

SPIRITUAL DIMENSION OF CARE IN HEALTH AND NURSING

DIMENSÃO ESPIRITUAL DO CUIDADO NA SAÚDE E ENFERMAGEM

DIMENSIÓN ESPIRITUAL DEL CUIDADO EN LA SALUD Y ENFERMERÍA

Tânia Maria de Oliva Menezes¹

Currently, we have observed the growing interest of health professionals in deepening discussions and research on spirituality, despite the difficulties of this approach. The reflection on the subject points us to the concerns about how the nurse has acted in front of the spiritual dimension of the patient under his care during his practice.

Searching for the development of the whole human being, it is important to consider all the dimensions that constitute it. While it is perceived as a being thinking, with possibilities of using its rationality, its corporeality and its emotional-psychic energy, the spiritual dimension has also been considered, although it is not necessarily a matter of adherence to religion. The spiritual dimension goes beyond a religious confession, not depending on the place, time or codes that define it¹.

As a complex and multidimensional part of human experience, spirituality has cognitive, experiential, and behavioral aspects². In all of these, religiosity/spirituality is presented as the path that the patient encounters to transcend the illness, losses, hospitalization and existential emptiness. Therefore, the service to the spiritual dimension is part of the care of the person. However, in practice, the health professional, especially the nurse, does not know how or has difficulties to approach the subject, besides rarely using the diagnosis of impaired religiosity/spiritual distress³⁻⁴. This is because there is a professional unpreparedness, a gap in training, to deal with this issue. Therefore, it is questioned: As teachers, did we discuss the subject with the students? At what times during graduation? Are the teachers prepared for this discussion? Do students question the issue, whether in the classroom or their practices?

With the gap in his training, the nurse has a limited view of the spiritual dimension, and the spiritual needs of the patients care. But what do health professionals understand about spirituality, to take care in the spiritual dimension? Spirituality can be seen in three aspects: as meaning of life – the human being seeks as purpose for his existence; Something transcendent that is anchored in life – when the individual is facing difficult situations, the search for the Superior Being helps in coping with these moments; Reference to so-called interdimensional worlds – when it comes to life after physical life.

In practice, it is common to approach with spirituality, when the individual is affected by chronic disease, presenting losses and impairment of functional capacity, being at the terminality of life,

¹ Nurse. Ph.D. in Nursing, Associate Professor, School of Nursing, Universidade Federal da Bahia. Leader of the Center for Studies and Research of the Elderly, School of Nursing, Universidade Federal da Bahia. Salvador, Bahia, Brazil. tomenezes50@gmail.com

experiencing unfavorable emotional, social and economic situations, among other situations. In this context, it is necessary to value care in this dimension, given the benefits that may come to improve the condition of the patient, as well as their quality of life.

In his theory of transpersonal care, Jean Watson shows ten precepts that expand biological care, such as being present and valuing the belief system of the human being care; Cultivating their spiritual practices, deepening individual knowledge; and providing an environment of physical, emotional, and spiritual restoration⁵. How have we valued the belief system of patients under our care? How do we help patients in the cultivation of spiritual practices?

Some healthcare professionals reflect that valuing patients' beliefs is a bit out of the reality of their practice because they do not enter into the spiritual universe of their patient. They justify it, pointing out the weaknesses to which the theme refers and the lack of time for this dialogue, despite speaking at all times in holistic care.

To act in the spiritual dimension in the care of the individual, it is important for the nurse to know the meaning of the religiosity/spirituality for the person, so he can choose the paths that he can follow in his work in this dimension. The patient's spiritual anamnesis empowers the health professional to understand the role of religion or spirituality in the process of coping he performs and identifying the needs to be met. Spiritual care is not just a set of interventions, but it also involves caring. It refers to the planning by health professionals of actions aimed at the promotion of well-being and the meaning of life⁶.

Some resources can be used by the health professional to attend to the spiritual dimension in the various scenarios in which the person is, whether Primary Care, home or hospital. Some professionals highlight:

- a) Reading religious texts - patients who practice religion often carry books and messages of their belief. Also, the nurse may have textbooks that can be used at that time in the unit, or in her purse;
- b) Prayer – it can be done through words that emanate from the feeling, at that moment that is beside him. A known prayer can also be done, like the Hail Mary, of the Lord's Father, both by the professional and the professional to ask the patient to do it;
- c) Meditation - asking the patient to close his eyes and think of a landscape, leading to inner silence, momentarily withdrawing him from his anxieties;
- d) Use of music - asking the patient to sing some music that he or she enjoys, whether of his or her belief or not, or ask a member of staff to sing. Another strategy is to put on the cell phone a song that can lead to relaxation and memories of their belief and moments shared in the religious community;
- e) Stimulus to solidarity - solidarity action promotes well-being and brings the individual closer to God. This action can be developed both in the hospital and in the community;
- f) To promote meetings with members of the religion, as well as patients with the same belief. Together, they can listen to religious programs on television or the radio;
- g) Hearing the patient - in some situations, the patient only needs to hear their concerns, and the health professional must have enough time for qualified listening.

In this scenario, some challenges are shown and need to be valued: religiosity/spirituality approach in the training of health professionals, with specific subjects on the theme at undergraduate and

postgraduate level; To use the spiritual/religiosity distress diagnosis impaired in clinical practice; To stimulate the students to research on the theme; To visualize spirituality as a basic human need, using theory in clinical practice; To expand the debates on Spirituality and Health in universities; To stimulate the creation of the spirituality and health line in the research groups.

By valuing the spiritual dimension of the patient, the health professional will be influencing his well-being, satisfaction with life, optimism, among other aspects, besides contributing to coping with illness and self-esteem, which can lead to quality of life.

References

1. Gomes NS, Farina M, Dal Forno C. Espiritualidade, religiosidade e religião: reflexão de conceitos em artigos psicológicos. *Rev Psicol IMED* [Internet]. 2014 [cited 2017 Jan 10]; 6(2):107-12. Available from: <https://dialnet.unirioja.es/descarga/articulo/5155073.pdf>
2. Koenig HG. Termos do debate. In: Koenig HG. *Medicina, religião e saúde: o encontro da ciência e da espiritualidade*. Porto Alegre: L&PM; 2015. p. 9-20.
3. North American Nursing Diagnosis Association. *Diagnósticos de enfermagem da Nanda: definições e classificação 2015-2017*. Porto Alegre: Artmed; 2015.
4. Carpenito-Moyer LJ. *Diagnósticos de enfermagem: aplicação à prática clínica*. Porto Alegre: Artmed; 2005.
5. Sales LVT, Paixão MG, Castro O. Teoria do cuidado transpessoal – Jean Watson. In: Braga CG, Silva JV. *Teorias de enfermagem*. São Paulo: Iátria, 2011. p. 225-47.
6. Hefti R, Esperandio MRG. O modelo interdisciplinar de cuidado espiritual – uma abordagem holística de cuidado ao paciente. *Horizonte* [Internet] 2016 [cited 2017 Jan 22];14(41):13-47. (Dossiê: Religião e Saúde). Available from: <http://periodicos.pucminas.br/index.php/horizonte/article/viewFile/P.2175-5841.2016v14n41p13/9373>