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RESEARCH

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SPIRITUAL SELF-CARE OF THE NURSING STAFF OF AN ONCOLOGY HOSPITAL*

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ABSTRACT

Objective: to understand the actions performed by the nursing team of an oncology hospital for the development of spiritual self-care. **Methods:** descriptive-exploratory study with a qualitative approach, carried out in a Brazilian oncologic hospital. Twenty-two nursing professionals from the hospital were interviewed in January 2018. The data were analyzed through Content Analysis. The study respected ethical aspects, legal opinion 2.415.223. **Results:** the five categories showed that the development of spirituality occurs through the help of others and the act of caring; social interaction and dialogue; the exercise of religious practices; by the composition of songs; and one that revealed the denial of practices related to spiritual development. **Conclusion:** care for others, social interaction, religious and playful practices were identified as promoters of spiritual self-care. The enhancement of these activities is suggested, given the importance of spirituality for patients and families, positively reverberating in the care provided by the Nursing team.

DESCRIPTORS: Spirituality; Nursing; Self Care; Oncology Nursing.

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RESUMO

Objetivo: compreender as ações realizadas pela equipe de Enfermagem de um hospital oncológico para o desenvolvimento do autocuidado espiritual. **Métodos:** estudo descritivo-exploratório de abordagem qualitativa, realizado num hospital oncológico brasileiro. Foram entrevistados 12 profissionais de Enfermagem do hospital em janeiro de 2018. Os dados foram analisados através da Análise de Conteúdo. O estudo respeitou os aspectos éticos, parecer 2.415.223. **Resultados:** as cinco categorias desvelaram que o desenvolvimento da espiritualidade ocorre por meio do auxílio ao próximo e ato de cuidar; da interação social e do diálogo; do exercício de práticas religiosas; pela composição de canções; e ainda uma que revelou a negação de práticas relacionadas ao desenvolvimento espiritual. **Conclusão:** cuidado ao próximo, interação social, práticas religiosas e lúdicas foram apontadas como promotoras do autocuidado espiritual. Sugere-se a potencialização destas atividades, visto a importância da espiritualidade para pacientes e familiares, reverberando positivamente no cuidado prestado pela equipe de Enfermagem.

DESCRITORES: Espiritualidade; Enfermagem; Autocuidado; Enfermagem Oncológica.

RESUMEN

Objetivo: comprender las acciones realizadas por el equipo de enfermería de un hospital oncológico para el desarrollo del autocuidado espiritual. **Métodos:** estudio descriptivo-exploratorio con abordaje cualitativo, realizado en un hospital oncológico brasileño. Veintidós profesionales de enfermería del hospital fueron entrevistados en enero de 2018. Los datos fueron analizados a través del Análisis de Contenido. El estudio respetó aspectos éticos, opinión 2.415.223. **Resultados:** las cinco categorías mostraron que el desarrollo de la espiritualidad se produce a través de la ayuda de otros y el acto de cuidar; interacción social y diálogo; el ejercicio de prácticas religiosas; por la composición de canciones; y uno que reveló la negación de prácticas relacionadas con el desarrollo espiritual. **Conclusión:** el cuidado de los demás, la interacción social, las prácticas religiosas y lúdicas se identificaron como promotores del autocuidado espiritual. Se sugiere la potenciación de estas actividades, dada la importancia de la espiritualidad para los pacientes y sus familias, repercutiendo positivamente en los cuidados brindados por el equipo de Enfermería.

DESCRIPTORES: Espiritualidad; Enfermera ; Autocuidado; Enfermería Oncológica.

INTRODUCTION

Nursing has a historical relationship with religiosity, since it emerged from a practice based on religion and charitable organizations.¹ Therefore, at the heart of this history, there is an important component of the religious perspective that was the understanding of the profession as a call to care for the other, which came from the sense of obedience for the glory of God.²

From this perspective, in fact, nurses are urged to see the value of the spiritual dimension in the midst of suffering, and to investigate what may be meaningful to the patient and/or family.¹⁻² It is ratified that unlike the physical body, which can be touched and visualized, the spiritual aspect does not have an objective reality, nor is it concrete.³

Currently, spirituality has been the target of multiple studies, however, due to the complexity inherent to the phenomenon and the subjectivity involved, there is no consensus about its attributes, definition, evaluation or even about a theoretical model that serves as a subsidy for these publications.¹⁻³ Therefore, it is emphasized that defining the word spirituality constitutes an arduous task, since its concept is complex, especially due to the superposition of the concepts: religion, religiosity and spirituality; however, it is emphasized that these are distinct concepts.⁴

Religion is characterized as a system of specific doctrines that are shared by a certain group of individuals, and is the most lasting creation of mankind.⁵ On the other hand, religiosity is the

external manifestation of beliefs and cults, characterized then as the execution of practices/activities that aim to develop the precepts of religion, as well as the search for spirituality.⁴

Spirituality, on the other hand, goes beyond religion and religiosity, being characterized as something great, which provides meaning to life.⁵⁻⁶ It is constituted as a way of existing, being the unknown, the undetectable, the support, the love, characterized as a personal search for understanding issues related to the meaning of life, the contact with the transcendent, a connection with the sacred.⁶

In view of the above, the importance of the relationship between religion, religiosity, spirituality, and health can be noted, especially for people undergoing treatment for chronic and/or severe diseases, mental disorders, and other serious conditions that threaten the continuity of life.¹⁻³ Therefore, there is a need to encourage health professionals to offer support to the beliefs and spiritual needs of patients/family members who are facing diseases such as cancer,⁵ as well as to promote actions related to the development of their own spirituality.

When considering oncologic illness, spirituality can be understood as a future hope for facing possible adversities and suffering.⁷⁻⁸ In this perspective, it is ratified that when facing cancer and consequently the stigmas related to it, such as the confrontation with inexorable finitude, the psychospiritual needs often overlap with the psychobiological ones.⁹

Thus, it is up to the Nursing team to provide assistance to this human dimension,⁹ by means of compassion, human warmth,

demonstration of affection,⁸⁻⁹ compassionate presence, attentive listening, and sensitive touch.^{3,8}

It is pointed out that in the literature, there are many studies related to the benefits of spirituality for the patient and family. However, regarding the benefits of spirituality for the team responsible for the care of patients with illness/illness, the literature is scarce. Thus, based on the hypothesis that spirituality enriches the professional in the execution of care, contributing to their work process,¹⁰ providing tranquility and comfort in their role,¹¹ the present study was proposed.

Considering the above and the following definition of self-care: regulatory human function that people deliberately perform for themselves or that someone else performs for them to preserve life, health, development, and well-being,¹² the question that was proposed to be answered was: what activities do the nursing team perform to develop their own spirituality? The objective of this study was to understand the actions developed by the Nursing team of an oncologic hospital for the development of spiritual self-care.

METHODS

This study is part of a larger project, entitled "Spirituality from the point of view of the nursing team working in a cancer hospital. It is characterized as a qualitative, exploratory, and descriptive study, carried out in a Brazilian oncology hospital.

Twelve professionals from the nursing team participated in the study, who were personally approached by the researchers during working hours. The inclusion criteria were: to be a member of the Nursing team working in any sector of the hospital and to have been employed by the institution for a minimum period of six months. Professionals on leave of absence, due to vacations, licenses or reports of any nature were excluded. The consent of the participants was obtained by reading and signing the Free and Informed Consent Form.

Country names were used as codenames to ensure anonymity and confidentiality of the information provided by the professionals. Data collection was conducted in the year 2018, from a semi-structured script, containing sociodemographic and religious data, in addition to the following guiding question: "In your personal life, what activities do you practice to develop spirituality?"

It is clarified that the interviews were individual, conducted at the participants' workplaces in scheduled visits to the institution and according to their availability. All the interviews were recorded on audio media and transcribed in full with fidelity to the participants' speech, the average time was 30 minutes, considering the interaction between the researcher and the professional.

At the moment when the frequent repetition of the content expressed in the speeches was perceived (saturation), the collec-

tion was terminated, since at this point the insertion of new data no longer added elements to the content already researched.¹³

For data treatment, we used the Content Analysis technique, which allows us to describe, in an objective and ordered way, the content exposed in the information provided by the participants.¹⁴ The technique is divided into the following phases: pre-analysis, material exploration, and treatment of results, inference, and interpretation.¹⁴ In the pre-analysis, we aimed to systematize and operationalize the preliminary ideas, by means of the generic approximation of the text for the structuring of an analysis corpus.¹⁴

Later, in the exploration of the material and in the treatment of the results, characteristics of the corpus under analysis were gathered by similarities, to, in sequence, by means of counting rules, aggregate, classify, and categorize.¹⁴ Then, in the inference and interpretation phase, the synthesis and stratification of information was performed for analysis and critical interpretation of the findings conducted by the objectives of the study.¹⁴

The research began after the project was approved by the Ethics Committee on Research with Human Beings of the Federal University of Viçosa, opinion 2,415,223, following the recommendations of Resolution n. 466/2012 of the National Health Council of Brazil.¹⁵

RESULTS AND DISCUSSION

Characterization of the participants

Of the 12 professionals who participated in the research, four (33.4%) were male and eight (66.6%) were female. As for the professional class, six (50%) were nursing technicians, five (41.6%) nursing assistants, and one (8.4%) was a nurse. Regarding age, the mean age was 26 years, with a variation between 19 and 45 years; regarding the time of work in the oncologic institution, the mean was two years and nine months, with a variation between a minimum of six months and a maximum of 10 years of experience.

Regarding religion, three (25%) professionals reported adopting Catholicism; three (25%) declared Protestantism as religious link; spiritism was referred by two (26.6%) professionals; and two (16.6%) said they had no religious link, two (16.6%) of the professionals indicated having more than one religious link, being linked to Catholicism and Protestantism.

As for the participation in religious activities, two (16.7%) of the interviewees reported attending church four times a month; other three (25%) reported attending church at least twice a month, and three (25%) reported attending church once a month. Finally, the two (16.6%) who claimed to be syncretic attend some religion at least once a month.

After analyzing the results, five categories emerged, which are explained below.

Development of spirituality through helping others and the act of caring

The interviewees' statements expressed in this category revealed the exercise of various activities for the development of spirituality, such as helping others and caring in an attentive manner, as evidenced in their statements:

We see a lot of helping others, which is what we do in nursing. (Russia)

Treating the patients well, that develops spirituality. (Canada)

It is perceived, from the aforementioned excerpts, that the spirituality of the members of the nursing team is developed through empathy. This, together with attention, care and love, were attitudes expressed in the actions and physiognomy of health professionals in a survey carried out in Pelotas, Rio Grande do Sul state.¹⁶ This survey involved patients in palliative care, and revealed that the actions of professionals linked to caring, helped both the professionals themselves, as well as the patients under their care,¹⁶ corroborating the data of the present survey.

Therefore, triangulating the aforementioned findings with those of the present study, where the professionals reported having their spirituality developed through the act of caring, we understand that the process of caring is a two-way street in which the caregiver and the being who receives care have their spirituality developed simultaneously.

Furthermore, the findings of a literature review strengthen the results in question, since in it the relationship between "Neuroscience and Spirituality" was mentioned.¹⁷ The importance of the work of the health professional, together with the chaplaincy team in the approach to spirituality was made explicit, and the importance of empathy and compassion for the spiritual development of both the caregiver and the being under care was proven.¹⁷

Developing spirituality through social interaction and dialogue

This category reveals that interviewees' reports indicate that social interaction and dialogue are cited as important strategies for the development of spirituality. In this sense, the routine of the Nursing team of the oncologic sector is not only limited to the work shifts and shifts, but can also be understood by the activities of daily life and personal life, and these issues are visualized in the following statements:

A friend, a neighbor, a stranger, not just the patient, it is an exchange with everyone, social relationship. (Russia)

Going to the psychologist, I go once or twice a month. (China)

In this group of speeches, the activities developed by the team are related to the "interaction and dialogues with the psychologist and people from the family and social bonds". Spirituality has

the ability to transcend the scope of religiosity-religion, being something inherent to the human being, being present in all relational processes, with its understanding and experience being spontaneously circumscribed in the life of man.²⁴ From the daily and transparent witness of his thinking, feeling, and meaning, to the ultimate process of acting.²⁴ This corroborates the findings of the present study, since the process of daily socialization in the lives of the professionals is a process that helps them in the construction/development of their own spirituality.

Furthermore, it is emphasized that in the theory of Basic Human Needs, the human being is made up of three dimensions (psychosocial, psychospiritual, and psychosocial), which are interrelated and responsible for diseases if there is an imbalance in any of them.⁹ Therefore, with the findings of the present study, we have an understanding of the interrelationship of the dimensions mentioned in this theory,⁹ since through social interaction (psychosocial dimension) we have the development of spirituality (psychospiritual dimension).

Development of spirituality through the exercise of religious practices

The results of this category show that the interviewees reported having their spirituality developed through habits linked to religious practices, as exemplified in the following statements:

Reading, attending public lectures at the center, gospel study group. (United States)

Prayer and Bible reading. (Brazil)

Reading, movies, documentaries, my prayer every night before sleeping. (Australia)

Going to church. (India)

Regarding these, a sociodemographic survey of spirituality in Brazil¹⁸ revealed that the exercise, development, or search for spirituality through religious habits is the most common. This survey showed that 95% of the participants were involved with religion; of these, 83% considered it very important and 37% attended religious services at least once a week.¹⁸

These findings are similar to those of the present study, since, of all the subjects interviewed, only 16.6% had no ties with a religion, while the other 83.4%, besides the religious ties, reported daily religious practices, such as: reading the Bible, praying, listening to music, watching movies, and attending religious meetings. An average frequency of participation in religious meetings of twice a month was also reported among those linked to some religion.

Thus, these findings are strengthened by the fact that approximately 90% of the Brazilian population, regardless of their beliefs, make use of religiosity and/or spirituality, having, among others, the objective of obtaining strength, hope, and a certain type of comfort in the face of life's difficulties, especially in relation to disease and the ephemeral nature of life.¹⁹

Development of spirituality through songwriting

It is noteworthy in this category that one of the interviewees mentioned making use of songwriting about his daily work as a form of spiritual self-care, as expressed in his speech:

I like to compose things from everyday life, when I go through something difficult or when I face a death in the hospital I let these feelings surface, I strengthen myself with it. I take the sadness and turn it into a song about gratitude. (Argentina)

Solomon, in his work, already defended the potentiality of music, which is able to express all and any human emotion, having concomitantly the characteristics of sensuality and sociability, making it an excellent paradigm and at least an appropriate metaphor of naturalized spirituality.²⁰

For the author, both spirituality and music celebrate life, making us feel our inner selves, taking us to our core, and this exercise is capable of making us feel like owners of floating souls that are free from our physical bodies.²⁰

In this same perspective, Frizzo and collaborators,²¹ argue that music gives man the opportunity to meet his essence, facilitating the understanding of the meaning of life. The authors ratify that this contact constitutes a subjective experience, which, incredibly, always occurs in a singular manner, and potentially has the intentionality to bring together all human dimensions.²¹

In view of this, the potentiality of the findings of the present study stands out, and it is, therefore, fundamental to develop more research specifically on this theme. In the same way, the use of music to enhance the spirituality of the health team, patients, and family members in the process of becoming ill is fundamental.²⁰⁻²¹

The denial of practices aimed at the development of spirituality

The findings of this category indicate that some research participants do not perform any activities aimed at developing their own spirituality. The fragments that follow illustrate these statements:

None. (Kazakhstan)

None. (Algeria)

It was noticed the confusion or lack of knowledge regarding the terms religion and spirituality among some interviewees, and this confusion ends up leading to some answers that denote the non-exercise of activities that develop spirituality,^{4,22} as observed in the aforementioned statements.

Regarding the last aspect, it is inferred that the lack of knowledge about the importance of maintaining the balance of human dimensions leads to the need to expand the dialogue and actions regarding the spirituality of the nursing team members. The importance of actions and activities that have the development

of spirituality as a goal is also emphasized, since they improve the quality of life and the confrontations of daily life.^{11,23}

From this perspective, the importance of spirituality is emphasized for self-knowledge, for valuing and caring for oneself in nursing practice.²⁴ This issue is confirmed by the findings of a study with Chinese nurses,²⁵ which identified that the religious beliefs of nurses are characterized as an important factor when it comes to the impact on their attitudes about caring for the spiritual dimension.

Finally, it should be emphasized that when dealing with spirituality, some facts postulated in the literature are deduced, such as: all individuals have a spiritual dimension;^{1,25-26} spiritual care should be one of the essential focuses of nursing care, since it is an ethical obligation of the profession; patients and family members consider it relevant for their oncologic treatment²⁶ to have their spirituality worked on; the unpreparedness of many nurses to provide care to the spiritual dimension,^{3,26-28} since they are often unaware of their own spirituality.

From the above, it appears that when working on spiritual self-care, the Nursing team experiences a broad range of care, since it ends up reflecting on its own human condition.⁶

CONCLUSION

Faced with the importance of spirituality reported by the interviewed team, part of them revealed that they practice activities to seek/develop this spirituality, such as helping others, social interaction and dialogue, religious practices, and composing music. The enhancement of these activities is suggested, as well as their follow-up by professional chaplains, especially because of the importance that spirituality has on the health-disease process of the professionals and of the patients and families under their care.

In relation to the finding of the study that refers to the non-performance of any activity that aims at the development of spirituality by the nursing team, it is fundamental to encourage the expansion of dialogue with them on the subject, as well as to stimulate the development of activities that aim at the development of spirituality, given its importance for the wholeness of the human being.

In view of the above, it is considered that this research brings as implications for the Nursing field the sensitization/reflection on the theme, awakening to the spiritual self-care of these professionals, which, when developed, reverberates in the care of the other, the essence of the Nursing profession. Furthermore, the results of the present research may strengthen the critical readings about the theme and subsidize new investigations, since the psychospiritual dimension should be better explored in the academic, professional and individual spheres.

It is suggested that further research may be developed in order to investigate the influence of spirituality on the resilience of professionals belonging to the Nursing team, as well as the religious/spiritual coping that they present.

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CONFLICTS OF INTEREST

There are no conflicts of interest.

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