic need to be observed by nurses when planning care. ¹⁴

It is understood that the inclusion of spirituality in the nursing process, by addressing spiritual needs at the time of patient admission, and also in daily assessment, would help in the evaluation, diffusion and practice of spiritual care to the patient and, for an appropriate intervention, the nurse must have attitude, communication, and the decision to intervene and even use prayer as spiritual support to the patient.¹⁵

Intensive care nurses play important roles for patients to develop an efficient coping mechanism, with interpersonal relationships between patients and nurses very significant to improve patients' spirituality. Thus, nurses should be professionally qualified and aware of their spirituality to provide spiritual care.¹⁶

The main spiritual care actions performed by the intensive care nurses described in the studies are listed: treating individuals with dignity and respect; monitor pain; assist with basic care as needed; actively address and discuss spiritual or religious needs; encourage the patient to talk about the meaning of his life in the midst of illness and the spiritual challenges of living with illness; promote discussions related to family members' feelings and patient values; discuss the care plan, addressing existing divergences (such as cultural

factors); prepare the family for family conferences by explaining how the patient is and about their treatment; perform therapeutic touch; listen and support psychologically; talk and try to alleviate anguish and fears; allow the presence of significant or religious objects near the sick child; encourage a patient to talk about how the disease affects him or her; to relate to God - or whatever his transcendent reality may be; encourage the patient to talk about their spiritual coping; discuss a patient's spiritual care needs with a colleague; talk with the patient about spiritual resources and after completing a task; remain present only to show affection and, finally, to document the spiritual care provided in a chart. 18,19,20,21,22

Although there are several ways of providing spiritual care, all using only light technology, there are still difficulties to perform them, which were reported as: insufficient number of nurses compared to the number of patients; Failure to Allocate Enough Time Due to Excessive Workload and Due to Fatigue and Little Preparation Most professionals have to accept the purpose of their patients when it comes to palliative care. 18,21

It is noteworthy that nurses' personal belief systems, spiritual need and perception of care, life expectancy, willingness and spiritual awareness are important factors for nurses to provide spiritual care. Nurses who are knowledgeable about spirituality and spiritual care are more likely to provide this kind of care. 16,24

However, when the professional deals with a patient of a different religion, it is difficult to approach spirituality, 5 because religion and spirituality, although they have different meanings, are still confused in their concepts. 20

It is explained that religion refers to the way people access the divine,⁶ spirituality is described as giving meaning to life, a personal feeling that stimulates an interest in others and themselves, a sense of meaning in life that can withstand debilitating feelings of guilt, anger and anxiety.¹⁷

Finally, in the analysis of the results, it was concluded that the most cared care is to remain present, to listen to spiritual themes or concerns and to evaluate health-related beliefs and practices, and the least provided therapies were: the offer of prayer and encouraging the patient to talk about the spiritual and the challenges of living with the disease; the documentation of the spiritual care provided; the organization of the patient's clergy to visit and the offer to read a spiritual passage as the patient's holy scripture.

From then on, it can be reached the impasse that remaining present is a simple act that is often performed and not valued by the person performing it, which leads to not remembering when questioned or even registering, being important point out that, like any other

precaution, it is necessary to perform the registration, because an action that is not registered cannot be considered performed.

CONCLUSION

After the review, the objective of the study was reached, because the strategies of spiritual care performed by nurses were found and it is clear that the diversity of actions is not large, since the final number of articles that answered the objective was small and spiritual care activities were repeated.

It is reported that the main cares portrayed were: ask the patient how you could support their spiritual or religious practices; help a patient have time or space for spiritual reflection or practice; actively listen to spiritual themes in the history of a patient's illness; evaluate a patient's spiritual or religious beliefs or health-related practices; hear patient talk about spiritual concerns; encourage a patient to talk about how illness affects their relationship with God - or whatever their Supreme Other or transcendent reality is; encourage the patient to talk about their spiritual coping; encourage the patient to talk about the meaning of his life in the midst of illness; encourage a patient to talk about the spiritual challenges of living with the disease; talk with the patient about spiritual resources and, after completing a task, remain present just to show affection.

It is noticed that the evidence levels of the articles found are mostly weak, since most studies are qualitative, and ideally, studies with higher levels of evidence, such as cohort and case-control studies, should be performed in order to highlight the theme in the scientific field.

Finally, it is understood that spirituality and spiritual care are still poorly studied, but have gained prominence in research. This is observed during the research, since there are numerous articles that address the theme of spirituality, but few guide the way spiritual care should be performed and do not accurately show what effects the care will have for the patient and the family.

It is concluded that spirituality is present for everyone, regardless of whether or not the individual follows a religion, and that spiritual care can be performed by nurses simply and effectively, but for this to occur, professionals need to be trained and made aware of the importance of this care.

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