

CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

ORIGINAL ARTICLE

DOI: 10.9789/2175-5361.rpcfo.v16.13243

THE INFLUENCE OF SPIRITUALITY IN ASSISTING PATIENTS IN PALLIATIVE CARE

*A influência da espiritualidade na assistência a pacientes em cuidados paliativos**La influencia de la espiritualidad en la asistencia a los pacientes en cuidados paliativos*Jennifer Machado de Oliveira¹ Vitória Mesquita Arantes² Thaís Giansante³ Simone Cristina Ribeiro⁴ Tauana Fernandes Vasconcelos⁵ Fabiana Bolela⁶ 

ABSTRACT:

Objectives: to describe the perception of professionals who work in the palliative care team about the influence of spirituality in their daily lives and the assistance provided. **Method:** qualitative, descriptive, and exploratory study, which met the criteria of the Consolidated Criteria for Reporting Qualitative Research Checklist. Data collection was carried out through semi-structured interviews. To interpret the data, we opted for thematic analysis. **Results:** 18 professionals from the multidisciplinary team were interviewed and three categories emerged from the analysis of their statements, “Religiosity and spirituality being confused in the understanding of professionals”; “Meaning for the work of professionals who work in palliative care”; “Actions and attitudes that favor the development of spiritual care”. **Conclusion:** the multidisciplinary team recognizes that spirituality influences their daily work. Although different perceptions were identified regarding the understanding of the concept of spirituality, they identified actions that, in their conception, contribute to the provision of assistance that encompasses the spiritual dimension.

DESCRIPTORS: Palliative care; Spirituality; Multidisciplinary team.

^{1,2,3,4,5,6} University of São Paulo, Ribeirão Preto - São Paulo – Brazil.

Recebido em: 27/03/2024; Aceito em: 15/04/2024; Publicado em: 2024/08/19

Corresponding Author: Fabiana Bolela, fbolela@usp.br

How to cite this article: Oliveira JM, Arantes VM, Giansante T, Ribeiro SC, Vasconcelos TF, Bolela F. The influence of spirituality in assisting patients in palliative care. u. R Pesq Cuid Fundam [Internet]. 2023 [acesso ano mês dia];16:e13243 Disponível em:

<https://doi.org/10.9789/2175-5361.rpcfo.v16.13243>



RESUMO:

Objetivos: descrever a percepção dos profissionais que atuam na equipe de cuidados paliativos sobre a influência da espiritualidade em seu cotidiano e assistência prestada. **Método:** estudo qualitativo, descritivo, exploratório, que atendeu aos critérios do Consolidated Criteria for Reporting Qualitative Research Checklist. A coleta de dados foi realizada por meio de entrevistas semiestruturadas. Para a interpretação dos dados optou-se pela análise temática. **Resultados:** Foram entrevistados 18 profissionais da equipe multidisciplinar e da análise de suas falas emergiram três categorias, Religiosidade e espiritualidade confundindo-se na compreensão dos profissionais; Sentido ao trabalho dos profissionais que atuam em cuidados paliativos; Ações e atitudes que favorecem o desenvolvimento do cuidado espiritual. **Conclusão:** a equipe multidisciplinar reconhece que a espiritualidade influencia seu cotidiano de trabalho. Embora tenham sido identificadas diferentes percepções acerca da compreensão do conceito de espiritualidade, identificaram ações que em sua concepção contribuem para a oferta de uma assistência que contemple a dimensão espiritual.

DESCRIPTORIOS: Cuidados paliativos; Espiritualidade; Equipe multiprofissional.

RESUMEN

Objetivos: describir la percepción de los profesionales que actúan en el equipo de cuidados paliativos sobre la influencia de la espiritualidad en su vida diaria y la asistencia brindada. **Método:** estudio cualitativo, descriptivo y exploratorio, con 18 profesionales del equipo multidisciplinario que actúan en cuidados paliativos. La recolección de datos se realizó entre marzo y agosto de 2023 mediante entrevistas semiestructuradas. Para el análisis de los datos se optó por el análisis temático. **Resultados:** surgieron tres categorías, "Religiosidad y espiritualidad confundidas en la comprensión de los profesionales"; "Significado para el trabajo de los profesionales que actúan en cuidados paliativos"; "Acciones y actitudes que favorecen el desarrollo de la atención espiritual". **Conclusión:** el equipo multidisciplinario reconoce que la espiritualidad influye en su trabajo diario. Si bien se identificaron diferentes percepciones respecto a la comprensión del concepto de espiritualidad, acciones identificadas que, en su concepción, contribuyen a la prestación de una asistencia que abarca la dimensión espiritual.

DESCRIPTORIOS: Cuidados paliativos; Espiritualidad; Equipo multidisciplinario.

INTRODUCTION

Palliative care (PC) is the active, holistic care offered to individuals of all ages who face intense health-related suffering due to serious illness, especially those nearing the end of life. It aims to improve the quality of life of patients, families and caregivers.¹

Such care includes prevention, early identification, comprehensive assessment and management of physical problems, including pain and other stressful symptoms. PC also includes the psychological, spiritual and social dimensions related to the totality of being.¹

Studies have shown that religion and spirituality help individuals understand what awaits them near the end of life² and help them cope with this condition.³

However, it is important to emphasize that religiosity and spirituality are not synonymous concepts. Religiosity is characterized by the manifestation of beliefs and cults, in other words, the execution of practices and activities aimed at developing the precepts of religion, as well as the search for spirituality.⁴

Spirituality, on the other hand, is something that transcends religion and religiosity and is characterized as something that gives meaning to life.⁵ Spirituality can be defined as a dynamic and intrinsic aspect of the human condition through which individuals seek meaning, purpose and transcendence and experience relationships with themselves, family, community, society, nature and the sacred.⁶

For patients under palliative care, spirituality is considered a driving force capable of providing answers to their condition,

in relation to their own existence,⁷ influencing the process of experiencing illness, being a form of consolation for many patients and family members, who fear the unknown.⁸

There are several studies in the literature on the benefits of spirituality for patients and their families.⁸⁻¹² However, when it comes to understanding the influence of spirituality on the work of the team responsible for caring for patients, the literature is scarce.

For professionals working in palliative care, spirituality is important and can contribute to the day-to-day performance of their work, as well as to the quality of care provided.^{13, 14}

Although spirituality is a component that contributes to comprehensive patient care, many health professionals find it difficult to include this type of approach in their daily work, due to the insecurity they feel about not knowing their own spirituality. In addition, the lack of time to reflect on this issue makes it difficult for them to relate to the patient's beliefs, leading them to prioritize biological aspects when providing care.¹⁵ These difficulties may also be related to personal, institutional and cultural issues, as well as the need for professional training in this area.^{15, 16}

It is known that most health professionals do not receive any training to deal with the spiritual dimension surrounding the health-disease process, which is one of the difficulties in incorporating beliefs about religion and spirituality into patient care.¹⁷

When dealing with the finitude of patients in palliative care, health professionals are faced with their own terminality,

so spirituality can provide meaning to the work in palliative care.¹³

In view of the above, the aim of this study was to describe the perception of professionals working in the palliative care team about the influence of spirituality on their daily lives and the care they provide

METHOD

This is a qualitative, descriptive and exploratory study. The presentation of the manuscript followed the criteria of the Consolidated Criteria for Reporting Qualitative Research Checklist (COREQ).

Data was collected between March and August 2023 at a secondary hospital in the interior of the state of São Paulo. The service has 50 beds, 10 of which are exclusively for palliative care patients.

The study was approved by the Research Ethics Committee of the Ribeirão Preto School of Nursing at the University of São Paulo, under opinion no. 5.882.944 and CAAE 63540222.6.0000.5393. After approval, the participant was invited to take part in the study, at which point the aim of the study and what their participation consisted of were explained. They were given the Free and Informed Consent Form (FICF) in two copies and, after the participant had read it, any doubts were clarified and they were asked to sign both copies. The researcher also signed both copies of the ICF, filing one copy and giving the other to the study participant.

The study subjects were health professionals from the multidisciplinary team working in the palliative care ward. The inclusion criteria for the study participants were: working in the multidisciplinary team of the service for at least one year. The exclusion criteria were: being away from the service (for reasons of vacation or leave) during the period in which the data was collected.

For data collection, individual interviews were carried out with the participants, in a private place, in the same institution where the study was carried out. Data collection was carried out at a time set by the participant, so as not to interfere with their work shift.

Professionals from the multidisciplinary team were invited to take part in the study by being approached directly by the researcher at their place of work and during working hours, in order to make up a convenience sample.

Semi-structured interviews were carried out, guided by the following questions: "What is the meaning of spirituality for you?"; "What is your perception of the influence of spirituality on your daily life and the care you provide to patients in palliative care?" and "What actions do you carry out that you think favor the development of spiritual care?"

In order to characterize the participants, the following information was collected: training, length of training, length of time working in the service, length of time working in palliative care.

With the permission of the participants, who signed the Informed Consent Form (ICF),¹⁸ the interviews were recorded on a digital device and the material was later transcribed in full.

The total number of participants was defined according to the convergences and divergences observed in the elements used to understand the phenomenon. Saturation was achieved when the repetition of certain statements and descriptions of the phenomenon became evident.¹⁹ To guarantee the anonymity of the participants, the interviews were organized in order of data collection with Arabic numerals, identifying the interviewees with the initial of their training, for example, Nurse 1 (E1).

The transcripts were subjected to thematic analysis. This is divided into chronological stages: pre-analysis; exploration of the material; treatment of the results and interpretation of the data.²⁰ The recordings were analyzed numerous times to extract the essence of the answers, and from there, thematic categories were created.

RESULTS

Eighteen professionals took part in the study: three physiotherapists, one nutritionist, eight nursing technicians, three nurses and three doctors. Of the eighteen participants, six were men and twelve were women. The average age was 35, the average length of training of the professionals interviewed was 12 years and the average length of time working in palliative care was five years.

The interviews were carried out at different times, in the morning and afternoon, at times when the professionals were available, so as not to jeopardize the needs of patient care and the demands of the institution. The interviews lasted approximately 30 minutes and all the participants authorized the recording, allowing them to be transcribed in full for analysis.

From the data obtained in the research, based on the participants' statements, three thematic categories emerged: Religiosity and spirituality being confused in the understanding of professionals; Meaning to the work of professionals working in palliative care; Actions and attitudes that favor the development of spiritual care.

RELIGIOSIDADE E ESPIRITUALIDADE CONFUNDO-SE NA COMPREENSÃO DOS PROFISSIONAIS:

The statements of some interviewees made it possible to understand that religiosity and spirituality are often confused, in their perception. Those who said they had a religion believed that this was why they were spiritual and therefore able to incorporate aspects of this spirituality into their care for patients in palliative care.

[...] Spirituality? You have to have a lot of faith in God, I believe in God a lot and... the important thing is... to trust God a lot [...] (TE4)

[...] there comes a point when science doesn't have the answers, and then spirituality comes in. That's what it is for me... it's God... religion [...] (TE6)

For others, spirituality and religiosity are distinct concepts, but they can be related.

[...] spirituality is everything that connects me to a being greater than us, so... if I... how can I tell you... if I'm spiritualized, it's because I believe that there is something or a being greater than me, and I'm connected to that being [...] (F1)

[...] the meaning is really to understand and ... to seek a meaning, like this, of existence, a meaning in life, I think, but along this... path, this direction [...] (F2)

MEANING TO THE WORK OF PALLIATIVE CARE PROFESSIONALS:

The study participants recognize that their own spirituality, beliefs and practices give meaning to the relationship and care with patients, that is, to their daily care practice.

[...] I realize that when I, as a physiotherapist, am not so connected to God, I feel that... something seems to be missing, there is a difference in the treatment itself, in the actual care, in how my care reaches the patient [...] (F1)

[...] I think that in a way it brings an air of understanding, we pass this on to the patients, so it's very important, it helps a lot [...] (M7)

The professionals who care for patients undergoing PC show that spirituality provides a vision of their own role as a professional for the patient and their family in coping and seeking a better quality of life at this time.

[...] I think it helps a lot in coping with the difficulties, of dealing with human suffering, right, and our role here, not just as a professional, but as a human being, of helping the patient and the family to go through this difficult time, so I think it helps in this sense, of us... being able to cope with it, of having a meaning that helps us to really... do our role, our job [...] (F2)

[...] So, the way I see it, a lot of the time it's... for me it's a complement to nursing care as well, which is why I thought it would be interesting for us to delve more deeply into this issue [...] (TE8)

ACTIONS AND ATTITUDES THAT FAVOR THE DEVELOPMENT OF SPIRITUAL CARE:

By analyzing the participants' speeches, it was possible to identify their perception of some actions and attitudes that

they carry out in the care provided, as a means of contemplating the spiritual dimension of care.

[...] I think it's usually to find out how important spirituality is for the patient, we end up asking if they have any religious practice, how much it influences their treatment... we have a lot of patients here who ask for a religious or chaplaincy visit, so, in that sense, we investigate and see how we can help make this possible together with the rest of the team [...] (M12)

[...] I advise you, I advise you not to give up, to have faith, to... ask God, thank God every day, I advise you a lot on this [...] (TE8)

However, it was observed that these "actions", carried out by professionals as a means of contemplating the spiritual dimension, are associated with delegating this demand to other professionals who, in their conception, would be better able to provide such care.

[...] So, when I identify that there is someone who needs this spiritual support more, either because the person verbalizes it, or because they show in other ways that they need it, I try to direct them either to the spiritual support service that we have here, or I call in another professional who is more qualified to address some issues [...] (N3)

[...] we go very much by their demand, so there are some patients who request the presence of chaplains, priests, we have that here, right, it ends up that, in the end, the doctor here has a contact, often punctual with the patient, I think with the psychologist, social worker has a closer contact, so I think patients feel more comfortable talking to these professionals, you know?...] (M7)

DISCUSSION

Attention to the spiritual dimension is becoming increasingly necessary in health care practice.²¹ Spirituality is one of the aspects that governs differentiated care, and is relevant in palliative actions because, among other things, it can promote greater reflection and acceptance of suffering and death.¹³

Palliative care is holistic care, which includes spirituality in order to provide comprehensive patient care. However, many professionals treated the terms religion and spirituality as synonyms when discussing the concept and practice of palliative care.

Despite being treated as synonyms in the majority of studies, authors point out that it is difficult to carry out work on the subject of religiosity and spirituality due to the diversity and complexity of their definitions.²²

However, there are also authors who exclusively consider subjectivity when it comes to spirituality, and that this

distinction of concepts is only for didactic and research purposes, and that in the clinical approach to the patient they cannot be predefined by the professional, and only the meaning given by the patient's point of view should be considered.²³

This study made it possible to identify that spirituality, in the perception of health professionals working in palliative care, can have a positive influence on the care provided.

A study aimed at verifying whether the religiosity/spirituality of healthcare professionals influences the care provided to critically ill patients found that when asked if their religiosity/spirituality changed the way they cared for critically ill patients, the majority of professionals reported that yes, this dimension changes the way they care.²⁴

The appreciation of religiosity/spirituality in the provision of care to patients has become a clear paradigm in the daily practice of health professionals, allowing for a better understanding of the subject, improving the way of seeing and approaching the patient in an integral way, considering their personal beliefs and not only the biological aspects of the health and disease process.²⁵

The statements of some of the participants in this study allowed us to understand that they adopt some actions in an attempt to contemplate the spiritual dimension in patient care, such as using words of support and encouraging faith in God, to promote comfort in the face of the difficulties imposed by the disease and coping with it. These actions are in line with the results obtained in another study which aimed to understand how the nursing team provides spiritual care to people undergoing palliation in the Intensive Care Unit.²⁶ These attitudes show that professionals are sensitive to dealing with the pain of others, thus signaling a comprehensive care based on valuing the human dimension, which transcends the physical.²⁶

However, in this study, it was possible to see that the actions reported by the participants related to the incorporation of spirituality in the promotion of assistance to patients in palliative care were restricted to offering support, words of comfort and encouragement. In order to provide effective spiritual care, the professionals usually referred to the chaplaincy and spiritual support services present in the service.

In this sense, such conduct is understandable since people with illnesses without therapeutic possibilities express the need to experience their religious beliefs and the permission and support of the health team within the possibilities and routine religious practices in the hospital environment.²⁷

The chaplaincy service offered in some health services plays an essential role in assisting patients who feel the need to turn to their faith to explore the meaning of life, death and what awaits them after death.²⁸

Furthermore, this attitude of "delegating" spiritual care to professionals who they consider to be better suited to this action may indicate that the professionals in the palliative care team interviewed do not feel adequately prepared to carry out actions that include the spiritual dimension in the care provided.

In this sense, authors emphasize the importance of addressing the spiritual aspects of patients while still training health professionals, in order to better prepare them to manage and promote this care.²⁹ A study that aimed to verify how spirituality is approached in health care environments concluded that it is necessary to develop in health care students not only the competence to care for the physical body, but also the competence to care for the spirit. As such, it considers that it is essential to incorporate spirituality into undergraduate health curricula.³⁰

In view of the above, it was observed that the theme of spirituality and its practices in the daily work of health professionals who assist patients in palliative care is still a challenge that needs to be better understood in order to provide skills and safety to meet this demand.

FINAL CONSIDERATIONS

The multidisciplinary team recognizes that spirituality influences their daily work assisting patients in palliative care. It was possible to identify different perceptions about the understanding of the concept of spirituality and to identify actions that, in the professionals' view, contribute to providing care that takes into account the spiritual dimension.

The limitations of this study are its restriction to a specific context and the small number of participants, which means that the findings cannot be extrapolated to other contexts and populations. We therefore encourage the development of further studies in the area, which contribute to understanding relevant aspects that include the spiritual dimension in assisting patients in palliative care.

This study has the potential to contribute to the development of knowledge on the subject, since it allows professionals to reflect on the influence of spirituality in their daily work and not just as a concept inherent only to patients and their families.

REFERENCES

1. Radbruch L, Lima L, Knaut F, et al. Redefining Palliative Care-A New Consensus-Based Definition. *J Pain Symptom Manage.* [Internet]. 2020 [cited 20 feb 2024];60(4). Available from: <https://pubmed.ncbi.nlm.nih.gov/32387576/>.
2. Pentaris P, Tripathi K. Religious/Spiritual Referrals in Hospice and Palliative Care. *Religions.* [Internet]. 2020 [cited 20 feb 2024];11(10). Available from: <http://dx.doi.org/10.3390/rel11100496>.
3. Kaut KP. Religion, Spirituality, and Existentialism Near the End of Life: Implications for Assessment and Application. *American Behavioral Scientist.* [Internet]. 2002 [cited 20 feb 2024];46(2). Available from: <https://doi.org/>

- org/10.1177/000276402236675.
4. Murgia C, Notarnicola I, Rocco G, Stievano A. Spirituality in nursing: A concept analysis. *Nurs Ethics*. [Internet]. 2020 [cited 20 feb 2024];27(5). Available from: <https://pubmed.ncbi.nlm.nih.gov/32281485/>.
 5. Jensen JS. *What Is Religion?* 2nd ed. London: Routledge; 2019.
 6. Ferrell BR, Twaddle ML, Melnick A, Meier DE. National Consensus Project Clinical Practice Guidelines for Quality Palliative Care Guidelines, 4th Edition. *J Palliat Med*. [Internet]. 2018 [cited 20 feb 2024];21(12). Available from: <https://pubmed.ncbi.nlm.nih.gov/30179523/>.
 7. Velosa T, Caldeira S, Capelas ML. Depression and Spiritual Distress in Adult Palliative Patients: A Cross-Sectional Study. *Religions*. [Internet]. 2017 [cited 20 feb 2024];8(8). Available from: <https://doi.org/10.3390/rel8080156>.
 8. Crize LB, Noguez PT, Oliveira SG, Bezerra BCC. Espiritualidade no cuidado de enfermagem ao paciente oncológico em cuidados paliativos. *SALUSVITA*. [Internet]. 2018 [acesso em 20 de fevereiro 2024];37(3). Disponível em: https://secure.unisagrado.edu.br/static/biblioteca/salusvita/salusvita_v37_n3_2018/salusvita_v37_n3_2018_art_08.pdf.
 9. Marques TCS, Pucci SHM. Espiritualidade nos cuidados paliativos de pacientes oncológicos. *Psicol. USP*. [Internet]. 2021 [acesso em 20 de fevereiro 2024];32. Disponível em: <https://www.revistas.usp.br/psicousp/article/view/202650>.
 10. Santos LCF, Silva SM da, Silva AE, Mendoza IYQ, Pereira FM, Queiroz RAS. Idosos em cuidados paliativos: a vivência da espiritualidade frente à terminalidade. *Rev. enferm. UERJ* [Internet]. 2020 [acesso em 20 de fevereiro 2024];28. Disponível em: <https://www.e-publicacoes.uerj.br/enfermagemuernj/article/view/49853>.
 11. Esperandio MRG, Rosa TS. Avaliação da espiritualidade/religiosidade de pacientes em cuidados paliativos. *Protestantismo em Revista*. [Internet]. 2020 [acesso em 20 de fevereiro 2024];46(1). Disponível em: <http://dx.doi.org/10.22351/nepp.v46i1.3840>.
 12. Miquelletto M, Silva L, Barros Figueira C, Rodrigues dos Santos M, Szylit R, de Faria Ichikawa CR. Espiritualidade de famílias com um ente querido em situação de final de vida. *Revista CUIDARTE*. [Internet]. 2017 [acesso em 20 de fevereiro 2024];8(2). Disponível em: <https://www.redalyc.org/articulo.oa?id=359550872007>.
 13. Arrieira ICO, Thofehrn MB, Porto AR, Moura PMM, Martins CL, Jacondino MB. Spirituality in palliative care: experiences of an interdisciplinary team. *Rev Esc Enferm USP*. [Internet]. 2018. [cited 20 feb 2024];52. Available from: <http://dx.doi.org/10.1590/S1980-220X2017007403312>.
 14. Rodrigues FO, Kirchoff RS, Siqueira DE, Greco PBT, Dornelles CS. Bem-estar espiritual em enfermeiros de um hospital de médio porte. *Saúde (Sta. Maria)*. [Internet]. 2020 [acesso em 20 de fevereiro 2024];46(1). Disponível: <https://periodicos.ufsm.br/revistasaude/article/view/39315>.
 15. Oliveira IC, Feitosa PWG, Santos EA, et al. Cuidados paliativos e espiritualidade no Sistema Único de Saúde: Uma Revisão sistemática da literatura. *Id on Line: Revista Multidisciplinar e de Psicologia*. [Internet]. 2019 [acesso em 20 de fevereiro 2024];13. Disponível em: <https://doi.org/10.14295/idonline.v13i45.1739>.
 16. Baldoino Es, Telles FL. A Espiritualidade e os Cuidados Psicológicos Paliativos: Unidos para um melhor tratamento em Pacientes Terminais. *Revista Mosaico*. [Internet]. 2019 [acesso em 20 de fevereiro 2024];10(2). Disponível em: <https://doi.org/10.21727/rm.v10i-2Sup.1763>.
 17. Borges MS, Santos MBC, Pinheiro TG. Representações sociais sobre religião e espiritualidade. *Rev Bras Enferm*. [Internet]. 2015 [acesso em 20 de fevereiro 2024];68(4). Disponível em: <http://dx.doi.org/10.1590/0034-7167.2015680406i>.
 18. Ministério da Saúde (BR). Conselho Nacional de Saúde. Resolução nº 466, de 12 de dezembro de 2012 [acesso em 20 de fevereiro de 2024]. Disponível em: http://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466_12_12_2012.html.
 19. Bruns MA de T. A redução fenomenológica em Husserl e a possibilidade de superar impasses da dicotomia: subjetividade - objetividade. In: *Psicologia e pesquisa fenomenológica: reflexão e perspectivas*. São Paulo: Ômega; 2001.
 20. Minayo MC de S. Análise qualitativa: teoria, passos e fidedignidade. *Ciênc saúde coletiva*. [Internet]. 2012 [acesso em 20 de fevereiro 2024];17(3). Disponível em: <https://doi.org/10.1590/S1413-81232012000300007>.
 21. Thiengo PCS, Gomes AMT, Mercês MC, Couto PLS, França LCM, Silva AN. Espiritualidade e religiosidade no cuidado em saúde: revisão integrativa. *Cogit. Enferm.* (Online). [Internet]. 2019 [acesso em 20 de fevereiro 2024];24. Disponível em: <http://dx.doi.org/10.5380/ce>.

v24i0.58692

22. Espinha DCM, Camargo SM de, Silva SPZ, Pavelqueires S, Lucchetti G. Opinião dos estudantes de enfermagem sobre saúde, espiritualidade e religiosidade. *Rev Gaúcha Enferm.* [Internet]. 2013 [acesso em 20 de fevereiro 2024];34(4). Disponível em: <https://doi.org/10.1590/S1983-14472013000400013>.
23. Raddatz JS, Motta RF, Alminhana LO. Religiosidade/Espiritualidade na Prática Clínica: Círculo Vicioso entre Demanda e Ausência de Treinamento. *Psico-USF.* [Internet]. 2019 [acesso em 20 de fevereiro 2024];24(4). Disponível em: <https://doi.org/10.1590/1413-82712019240408>.
24. Longuiniere ACFDL, Yarid SD, Silva ECS. Influência da religiosidade/espiritualidade do profissional de saúde no cuidado ao paciente crítico. *Rev Cuid.* [Internet]. 2018 [acesso em 20 de fevereiro 2024];9(1). Disponível em: <https://doi.org/10.15649/cuidarte.v9i1.413>.
25. Longuiniere ACF, Yarid SD, Silva ECS. Influência da religiosidade/espiritualidade dos profissionais da saúde na valorização da dimensão espiritual do paciente crítico. *Rev. enferm. UFPE on line.* [Internet]. 2017 [acesso em 20 de fevereiro 2024];11(6). Available from: <https://periodicos.ufpe.br/revistas/>.
26. Batista VM, Menezes TMO, Freitas RA, Chaves NA, Santos AA, Albuquerque RS, Almeida OMB. Cuidado espiritual prestado pela equipe de enfermagem à pessoa em palição na terapia intensiva. *Rev Gaúcha Enferm.* [Internet]. 2022 [acesso em 20 de fevereiro 2024]; 43. Disponível em: <https://doi.org/10.1590/1983-1447.2022.20210330.pt>.
27. Evangelista CB, Lopes MEL, Costa SFG, Abrão FMS, Batista PSS, Oliveira RC. Spirituality in patient care under palliative care: a study with nurses. *Esc Anna Nery.* [Internet]. 2016 [cited 20 feb 2024];20(1). Available from: <https://doi.org/10.5935/1414-8145.20160023>
28. Nolan S. *Spiritual Care at the End of Life: The Chaplain as a 'Hopeful Presence'*. 1st ed. [place unknown]: Jessica Kingsley Pub; 2011.
29. Nunes ECDA, Santos HS, Dutra GA, Cunha JXP, Szylyt R. Soul care in the hospital nursing context: an analysis based on Transpersonal Caring. *Rev Esc Enferm USP.* [Internet]. 2020 [cited 20 feb 2024];54. Available from: <https://doi.org/10.1590/S1980-220X2018053403592>