

PERCEPTION OF THE NURSING STAFF OF AN INTENSIVE CARE UNIT REGARDING SPIRITUALITY AND RELIGIOSITY

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ABSTRACT

This research aimed to understand the perception of nurses working in an adult intensive care unit regarding spirituality and religiosity. This is an exploratory and qualitative study conducted in a medium-sized hospital of Paraná. Participants were 09 professionals of the nursing staff who work in the ICU. For data collection, a semi-structured interview was used. Data were analyzed according to thematic content analysis. The obtained results showed three main categories: spiritual and religious care; influence of spirituality and religiosity on the professional experience with ICU patients; appreciation and respect for the patient's spirituality and religiosity. From the analysis and discussion of the categories, it was concluded that the assistance offered is guided by the influence of spiritual and religious beliefs of the professionals of the unit, and also by the appreciation of the spirituality and religiosity of patients. Patients should be provided with a comprehensive care, and the practice of spiritual care has to be emphasized, stimulating courage, vitality and energy in the patients as they need to cope with situations of suffering and pain.

Keywords: Spirituality. Religiosity. Nursing staff. Intensive Care Units.

INTRODUCTION

Religious faith and spirituality have always existed in the routine of man, even in modernity. They manifest, in special, in situations that threat the lives of people, when spheres of modern society are not capable of solving problems. There is some interest in the coming together of medical sciences and spirituality, because science has been more and more required to know the full human being as people want and deserve to be treated in their individuality and completeness, differently from the care offered in some current hospital institutions^(1,41)

The definition of spirituality is based on the inherent search of every person for the meaning and definitive purpose of life, that can be found in religion, in the relationship with a divine entity or transcendence, in the relationship with others, also in nature, arts and rational thinking. This dimension is a complex part of human experience and has cognitive or philosophical aspects (search for a purpose, meaning and the truth in life, as well as beliefs and values a person lives by), experiences

and emotions (it involves feelings of hope, love, connection, inner peace, comfort and support, it is the quality of the inner resources of an individual), and behavioral aspects (the way how people externally manifest their individual spiritual beliefs and inner state)⁽²⁾.

Religion can be defined as a system of beliefs and practices observed by a community, supported by rituals that recognize, idolater, communicate with or approximate to the Sacred, the Divine, God (in western cultures), or the Absolute Truth, the Reality or the Nirvana (in eastern cultures). Usually, it is based on a set of scriptures or teachings that describe the meaning and purpose of the world. It uses to offer a moral conduct code that is accepted by all members of the community who try to comply with this code⁽²⁾.

Spirituality is a theme that permeates nursing literature since Florence Nightingale. In Brazil, the first scientific publication on the theme dates from 1947, which performed a survey in the whole collection of the REBEn (Brazilian Nursing Magazine) found in the library of the School of Nursing of the University of São Paulo, and re-

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organized the publications since the 1950s (20th century) until 1999. Over time, nursing thoughts on the spiritual dimension has been changing, going from a trend that saw spirituality linked to religion to reflections of ethical, bioethical and philosophical nature, and the attempt to understand spiritual phenomena of patients and nurses⁽³⁾.

It is common that patients and families search spirituality and religiosity in times of disease, pursuing comfort and support, especially when faced with a chronic or terminal clinical picture. Such situation is often observed in Intensive Care Units (ICUs), where feelings related to the sickening process, such as suffering, pain, fear, hopelessness, sensation of finitude and others similar surround the subjects hospitalized.

Thinking over spirituality and religiosity as part of the comprehensive health assistance provided by the nursing staff of an ICU is of great importance, because these professionals live certain types of situations, commotion and spiritual experiences, widening their perception on the theme. Due to this context, the present research aims to understand the perception of nursing professionals working in an adult ICU regarding spirituality and religiosity.

METHODOLOGY

This is an exploratory and qualitative research. The sample was composed by nursing staff who accepted to participate, totaling nine subjects – eight women and one man. As for professional category, two participants were nursing assistants, four were technicians and three were nurses. As inclusion criteria, the nursing staff should have been working in the Intensive Care Unit for at least six months.

Data were collected in the adult ICU of a medium-sized hospital of a city in the state of Paraná. To collect data, interviews were conducted through a semi-structured questionnaire with four guiding questions about the perception and meaning of spirituality and religiosity and the importance of this theme in the daily work in the ICU.

The collection was carried out between February and April 2012. The interviews were recorded and then fully transcribed.

The thematic content analysis proposed by Bardin⁽⁴⁾ was performed, which follows categorization criteria, that is, choice of categories through classification and aggregation. Category is a

form of thinking that reflects reality, such as rubrics or classes that group certain elements with common characteristics.

Ethical aspects were all respected, in accordance with resolution No 196/96. Thus, the Ethics and Research Committee of the Midwest State University (UNICENTRO) approved the present research, under report No 316/2011. To preserve the participants' anonymity, they were identified by codenames.

RESULTS AND DISCUSSION

After thematic content analysis of the reports, three categories emerged, revealing the perception of the nursing staff on the spiritual and religious dimension in an ICU. Such categories are presented and discussed below.

Spiritual and religious care

Historically, nursing has been involved with spiritual and religious principles and values that has contributed to the attention to the spiritual care for patients, addressed by several nursing theorists, like Marta Rogers, Virginia Henderson, Joyce Travelbee, Florence Nightingale⁽⁵⁾.

In nursing practice, traditionally, there is a strong spiritual appeal regarding cure of diseases, and it is possible to see that this dimension is fundamental for many patients. Therefore, nursing has included spiritual aspects in care, due to the concern of professionals with providing the human being with a comprehensive care⁽¹⁾.

In the first category, two subcategories were identified from the reports, revealing the comprehensive and direct attention to critical patients. The subcategories are discussed below.

Nursing assistance to the patient's spirituality

This subcategory reflects the experience and perception of professionals who care for critical patients, related to the spiritual and religious dimension.

The first aspect to discuss refers to the difficulties to perform spiritual care, which consists in approaching patients considering their beliefs, the lack of knowledge on spiritual assistance that the professional could offer, what strategies he/she could develop to promote the comfort needed, besides the lack of knowledge on aspects related to the other's religion.

To provide this kind of care, the professional needs to have the courage to break with prejudices and paradigms, because there is a need for sensitivity, respect, discernment, wisdom, intuition, communication, to detect the other's subjectivity and, also, to be beside and not above the patient, to let what the heart feels flow⁽¹⁾. Moreover, time limitations, the intangible nature of spirituality, the diversity of religious beliefs, doubts on the direct and concrete mensuration of this dimension, besides the discomfort of professionals to carry out such conducts configure difficulties, because the nursing staff considers they do not have specific knowledge or confidence to do so. This can occur because, when thinking about spiritual care, most professionals refer to the religious beliefs of the patients, which is conceptually different.

The understanding that spiritual care is summed up in religion was present among the professionals studied, as can be observed in the speeches by Archangel Miguel, Archangel Caliel and Archangel Gabriel:

[...] when you approach someone and ask "what is your religion?" if the person has a religion, you feel more open to talk with him/her. You have what to talk about with them, you can give them strength, speak, so they believe. (Archangel Miguel)

It is important to respect the beliefs patients have. At least, somehow, you'll be helping them and, for those who believe, a miracle may happen. (Archangel Caliel)

[...] the patient is dying and asks to die, you know, but we're there, telling them to believe in Jesus Christ and to ask their guardian angels to help them. (Archangel Caliel)

The critical nature of patients admitted to an ICU can lead them to a process of greater sensation of vulnerability, isolation and alienation, which increases the need for a comprehensive assistance, when it comes to spiritual care. Approaching spirituality, as an assistant area of nursing, can bring direct benefits to critical patients^(1,6). A longitudinal study conducted with patients with HIV/SIDA revealed that a positive religious attitude as a search for spiritual support is associated with positive results that include self-esteem and spirituality, while the presence of a spiritual conflict is related to lower levels of psychological, physiological, social and spiritual well-being. Thus, it is worth emphasizing that

health professionals should be open to incorporate positive techniques of spiritual care in the treatment of patients and, especially, be capable of identifying those who experience spiritual conflicts early, which could allow for interventions and prevent harmful consequences in the treatment⁽⁷⁾.

In face of the questioning about spiritual care that can be provided to critical patients, the practices may include: mental support and perception of spiritual needs (by offering feelings of hope, perceiving the patient's inner needs, observing aspects that may point to spiritual needs, like in disposition - sadness, gloom), facilitation of religious practices (by knowing their religious beliefs, whether they are part of some religious group, knowing the patient's culture, stimulating the performance of religious routine rituals), communication with patients and their families (by being willing to hear, to hold their hands, encouraging them to speak and express their emotions, identifying needs, such as the presence of family, friends, a spiritual leader, a loved person), and facilitation of the participation of families in the care (being aware of beyond the patient's physical needs). Other complementary practices can also assist in the promotion of spiritual care, such as massages, therapeutic touch, music therapy and meditation⁽⁵⁾.

The reports by Archangels Jofiel, Uriel and Miguel revealed how the care provided to the human dimension of spirituality occurs in the ICU:

[...] There are patients who ask me to pray with them, hold their hands tight. This increases their confidence in their improvement (Archangel Jofiel)

[...] she started to get too depressed, so I got a radio and played spiritual hymns for her to listen, this brought her a huge happiness [...] I try to give courage and say words of comfort to my patients, and a word about faith always helps a lot. (Archangel Uriel)

[...] I like praying with those patients who believe in the power of pray, and many times after praying with the patient I saw him dying right away, I think that sometimes this was the only thing the patient needed to depart [...], their breathing gets calmer, the expression in their faces changes (Archangel Miguel)

For the performance of this practice not to be limited to some professionals and the personal and empiric aspect, a spiritual assessment can be conducted for them to be able to identify the real spiritual needs of the patients to be cared for⁽⁵⁾.

However, nurses should, first, recognize and be aware of their own spirituality to be capable of working with the other's spirituality⁽⁶⁾.

The speeches list strategies used by the nurses in care referring to this dimension, regardless of the patient's state of consciousness. The patient, conscious or not, needs human care and consolation that goes beyond the use of technologies for the recovery of their health, and failing to offer this kind of care would configure negligence on the part of the professional⁽⁸⁾.

When I deal with an unconscious patient, I immediately picture God's image in my mind, and because the patient does not speak I start to think "God, heal this person, work this miracle, make him/her get better". One can't just look at the patient in the situation he/she is and not ask somebody above to look for him/her. It is problematic! (Archangel Aniel)

(With an unconscious patient) even so I whisper in his/her ears: "be strong, God is present in your life, be strong, and believe that you're gonna make it". There were times when I said that and received stimulus from the patient, he held my hand firmly, and this gave me the strength to keep giving the patients this faith stimulation. (Archangel Ezequiel)

In the assessment of the patient's spirituality, nurses should attempt to know their spiritual needs and the impact that the latter causes on medical results and decisions. This assessment can be carried out through open-ended questions that approach knowledge on familiar spiritual practices, changes regarding religious experiences and current spiritual belief.

Religious reflections resulting from the practice

In the second subcategory, it was possible to observe, in the speeches of the subjects researched, that, in nursing practice, in relation to limitations of life, the use of religious beliefs help them feel some comfort before the difficulties experienced by the patients and, also, support them according to what they believe in. Such observation can be seen below:

As I said, I don't stop asking God to look after them, but I don't let it affect me. (Archangel Uriel)

[...] I pray for them at home... (Archangel Uriel)

[...] the consequence from what happens with us is what we ourselves provoke, I don't believe it is, you know, a punishment, as people say, or that this was written to them. I try to believe that what happens

with us is a consequence of our own actions. (Archangel Miguel)

The religious beliefs of the professionals are considered a factor that strongly influences the perception and attitude towards the patient. Health professionals need to recognize multiple perceptions related to disease and death, shared by different religions, so that they can be sensitive to meet the spiritual spheres of care. A study conducted with nursing professionals who work in the oncologic area demonstrated that, before the adversities found in the professional performance in critical sectors, religious faith brings strength for them to carry out routine actions of the job, favoring the relationship with patients and the performance of their technical activities⁽⁹⁾. In addition, other findings demonstrate that the care provided by the professionals is permeated by their own religious and spiritual experience⁽²⁾.

[...] I go home thinking about those patients to whom there is no solution, but even with all the experience I have, and knowing that the technology and drugs we have didn't work out. I think that it is my conscience which still talks with God asking for a miracle. (Archangel Caliel)

The religious belief of the professionals is a mean to promote their mental health and help them to adapt to the stress existing in the field of health, especially those sectors where living with pain and suffering is inevitable.

Nurses should recognize their own human weakness, so they can work with spirituality and their religion as a script for care, since both professional and patient are mutually influenced⁽¹⁰⁾. Professionals are singular, complex, fragile, sensitive and finite human beings; therefore, every nursing professional must care for themselves, due it seems impossible to care for people when these professionals are personally disorganized⁽¹¹⁾.

The following report is expressive, for approaching the professionals' attitude regarding the search for hope enabled by his religiosity, even when clinical alternatives are not favorable.

[...] and when they surrender I can say that they really go away, but even so I insist that they don't give up, but pray and fight (Archangel Rafael)

Professionals who work in the oncologic area present in their speeches similar attitudes of comprehensive approach in health practice, when emphasizing the attention to spiritual aspects when

patients are no longer reacting to physical treatment⁽¹²⁾.

When this nurse reports that he “insists to patients not to give up”, it is possible to note that people search for the sacred through their spiritual religious beliefs, because the sacred is related to beliefs, cultures, traditions of groups in common, that act or inter-relate in their efforts to find, preserve and, if necessary, transform the sacred in their lives. It is also related to the mystical, supernatural or to God⁽¹³⁾.

Hope will never cease to exist in caregiving, because it is part of the life of a sick human being. Nursing professionals that face disease and death in their routine should be alert to identify and meet the needs of every patient in this process⁽¹⁾.

Influence of spirituality and religiosity of professionals when caring for patients admitted to an ICU

In the following speeches, it was possible to observe that nursing professionals relate the cause of the disease and hospitalization the patient is experiencing to their journey in life; something scheduled to happen, due to divine purposes, or their way and mission they have to go through:

[...] I think that everything that happens with us here is because we have to go through that and that is our mission, if we go through that, it is because it had to be this way [...] everyone has a mission here on earth, and who are we to judge God's decisions? (Archangel Gabriel)

[...] everyone has a mission here on earth, and if the patient is going through that, that is the way he has to go through [...] this was the karma the person had to face [...] (Archangel Uriel)

I believe that every person is there because they had to be there [...] (Archangel Ariel)

It is possible to verify that the professionals understand that the patient is going through such situation due to spiritual questions, derived from a specific religion, for instance, when they mention the terms “mission”, “way to go through”, and “karma”. All of the professionals interviewed had a religion, including catholic, evangelicals and spiritualists, and the concepts and depth of these reports may be related to philosophy and rites that every religion or doctrine complies with and conveys in their religious space. A religious experience is closely connected to the personal experiences and culture of individuals⁽¹²⁾.

Among the actions taken before challenges in life, faith is about the capacity of imagining, formulating new questions to construct new senses to life, especially in moments of suffering. The involvement of faith in care relationships, to professionals, is linked to movements of silent incursions in an attempt to understand and look for a broader meaning for life, apart from religious life and close to an amplified idea of connectivity with all things⁽¹⁴⁾.

The speech of the next professional reports that finitude is individual, irremediable, God's will, a moment when no procedure, technique or qualified professional will be able to revert, and providing a good quality assistance is what should be done in this moment:

[...] everyone has their own time to die, if that is the time, there's nothing to do, God wanted so, we only have to comply with the care that can be provided as best as possible [...] (Archangel Aniel)

Since the man is a multidimensional being – physical, mental, social and spiritual – he should be provided with care in all spheres, ruled by assistance able to meet all basic needs of human existence. The spiritual dimension is regarded as a constituent factor that unites biological, psychological and social aspects of the human being, which influences the predictor elements of health and well-being⁽¹⁵⁾.

Appreciation and respect for the spirituality and religiosity of patients

The third category revealed that the assistance given by the nursing staff is quite discussed by the participants. Spirituality is present in therapeutic care in the ICU. For this reason, the profession has been turning to a spiritualized therapeutic care⁽¹⁶⁾.

It is of extreme importance to recognize and accept that emotional factors permeate this sector and that the lack of information and awareness of the users may trigger conflicts and unbalances of sentimental and psychological order⁽¹⁷⁾.

Health professionals could be the way to help patients to recover the meaning of their life, even with a serious disease, and this meaning can be recovered through the offering of support, comfort, hope, respect and valuation of the spirituality and religiosity of every individual⁽¹²⁾.

In face of this context, the nursing professionals of the study point the importance of valuing and respecting the patients' spirituality and religiosity:

It brings some comfort to these patients, having somebody to turn to, being positive about the improvement and cure, but the key to me is to show respect to them, for what they believe, their different religions. (Archangel Rafael)

Look, I really respect, I try to encourage because the patient is going through a hard situation, and if he's involved with pray that calms him I feel happy, things get better [...] (Archangel Uriel)

[...] very important, we have to respect everyone's religion. (Archangel Ezequiel)

[...] I respect those who are praying, who believe in cure even when they are dying, without salvation, just that, I respect. (Archangel Aniel)

[...] I try to respect and, whenever possible, and give them strength, so they do not lose their faith in any moment. (Archangel Samuel)

It is important that the nursing staff also meets the spiritual needs of the patients; thereby, they should turn their efforts to the development of care attitudes ruled by the spiritual sense. Patients, when hospitalized, can be isolated from their religious community and, since spiritual needs usually rise during these moments, health professionals need to recognize, forward and meet such needs⁽²⁾. However, there should be some caution when dealing with religious themes, because superposing, arbitrarily, a belief as mediator of the care practice would result in irreparable ethical damages to the professional⁽¹⁴⁾.

Another study about spirituality and religiosity and the way professionals experience this phenomenon in the care for patients with cancer, obtained as a result that health professionals mean the importance of spiritual and religious support to patients with this disease and their families, but these experiences should be lived as a support, protection and prudence, always looking at the reality⁽¹²⁾.

The professional should be sensitive to listen and understand expressions of faith, hope and human beliefs, those that represent a connection with the divine, without being concerned with imposing his/her religious beliefs and dogmas⁽¹⁾, because "Embrace everyone's spirituality is to respect it in its singularity"^(1:47).

Besides the speeches of the participants, who describe that they respect the beliefs of the patients, they also report that care, when it contemplates spirituality and religiosity, brings strength, comfort

and hope to patients in moments of anguish and finitude:

[...] I'm going to summarize it saying that there is a lot of respect. Believing in something superior is to me a way to help them in the treatment, being hopeful when here on earth the doctors have no more hope. So to me it is a way to make patients feel better during the time they are here. (Archangel Jofiel)

[...] I always try to respect, I feel good giving them strength, I think it's one of our missions [...] it's that too, to demonstrate concern with the patient and help him go through this suffering and most of the times to have a moment to pray, a word of strength counts a lot. (Archangel Caliel)

Nursing should develop skills toward identifying the spiritual needs of patients in the ICU. For nursing to provide spiritual care, some aspects, such as faith, prayers, embracement, humanization, emotions and feelings, should be present in the therapeutic practice, since they interfere with spiritual care. Beyond it, professionals should believe in the importance of spiritual care in an ICU⁽¹⁶⁾.

Further considerations

Spiritual and religious values are approached in the speeches of the participant professionals. It is possible to observe that the assistance offered is ruled by the influence of their own spiritual and religious beliefs and by the valuation of patient's spirituality and religiosity, since they reported the importance of respecting these attitudes, besides the need to provide comfort, hope in moments of anguish and finitude.

When approaching the dimension of human care, especially in nursing, it is perceivable how demanding it is and needs qualified professionals who value a humanized practice and esteem a comprehensive assistance to patients and their families. This assistance, when offered in the ICU, requires from the professional, as shown in the results of this research, special attention, due patients use coping strategies related to spirituality - whether to attribute meaning to life, whether to punish themselves - and religiosity, through the performance of religious rites, greater attachment to their religion, prayers, songs, need for the presence of spiritual leaders such as pastors and priests.

Nowadays, the development of new health technologies requires from health professionals a differentiated and more refined view to manipulate materials, instruments and

machines, and to provide a quality assistance. So, it is possible to note that professionals need to stimulate and offer a comprehensive care. Thus, it is pertinent to stress the practice

of spiritual care, because that is stimulating, brings back the courage, vitality and energy patients need to cope with situations of suffering and pain.

PERCEPÇÃO DA EQUIPE DE ENFERMAGEM DE UMA UNIDADE DE TERAPIA INTENSIVA COM RELAÇÃO À ESPIRITUALIDADE E RELIGIOSIDADE

RESUMO

Esta pesquisa teve por objetivo compreender a percepção dos profissionais de enfermagem que trabalham em uma UTI adulto acerca da espiritualidade e religiosidade. Trata-se de um estudo exploratório de abordagem qualitativa, realizada em um hospital de médio porte do município do Paraná. Participaram da pesquisa 09 profissionais da equipe de enfermagem que atuam no setor de UTI. Para coleta dos dados foi utilizada uma entrevista semi-estruturada. Os dados foram analisados por meio da análise de conteúdo temática. A pesquisa obteve como resultado três categorias centrais: Cuidado espiritual e religioso; Influência da espiritualidade e religiosidade do profissional na convivência com pacientes na UTI; Valorização e respeito da espiritualidade e religiosidade dos pacientes. A partir da análise e discussão das categorias, pode-se perceber que a assistência oferecida está pautada na influência das próprias crenças espirituais e religiosas dos profissionais desta unidade e também na valorização da espiritualidade e religiosidade dos pacientes. É preciso prestar cuidado integral aos pacientes, ressalta-se a prática do cuidado espiritual, pois este é estimulador, resgata a coragem, fornece ânimo, energia para enfrentar situações de sofrimento e dor.

Palavras-chave: Espiritualidade. Religiosidade. Equipe de Enfermagem. Unidade de Terapia Intensiva.

PERCEPCIÓN DE UNA EQUIPO DE ENFERMERÍA DE UNA UNIDAD DE CUIDADOS INTENSIVOS ACERCA DA ESPIRITUALIDAD Y RELIGIOSIDAD

RESUMEN

Esta investigación tuvo como objetivo conocer la percepción de las enfermeras que trabajan en una unidad de cuidados intensivos adulto acerca de la espiritualidad y la religiosidad. Este es un enfoque cualitativo exploratorio, realizado en un hospital de tamaño medio del Paraná. Los participantes fueron 09 enfermeros profesionales que operan en la UCI. Para la recolección de datos se utilizó una entrevista semi-estructurada. Los datos fueron analizados de acuerdo con análisis de contenidos temáticos. El resultado de la investigación obtuvo tres categorías básicas: atención espiritual y religiosa; La influencia de la espiritualidad y la religiosidad en la interacción profesional con los pacientes en la UCI; Aprecio y respeto con la espiritualidad y religiosidad de los pacientes. A partir del análisis y la discusión de las categorías, se concluye el asistencia ofrecida se rige por la influencia de sus propias creencias espirituales y religiosas de los profesionales de esta unidad y también aprecio de la espiritualidad y la religiosidad de los pacientes. Usted necesidad de proporcionar una atención integral a los pacientes, hace hincapié en la práctica de la atención espiritual, porque es estimulante, coraje rescates, ofrece coraje, la energía para hacer frente a situaciones de sufrimiento y dolor.

Palabras clave: Espiritualidad. Religiosidad. Grupo de Enfermería. Unidades de Cuidados Intensivos.

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