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ORIGINAL ARTICLE

SPIRITUAL NEEDS OF PATIENTS IN TERMINALITY: EXPERIENCE OF NURSE ASSISTANCES

NECESSIDADES ESPIRITUAIS DE PACIENTES NA TERMINALIDADE: VIVÊNCIA DE ENFERMEIROS ASSISTENCIAIS

NECESIDADES ESPIRITUALES DE LOS PACIENTES EN LA TERMINALIDAD: EXPERIENCIA DE ENFERMERAS DE ASISTENCIA

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ABSTRACT

Objective: recognizing the perception of clinical nurses on the spiritual needs of people in the terminal process. ***Method:*** an exploratory descriptive study, with a qualitative approach, conducted with 12 nurses of the clinic: medical, ICU and infectious, of a hospital in João Pessoa/Paraíba/Brazil. The data were produced through forms and analyzed using Content Analysis in Theme Mode. The research project was approved by the Ethics Research Committee, under CAAE N. 03317512.9.0000.5183. ***Results:*** after analyzing two thematic categories emerged: ***<< Spirituality in palliative care >>*** and ***<< Approach of spiritual needs >>***. ***Conclusion:*** the experience of spirituality and spiritual support to terminally ill patients print transmitted comfort, hope and better acceptance of death, being necessary to the nurse humanization, valuation of beliefs, proper communication and encouraging religious activities, in order to carry out such assistance. ***Descriptors:*** Terminally Ill; Spirituality; Nursing Care.

RESUMO

Objetivo: conhecer a percepção de enfermeiros assistenciais sobre as necessidades espirituais de pessoas em processo terminal. ***Método***: estudo descritivo-exploratório, de abordagem qualitativa, realizado com 12 enfermeiros das clínicas: médica, Unidade de Terapia Intensiva e infectocontagiosa, de um hospital em João Pessoa/PB/Brasil. Os dados foram produzidos por meio de formulários e analisados pela técnica de Análise de Conteúdo na Modalidade Temática. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, sob CAAE n°03317512.9.0000.5183. ***Resultados***: após análise emergiram duas categorias temáticas: ***<< Espiritualidade em cuidados paliativos >>*** e ***<< Abordagem das necessidades espirituais >>***. ***Conclusão***: a vivência da espiritualidade e o apoio espiritual transmitido ao paciente terminal imprimem conforto, esperança e melhor aceitação da morte, sendo necessários ao enfermeiro: humanização, valorização de crenças, comunicação adequada e incentivo às atividades religiosas, a fim de realizar essa assistência. ***Descritores***: Doente Terminal; Espiritualidade; Cuidados de Enfermagem.

RESUMEN

Objetivo: conocer la percepción de enfermeras clínicas en las necesidades espirituales de la gente en el proceso terminal. ***Método:*** estudio descriptivo y exploratorio, con abordaje cualitativo, realizado con 12 enfermeros de las clínicas: médica, UTI e infecto contagiosas, de un hospital en João Pessoa/Paraíba/Brasil. Los datos fueron producidos a través de formas y analizados mediante el Análisis de Contenido Tematico. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, bajo CAAE No 03317512.9.0000.5183. ***Resultados:*** después el análisis dos categorías temáticas surgieron: ***<< Espiritualidad en cuidados paliativos>>*** y ***<< El abordaje de las necesidades espirituale >>***. ***Conclusión:*** la experiencia de la espiritualidad y el apoyo espiritual a los enfermos terminales transmiten consuelo, esperanza y una mejor aceptación de la muerte, siendo necesaria para la humanización de la enfermera, la valoración de creencias, la comunicación adecuada y actividades religiosas alentadoras con el fin de llevar a cabo ese tipo de asistencia. ***Descriptores:*** Enfermedad Terminal; Espiritualidad; Cuidados de Enfermería.

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INTRODUCTION

Over time, the death has various meanings and the advancement of medicine has contributed to this transition and extending the life expectancy of individuals.[1] However, despite technological advances, the death remains mystery and complex reality, since every human being, as passed by the birth process, also will experience the process of death and dying. Given this certainty, to become aware of their proximity, the individual deals with varied emotions, requiring support and understanding of those around you and provide you with care .[2]

When you receive a diagnosis that there is no possibility of healing, the patient experiences a situation that exposes the fragility and is permeated by fear, discontent, denial, aggression and powerlessness. The situation becomes even worse when the clinical worsening toward its final moment individual.[3] In this context, palliative care helps patients and families to cope with this trend, configured in philosophical principles that operate in relieving symptoms of biological, psychosocial and spiritual nature, influencing the quality of life for individuals facing the end of life.[4] A dignified death becomes your focus should this valued throughout our tour.[5]

This search for meaning is closely related to the dimension of spirituality, which is part of human nature and presents relevant in the moment of transcendence as it addresses the essence of life, producing faith, hope and love.[6] Thus, it is essential to approach spirituality with the patient in a terminal process, and being a professional nurse who assists the individual and their family in the daily care, this should meet your needs and be able to promote a skilled care in this respect.[6]

Given the considerations above, rose the question: << What are the spiritual needs of individuals in terminal process, according to the experience of clinical nurses? >> Thus, the relevance of this study is justified by its importance for the improvement of professional nursing practice, as well as to provide an effective and qualified individual in the terminal care, since spirituality is an inherent aspect the human being and his quest is exacerbated in this phase of life, another factor highlighted is reduced quantitative studies that discuss the topic in national production.

OBJECTIVES

- To understand the perception of clinical nurses about the spiritual needs of people in terminal process.

METHOD

This is an exploratory and descriptive study, with a qualitative approach. Qualitative methodologies are those that unite the meaning and intent of actions, relationships and social structures and work on the buildings and human transformations.[7]

The field study was conducted with nurses from units of general medical clinic, the Intensive Care Unit (ICU) and the Clinic of infectious diseases (CDIC) of a public hospital in João Pessoa/PB/ Northeast of Brazil.

The selection of participants followed the inclusion criteria: being a nurse object of study units and be working in the days of data collection. These units were chosen because they present a greater number of deaths and/or terminally ill patients. The sample consisted of 12 nurses, distributed as follows: five in the medical clinic, five from CDIC and two ICU.

For the production of the data was used as an instrument forms containing the following questions: Do you read or have dealt with death in their daily work? In your opinion, what is spirituality? What is the importance of spirituality in the care of a terminally ill patient? In his care to the patient terminal, you employ or employ actions that address spirituality? If so, what? The data collection period was from December 2012 to January 2013. Then the speeches were transcribed, grouped by questions for further analysis.

The analysis of the empirical material followed the principles of the technique of content analysis in the form of Theme Bardin[8], which follows the following steps: pre-analysis and organization of material, operating this material through its coding or categorization, inference and interpretation results.

It is noteworthy that this study met the Resolution 196/96 of the National Health Council, which regulates research involving humans.[9] In observance of the principles and ethical aspects of the research project was approved by the Research Ethics Committee of the University Hospital Lauro Wanderley (CEP/HULW) with CAAE (Certificate of Acceptance and Appreciation Ethics) No 03317512.9.0000.5183. All participants signed a consent form, where they were exposed to the research objectives as well as the

guarantee of anonymity. To ensure the anonymity of the subjects, the nurses were identified as (Enf. 1)... (Enf.12).

RESULTS AND DISCUSSION

The study involved the participation of 12 nurses, predominantly female (10), the age group ranged 26-61 years old with a mean age of 41 years old. The operating time in the hospital submitted a minimum interval of 2 years and maximum of 32 years of work, with an average of 17 years.

Of the 12 study participants, 11 said they had dealt with death situations during daily work.

♣ Understanding the perception of nurses

In order to answer the guiding purpose of this study, from the content analysis of the interviews, two categories emerged: spirituality in palliative care and addressing spiritual needs, including subcategories emerged that corroborate the discussion. The results are presented below and are represented by Figure 1, together with the statements that have supported the discussions and inferences.

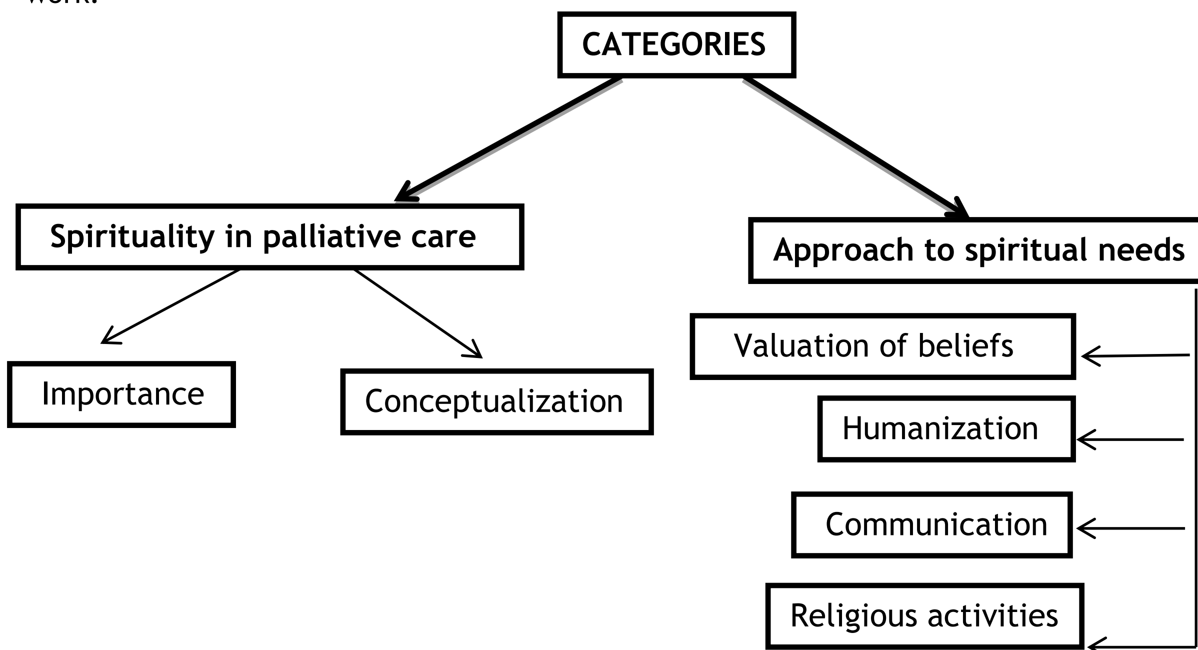

Figure 1. The categories that emerged from the perception of nurses about the spirituality of patients in palliative care. João Pessoa, PB, Brazil. 2013.

♣ Spirituality in palliative care

Based on the reports analyzed, the Spirituality category in palliative care consisted of two subcategories: Concept and Importance.

♦ Conceptualization

For the participants of this study, two concepts were emphasized in relation to spirituality: one assigned to religious belief and the other dimension that transcends the body.

Regarding the allocation of spirituality to religious belief, it is noticed that the concepts of spirituality and religion intertwine and are seen as synonyms:

> *[...] To me spirituality is what you think of their religious belief. (Enf. 1)*
>
> *[...] Spirituality is a dimension related to the human person, where from one or more religious conceptions, it is adopted a lifestyle. (enf.4)*

It is known that, although they may complement each other, the concepts of spirituality and religion address separate aspects. So, that spirituality has a broader, related to values, feelings, what gives meaning to life, beyond adherence to a system of beliefs and rituals that characterize religious concepts. [10]

It is a human dimension that can be linked to the arts, past experiences, the nature, being existent even in people who do not follow any religion and/or atheist say.[11]

It is noteworthy that, under the assistance, this linking can be problematic in view of the need for a limit on the spiritual approach taken by the health professional so that it does not become a religious inference with the patient and family.[12]

The other view of spirituality brought by professionals emphasizes the dimension that transcends the body, ie, that is beyond the material plane:

> *[...] The spirituality relates to feelings, something not material, that we cannot see but only feel. (Enf. 5)*
>
> *[...] Spirituality knows that our body is not only matter, that our interior is the most important. (Enf. 6)*

This concept refers to the idea of spirituality toward a belief in a higher power

and/or interior. This means seeing the quality of human transcendence that goes beyond the physical body and permeates the scope of subjectivity and connectivity, with God, with others, with nature and with yourself. Therefore, it is of great importance that care addresses this dimension.[13,14]

♦ Importance

For this subcategory, the literature shows that spirituality helps the individual overcome difficult times and under hospice care, is of great importance for the acceptance and the search for meaning in life, given the proximity to death.[11,15] This was evidenced in the statements of the professionals:

> *[...] The spirituality allows the patient and family comfort and a hope without faith it is not possible to achieve. (Enf.3)*
> *[...] Spiritual support allows us to offer qualified assistance in order to alleviate the suffering of the patient and family. (Enf. 5)*
> *[...] The approach to spirituality is important because the patient feels more secure, calm, confident and assisted. (Enf.12)*

Given these clippings lines, it appears that because of the assist in maintaining control of difficult situations spirituality, provides security and optimism and also a better understanding of life and death.[11] Thus, given that, in parallel with the progression of the terminal illness, worsen the existential questions, the spiritual dimension should receive as much attention from professionals as clinical focus itself.[13]

♣ Addressing spiritual needs

When asked about the spiritual needs of individuals in palliative care and how this approach occurred during the assistance, the nurses brought the debate four subcategories valued belief, communication; humanization and religious activities.

♦ Valuation of beliefs

[...] I try to be careful while enhancing their (patient's) beliefs, their social and spiritual context. (Enf. 4)

Study shows that 16 to promote holistic care, recognizing and using spirituality as a coping strategy of the individual, the professional must understand the beliefs and values of the patient, how facing the disease and how these influence their quality life. It is observed that respect for individual beliefs also contribute to a better relationship between professional and patient.

Recognizing these values, the professional can use the appropriate approach, which does not go against what they believe the individual or hurt your individuality.

♦ Communication

This is configured on the basis of palliative care, which acts redefines relations, strengthening hope and softening the symptoms coming from terminal illness.[17] Study[18] shows a close proximity between good communication and emotional support in palliative care. This fact can be seen in the following narrative:

> *[...] I try to talk with the patient so that it has the strength to overcome the time, praying and seeking strength to go through this difficult time. (Enf. 8)*
> *[...] I speak of God, I try to reassure, but I respect the patient on their options. I don't speak about religion. (Enf. 7)*

It is through the process of communication that professionals can grasp the patient's needs and act individually. To do so, it is required active listening, touch, empathy, eye to eye and even silence. It is essential to also consider the culture and personality of each individual.[19] Although not mentioned in the speeches of professional, non-verbal communication is part of that context is proving as effective as the spoken language.[20]

Praying is also a form of communication and can be used by patient and professional when desired. This constitutes a religious element that gives confidence and is often related to decreased anxiety.[21]

♦ Humanization

Entering the issue of humanization, one sees that this is not only a necessary element in palliative care, but in every relation of care for human beings. For this, you need sensitivity and willingness to by the place of another.[1]

> *[...] I think one of the ways is like a caring relative or doing what we would do with us. (Enf. 6)*
> *[...] Give love, be solidary, without demanding anything in return. (Enf. 7)*
> *[...] I try to give as much material comfort, physical and mental, so that the patient feels well attended. And die with dignity. (Enf. 8)*

The humanization of terminal patient is configured as a form of respect and improves the quality of their life and family by assisting in supporting the emotional pain, redemption of life and dignity, even in the face of death.[1]

Humanizing involves acting individually, not turning only to the physical structure, but also the patient's needs in a multidimensional way.[22] It requires caregivers, among other virtues, commitment, love, attention and respect.[23] When having your individuality and dignity redeemed certainly the spiritual dimension will be answered.

♦ Religious activities

Religious activities can be seen as another form of treatment, parallel to conventional care that is provided to patients, occurring through spiritual surgery, meditation, worship, church services and religious visits, depending on the individual's belief.[24]

> *[...] Sometimes inform the family that the hospital offers worship and mass, but that the family can also enable this access. (Enf. 11)*
>
> *[...] Think it's important to offer a religious visit to talk or confess. (Enf. 12)*

Then we observe that by the participants of the study show the view of nurses about the religious activities and the importance given to this need that is still restricted, making it necessary to emphasize that religious practice is part of the spirituality of the individual and family, favoring confrontation and acceptance of adversity.

CONCLUSION

It is seen in an extreme situation of imminent death is something that upsets the emotions of the vast majority of individuals who undergo this moment, but all of them, and the spiritual realm, it is probably the most affected. That's because this is the moment in which it stresses reflection about what was lived, seeking satisfaction and sense all that was experienced and conformation with what left undone, which is not an easy task. Thus, the experience of spirituality and spiritual support transmitted by caregivers of these patients present themselves as prodigious tools in this moment of weakness, conveying comfort, hope, and better understanding of death and judgment against the end of life.

It is unquestionable necessity of preparation and knowledge of professionals of the health team and focus of this research, nurses, toward a holistic and humane terminal patient, addressing, and many other aspects, their spiritual needs assistance, using if all the instruments mentioned here, as recovery of beliefs, communication, humanization and encouraging religious activities in order to achieve this goal.

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