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## INTEGRATIVE REVIEW OF THE LITERATURE

Angústia espiritual: a busca por novas evidências

Spiritual distress: the search for new evidence

Angustia espiritual: la búsqueda por nuevas evidencias

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### ABSTRACT

**Objective:** To investigate the understanding of the concept of spiritual distress and existing methods to identify it. **Method:** it is an integrative literature review conducted in LILACS, MEDLINE, BDNF, CINAHL, IBECs, PUBMED, using the terms "spiritual distress", "spiritual suffering", together with the descriptor: nursing. **Results:** after analysis of 30 articles, nine were selected, and only four (44.4%) conceptualized spiritual distress, some using more than one concept, with the deficiencies in the constructs of transcendence, connection, beliefs/values systems, sense of meaning and purpose in life that most prevailed. Strategies to identify the phenomenon range from close observation of the patient to the application of psychometric assessment instruments. **Conclusion:** the combined use of all methods will enable healthcare professionals to have the means to identify and assess spiritual distress and thus offer care that meets the spiritual needs of the patient. **Descriptors:** Spiritual distress, Spiritual suffering, Nursing.

### RESUMO

**Objetivo:** Investigar sobre a compreensão do conceito de angústia espiritual e os métodos existentes para identificá-la. **Método:** trata-se de uma revisão integrativa de literatura realizada nas bases de dados LILACS, MEDLINE, BDNF, CINAHL, IBECs, PUBMED, utilizando os termos: "angústia espiritual" (*spiritual distress*), "sofrimento espiritual" (*spiritual suffering*), juntamente com o descritor: enfermagem (*nursing*). **Resultados:** após análise de 30 artigos, nove foram selecionados, apenas quatro (44,4%) conceituaram a angústia espiritual, alguns utilizaram mais de uma conceituação, sendo as deficiências nos construtos de transcendência, conexão, sistemas de crenças/valores, senso de significado e propósito na vida que mais prevaleceram. Estratégias para identificar o fenômeno abrangem desde observação atenta do paciente até a aplicação de instrumentos de avaliação psicométricas. **Conclusão:** a utilização combinada de todos os métodos possibilitará que profissionais da área da saúde tenham meios de identificar e avaliar a angústia espiritual e assim oferecer um cuidado que supra a necessidade espiritual do paciente. **Descritores:** Angústia espiritual, Sofrimento espiritual, Enfermagem.

### RESUMEN

**Objetivo:** Investigar la comprensión del concepto de la angustia espiritual y los métodos existentes para identificarlo. **Método:** Se trata de una revisión integradora de la literatura realizada en las bases de datos LILACS, MEDLINE, BDNF, CINAHL, IBECs, PUBMED, usando los términos "angustia espiritual" (*spiritual distress*), "sufrimiento espiritual" (*spiritual suffering*), junto con el descriptor: enfermería (*nursing*). **Resultados:** después del análisis de 30 artículos, se seleccionaron nueve, sólo cuatro (44,4%) conceptuaron la angustia espiritual, algunas utilizaran más de un concepto, siendo las diferencias en los conceptos de trascendencia, conexión, sistemas de creencia/valores, el concepto de significado y propósito en la vida que más prevalecieron. Estrategias para identificar el fenómeno abarcan desde una estrecha observación del paciente hasta la aplicación de los instrumentos de evaluación psicométricas. **Conclusión:** El uso combinado de todos los métodos permiten a los profesionales de la salud que tengan medios para identificar y evaluar la angustia espiritual y así ofrecer una atención que responda a las necesidades espirituales del paciente. **Descritores:** Angustia espiritual, El sufrimiento espiritual, Enfermería.

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## INTRODUCTION

**S**pirituality is a phenomenon that has attracted the interest of researchers who seek to understand about the many contributions that it provides to the health-disease process,<sup>1</sup> as well as its influence on the physical, mental and social health,<sup>2-3</sup> since it is one of the essential dimensions of life. Among the definitions proposed in the literature to describe it, it is noted that spirituality can be understood as a personal quest for understandable answers to existential questions of life, its meaning and relationship to the sacred or transcendent that may or may not lead to develop religious rituals.<sup>4</sup>

The aspects related to spirituality and how this can be identified in people, especially those who are experiencing an illness, is a target that deserves attention of health professionals. It has been increasingly recognized how important it is to include this dimension and aspects arising from this practice of patient care because there is a large number of benefits arising from identifying and attending to spiritual needs as part of the health care process.<sup>5</sup> Among the disagreements that may arise from spirituality, there is the phenomenon of spiritual distress, which will be the topic addressed in a special way in this study, since this directly affects the way one exists and lives.

Spiritual distress is a nursing diagnosis presented by NANDA-I (North American Nursing Diagnosis Association International)<sup>6</sup> and that, despite receiving attention from this important system of classification, is still little known in practice due to its peculiarity. Although advances in the recognition of the role of spirituality in health have been happening, there is still need to invest in research to explore and prove the effectiveness of interventions linked to phenomena, such as spiritual distress, because it can significantly interfere in the process of health recovering of the individual. In turn, the advances in research on spirituality will become possible, through evidence-based practice,<sup>7</sup> that healthcare professionals adopt the best actions in the face of detection, in clinical practice, of nursing diagnoses as subjective and complex as spiritual distress.

Spiritual distress is also called spiritual suffering and is present in different moments of the life of an individual when someone "experiences a disorder in his system of values and beliefs that gives him hope, strength and meaning to life."<sup>8</sup> The most favorable time to experience this phenomenon is when an individual experiences a moment of pain and, in most reports, this happens after the discovery of the diagnosis of an illness, especially a chronic disease like cancer, which can be life threatening.<sup>9</sup>

Identifying the phenomenon of spiritual distress is not an easy task, but it can be noticeable by the attitude of people, in interpersonal relationships and with the environment, as well as through verbal and non-verbal language.<sup>8</sup> The use of reliable methods and tools make it possible to identify, through an assessment, what the dimensions of spiritual anguish are, that are jeopardizing the life of the individual, in order to intervene effectively to health, including to restore spiritual health. Thus, health professionals, especially the nurse, who is present with the patient throughout the process

of diagnosis and treatment of disease, will be able to provide safe care and have quality in their actions.

It is known that the presence of spiritual distress compromises the life of each person in a specific way, which provides an individual response while experiencing this phenomenon and may be accentuated by the difficult circumstances of life as a result of requirements and challenges experienced in the disease process, especially when undergoing complex and painful treatments.<sup>10</sup> Thus, it becomes crucial to invest in research that support the theoretical and conceptual knowledge of this phenomenon and establish evidence-based practice.

Therefore, since there is still no research proving the effectiveness of the theme of spiritual distress in practice, it is essential to check first how studies demonstrate and better understand this concept and what specific and reliable means used to identify it are, since it is a subjective phenomenon and difficult to understand. Thus, this study conducted an integrative review aiming to establish the scientific evidence regarding the understanding of the concept of spiritual distress, as well as existing methods to identify it.

## METHOD

It is an integrative literature review whose guiding question was: "What is the evidence about the concept of spiritual distress and what are the methods used to identify it?" The choice by integrative review method meets the goal established in this study, and allows a phenomenon to be understood by a broad methodological approach.<sup>11</sup>

A literature search was conducted in the period from January to May 2012. The databases accessed were: LILACS (Literature Latin American and Caribbean Health Sciences), MEDLINE (Medical Literature Analysis and Retrieval System Online), BDNF (Database of Nursing), CINAHL (Cumulative Index to Nursing and Allied Health Literature), IBECS (Spanish Bibliographic Index of Health Sciences) and PubMed (Medical Publications). We used the terms "spiritual distress" and "spiritual suffering", along with the descriptor: nursing. The inclusion criteria were: articles in Portuguese, English and Spanish languages, with abstracts available for analysis, published in the last ten years and that addressed spiritual distress as a focus of study.

The search result in BDNF base was two publications, three in LILACS and none in IBECS. In MEDLINE, CINAHL and PUBMED, 245 studies were found; however, 12 were repeated in both bases. Thus, the results obtained in data mining were a total of 233 publications, which had gone through a careful reading of their abstracts and at the end, 30 articles met the inclusion criteria and were chosen to be read in full. After reading, we selected nine articles that answered to the guiding question of this study.

The information obtained during the evaluation and categorization of the studies were extracted by means of an instrument constructed by the authors and subjected to a process of refinement, in order to analyze the items in terms of presentation,

comprehensiveness, clarity and understanding.<sup>12</sup> The developed instrument was composed of seven items, with the first five items related to the selected profile of study and the last two items are related to specific information of the object of study, as is shown in Table 1.

**Table 1:** Tool items for data collection. Minas Gerais, 2012.

ITEM 1	Identification of Author and Article
ITEM 2	Objective(s) of Study
ITEM 3	Methodological characteristics
ITEM 4	Results/conclusions obtained
ITEM 5	Level of Evidence
ITEM 6	Concept of Spiritual Distress used
ITEM 7	Method used to assess Spiritual Distress

The identification of the quality of evidence extracted from the study was based on the proposal of Stetler et al. (1998)<sup>13</sup>, that considers the hierarchical classification of evidence for evaluating research according to the type of study. Thus, the strength of level of evidenced follows the classification: level I (evidence obtained from the results of a meta-analysis of randomized and controlled trials); level II (evidence obtained from an experimental study); level III (evidence obtained from a quasi-experimental study); level IV (evidence emerging from non-experimental, descriptive or qualitative approach study or case study); level V (evidence arising from case reports or data obtained in systematic way, of verifiable quality or from program evaluation data); level VI (evidence based on expert opinion based on clinical experience and on expert opinion committees).<sup>13</sup>

Finally, data from studies included in this review were submitted to descriptive analysis, to enable an integrative synthesis of the results, in which obtained information enable to verify the evidence about the general concept of spiritual distress and mechanisms of identification of this phenomenon.

## RESULTS AND DISCUSSION

### Characteristics of studies

By analyzing the selected articles, it was noted that three studies (33,3%)<sup>14-16</sup> were performed in Brazil, one (11,1%)<sup>17</sup> in China, one (11,1%)<sup>9</sup> in Japan, one (11,1%)<sup>18</sup> in Switzerland, one in the US (11,1%)<sup>19</sup> and two (22,2%)<sup>20-21</sup> did not show the place of performance of the study. Regarding the training of the authors, it was observed that four studies (44,4%)<sup>14,19-21</sup> were described only by nurses, one (11,1%)<sup>18</sup> only by physician and the other four remaining (44,4%)<sup>9,15-17</sup> had other professionals involved in research, besides the nurse. Regarding the features of the articles included in this review, more than a half

(66,7%)<sup>14-19</sup> were published in the last five years and there was a predominance of studies (88,9%)<sup>9,14-17,19-21</sup> published in nursing journals, as can be seen in Table 2.

**Table 2** - Distribution of journal articles concerning the authors and the year of publication. Minas Gerais, 2012.

Year of Publication	Author(s)	Study Title	Journal
2003	Kawa M, Kayama M, Maeyama E, Iba N, Murata H, Imamura Y, Koyama T, Mizuno M <sup>9</sup>	Distress of inpatients with terminal cancer in Japanese palliative care units: from the viewpoint of spirituality.	Holistic Nursing Practice
2005	Villagomez, LR <sup>20</sup>	Spiritual distress in adult cancer patients: toward conceptual clarity.	Holistic Nursing Practice
2007	Quillen TF <sup>21</sup>	Easing spiritual distress.	Nursing
2008	Chaves ECL, Carvalho EC, Goyatá SLT, Galvão CM <sup>14</sup>	Angústia espiritual: revisão integrativa de literatura.	Online Brazilian Journal Nursing
2008	Ferrel BR, Coyle N <sup>19</sup>	The Nature of Suffering and the Goals of Nursing.	Oncology Nursing Forum
2010	Chaves ECL, Carvalho EC, Haas VJ <sup>16</sup>	Validação do diagnóstico de enfermagem Angústia Espiritual: análise por especialistas.	Acta Paulista de Enfermagem
2010	Ku YL, Kuo SM, Yao CY <sup>17</sup>	Establishing the validity of a spiritual distress scale for cancer patients hospitalized in southern Taiwan.	International Journal of Palliative Nursing
2011	Chaves ECL, Carvalho EC, Beijo LA, Goyatá SLT, Pillon SC <sup>15</sup>	Efficacy of different instruments for the identification of the nursing diagnosis spiritual distress.	Revista Latino-Americana de Enfermagem
2012	Monod SM, Martin E, Spencer B, Rochat E, Bula C <sup>18</sup>	Validation of the Spiritual Distress Assessment Tool in older hospitalized Patients.	BMC Geriatrics

Most studies (66,7%)<sup>15-20</sup> was of quantitative approach with non-experimental design. Thus, the greater strength of evidence of this study was IV, as shown in Table 1.

**Table 1** - Distribution of articles about the type of study and level of evidence. Minas Gerais, 2012.

Type of Study Approach	Level of Evidence	N	%
Research with non-experimental design	IV	6	66,7%
Qualitative Research	IV	1	11,1%
Integrative Review	V	1	11,1%
Theoretical review	V	1	11,1%

It is emphasized that although publications relating to the research of spiritual distress have been appearing considerably in the scientific community, there is a need for studies that explore this phenomenon in experimental research, since the best evidence has been coming from this type of study.<sup>14</sup> Besides that, the results of these surveys may be used in the practice and teaching, contributing to increase the level of evidence of studies.<sup>22</sup>

#### Conceptualization of Spiritual Distress

Spiritual distress is a condition of suffering that every human being is prone to experience it at some stage in their life, especially in situations of illness and pain. Hence the importance of identification, preferably early, of this phenomenon in clinical practice, which necessitates an understanding of its meaning. However, not all researchers clarify the evidence about its meaning. In this context, of the nine articles included in this review, only four (44,4%)<sup>14-16,20</sup> conceptualize this phenomenon, and some use more than one concept, addressing concepts established by other authors.<sup>22-30</sup>

Only one (11,1%) study<sup>15</sup> used the definition of spiritual distress proposed by NANDA-I, so that the phenomenon can be understood as "impaired ability to experience and integrate meaning and purpose in life through a connection with oneself, with others, with music, art, literature nature and/or a higher power".<sup>6</sup> Another study<sup>20</sup> employs remote proposal of the American Association of nursing diagnosis,<sup>23</sup> which defines spiritual distress as a "disruption in the life principle that pervades the whole being of a person, integrates and transcends one's biological and psychosocial nature."

Some authors<sup>14</sup> complement what has been proposed by NANDA-I, reducing spiritual distress on three constructs: disturbance in sense of meaning and purpose in life; disturbances in the ability to connect and disorder in the ability of transcendence.

However, another authors<sup>20</sup> propose the phenomenon of spiritual distress as a result of the disability of seven constructs of one's spirituality, which are: connection, meaning to faith and religious belief, system of values, purpose in life, transcendence and peace, inner harmony, inner strength and energy. Furthermore, they still complement that it is a state of disharmony. However, other scholars<sup>24</sup> conceptualize it as an "experience that a person experiences of profound disharmony in his beliefs or values, which threatens the meaning of life." We note that spiritual distress is also called "suffering soul"<sup>21</sup> and "spiritual pain", these being understood as the experience of conflict and disharmony between the hopes, values and beliefs of a person, as well as of his existential knowledge about life.<sup>10</sup>

Also according to the literature,<sup>21</sup> spiritual distress is a phenomenon that is not included in the physical aspect of human being. It refers to something that is well beyond the environment or the material,<sup>25</sup> which incorporates the quality of "transcendence".<sup>25-26</sup> But it is a personal, complex reaction, difficult to define and to articulate,<sup>25,27-28</sup> that harms or threatens the spiritual integrity of the person<sup>20,29-30</sup> and may contribute to the loss of the meaning of life.<sup>20,26,29,31</sup>

Through the studies analyzed, it was also possible to highlight the relationship between the cancer experience and the presence of spiritual distress, since of the nine articles included in this review, four (44,4%)<sup>9,17,19,20</sup> highlighted this situation as a key condition for the occurrence of spiritual distress. It is emphasized that one of the reasons why this may happen is due to the fact that the diagnosis of cancer by itself produces a strong impact on the lives of individuals, as well as its treatment is fraught with stressful events.<sup>32</sup> Furthermore, chronic terminal illness can trigger spiritual distress, since it influences directly on spirituality, which was observed in study<sup>17</sup>. We also observed that patients have many questions regarding this dimension, as well as apparent impairment in the individual's relationship with others and difficulty of transcendence. It is noted that, especially those patients who are in terminal stage of cancer experience a sense of loss in different aspects of life, since the restriction on several common functions, including physical functions, is present. This makes them aware that there is a gap between the reality of their lives and/or their desires and aspirations, inducing them to suffering, which is considered a total aspect of pain, which is called in a special way spiritual pain.<sup>9</sup>

Identifying and having reliable means of evaluating the presence of a diagnosis of spiritual distress, especially in patients affected by chronic illness such as cancer, can prevent the physical and emotional symptoms of the disease from getting worse, and also contributes to the patient's ability to face this process in a positive way.<sup>33</sup>

#### **Methods available in the literature to identify spiritual distress**

The spiritual care differs from the care of other aspects of patients' health, as it requires evaluation of personal information, which is defined only by the individual and requires the narrowing of the bond between patient and nurse. Therefore, there is no "gold standard" for assessing spiritual distress; however, it is important to establish the means to facilitate the identification of spiritual distress in the clinical environment and to guide spiritual care. So slowly the literature has investigated the phenomenon of spiritual distress and seeks evidence about its concept, as well as strategies that are able to identify it reliably, although it is an abstract, subjective and complex phenomenon.

The studies investigated in this review presented the following ways to identify spiritual distress: careful observation,<sup>20</sup> active listening,<sup>9,19-20</sup> investigation of the defining characteristics of the nursing diagnosis for spiritual distress<sup>15</sup> and the application of psychometric assessment instruments.<sup>15,17-18,20</sup>

According to scholar,<sup>20</sup> evaluation should be considered the first step in recognizing the spiritual distress. This method consists of casually observing the patient's behavior and hearing his stories day by day, since this can reveal more about the spiritual needs of an individual than direct questions. The method of actively listening to patient's verbal report,

either spontaneously or by means of interrogation, is a feature existent in other studies,<sup>9,19</sup> which reinforces the importance of attention that the health care professional must provide to the spiritual dimension of the patient. Although for Villagomez<sup>20</sup> the investigation of spiritual distress does not need to necessarily involve direct questioning to the patient, it has recently been proven,<sup>15</sup> after comparing with other methods, that this is an effective means to assist in identifying the presence or absence of this phenomenon. Besides that, this form of research is based on the fact that the diagnosis approaches a subjective response of an abstract and personal nature<sup>15</sup> and according to the literature,<sup>34-35</sup> this is considered the most appropriate way to achieve an approach to spiritual experience, i.e., based on the description of the very individual. Thus, the individual's opinion regarding the presence of damage in the spiritual dimension can be a criterion for the identification of spiritual distress.<sup>15</sup>

The other method addressed by the literature<sup>16</sup> comprises the investigation of the defining characteristics present in the nursing diagnosis "spiritual distress" of NANDA-I, which are considered as major: presence of disturbance or concern about the system of beliefs and/or God; expression of anger of God; expression of lack of meaning/purpose in life; inability to experience transcendence; expression of alienation and isolation; inquiries about his own suffering; lack of serenity. Furthermore, in clinical practice, other defining characteristics can also be considered when investigating the presence of the phenomenon of spiritual distress, such as the occurrence of feelings of regret; inability to express creativity; refusal to integrate with significant others; expressive behavior change: anger and tears; expressive lack of courage, hope and love; expressive feelings of guilt; feels abandoned; spiritual assistance requests; expresses despair and does not care about nature.

The use of the defining characteristics present in the nursing diagnosis "spiritual distress" of NANDA-I as a method of identifying the phenomenon should be used with great attention by the nursing staff, since it cannot be seen as a phenomenon "all or nothing", i.e. small changes of the defining characteristics presented by the individual may indicate a certain degree of spiritual distress.<sup>14</sup> Allied to this, these are subjective and dynamic characteristics, as they may change during the episode itself and also may inevitably involve other nursing diagnoses described in the NANDA-I Taxonomy II,<sup>6</sup> as it is the case of impaired Religiosity.

It is still perceived according to the literature<sup>20</sup> that only a small percentage of nurses uses the spiritual distress as nursing diagnosis and many omit spiritual care because they feel unprepared, anxious and uncomfortable in discussing a subject considered individual and pseudoscientific; added to these justifications, there are also lack of knowledge, training and ability to deal with the phenomenon. In addition, many nurses wrongly interpret the term "spiritual" equating it with "religious". So, many patients are excluded from spiritual care.<sup>36</sup>

As a means of assisting nurses to identify such an abstract phenomenon in the clinical environment<sup>15,20</sup> as in the case of spiritual distress, as well as to contribute and provide security in the use of this nursing diagnosis, psychometric assessment instruments have been applied<sup>15,17-18,20</sup>. The use of these instruments allows us to identify the most impaired aspects so that it is possible to develop measures of intervention and effectiveness



thereof. However, in the Brazilian scenario, there are no available tools to specifically identify spiritual distress. There is study<sup>15</sup> suggesting the use of scales that assess spirituality, which have been adapted and validated in different cultures, including in the Brazilian context, such as the Scale of Existential Well-being, Spirituality Scale of Pinto e Pais Ribeiro and Assessment Scale of Spirituality. However, such tools make a generic assessment and evaluate spirituality globally, which necessitates a more specific approach to the phenomenon of spiritual distress aiming to contribute to identify characteristics of this definition. Literature<sup>37</sup> also complements the importance of using instruments that specifically assess the phenomenon being investigated, so that this provides precision in the research process.

Thus, in order to also contribute to the advancement of research related to spiritual distress and to obtain the means to assess it, studies indicating the presence of two scales<sup>17,18</sup> that aim to assess this particular phenomenon, appeared in the literature in 2010 and 2012. They were constructed and validated in China<sup>17</sup> and in Europe<sup>18</sup> and sought to evaluate the presence of the discussed phenomenon in a population of patients with cancer and in an elderly population, respectively, and both investigated individuals who were hospitalized.

The first scale,<sup>17</sup> called Spiritual Distress Scale (SDS), was published in 2010, but its development was performed between the years of 2003 and 2004 by means of a qualitative study in which 20 cancer patients who were hospitalized on an oncology unit were investigated in a medical center in southern Taiwan. The scale comprises four domains that are present in the conceptualization of spiritual distress: relationships with oneself, relationships with others, relationships with God, attitude toward death, in a total of 30 items. And it has a Likert scale of responses, four points, in which higher scores indicate higher level of spiritual distress. It was considered an acceptable range for nursing professionals who provide palliative care and care for cancer patients. Its validity was verified through interviews with 85 cancer patients, in which its statistical analysis showed good parameters. The content validity index for domains ranged from 0.79 to 0.89 and the overall was 0.83. The internal consistency analysis, verified by the Cronbach's alpha was reported to be from 0.90 to 0.9,5 when analyzed domains, and 0.95 when considering all scale items.

The second scale,<sup>18</sup> named Spiritual Distress Assessment Tool (SDAT), was published in 2012 and had its psychometric properties tested in 203 elderly patients hospitalized in a rehabilitation unit, in a geriatric medicine service at a University in Switzerland. It is a validated instrument based on a semi-structured interview, consisting of five items designed to assess the spiritual needs of hospitalized elderly patients and determine the presence of spiritual distress. Is a four-point Likert scale, its overall calculated score ranging from 0 (no distress) to 15 (severe distress). Internal consistency was assessed by Cronbach's alpha, which took the value of 0.60. So, this scale was shown to have good internal consistency and showed intra and inter-rater reliability and satisfactory concurrent criterion validity. Thus, SDAT have showed acceptable psychometric properties and propose to be a reliable and valid tool to assess spiritual distress in hospitalized elderly patients and, according to the authors who built it, it presents an approach that focuses on the patient.

However, both scales found in this study are restricted only to a specific language. Therefore, to be used in various cultures, they have to be evaluated and validated according to the population under investigation.

## CONCLUSION

Spiritual distress is an experience of suffering that enhances physical, emotional and social distress and instigates professionals in various areas of health to provide holistic care to the person who is experiencing a moment of disharmony. However, in identifying this phenomenon, especially in practice, understanding of its meaning is an important factor, since its definition includes particular aspects of human beings and allows the person who experience it to manifest feelings of conflict with himself, with others, with his system of beliefs/values and with a higher being, and negative changes in his way of thinking, being, acting, as well as loss of the sense and meaning of life. Thus, in the quest for recognition, in addition to understanding this phenomenon, the possibility to use helper methods to identify it will provide a better precision of how jeopardized the spiritual dimension of the individual is.

One of the means proposed by the literature to help to identify spiritual distress are instruments of psychometric assessment which aims to assess how jeopardized the spiritual dimension of the individual is by means of scores. Using the methods identified in the research can help health care professionals to provide care that supply the spiritual need of the people, establishing a practice based on scientific evidence. However, it is pointed out the need to adapt proposed instruments to assess the phenomenon according to each culture and validate them, so that they can be used in different cultures safely. Along with scales, strategies of closely observe and actively listen to the individual who experiences this phenomenon are important in clinical practice. Nevertheless, the use of classification systems, such as NANDA-I, can guide the identification of spiritual distress providing parameters for which nurses can recognize the phenomenon by means of signs manifested by the individual in practice. Despite the growing interest of literature about spirituality and involving various aspects arising from this, it is still necessary that the level of evidence of studies that address issues related to this dimension are improved through experimental studies covering this topic. Thus, this will sustain the theoretical knowledge on the subject.

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