

THE SPIRITUALITY OF ONCOLOGY HEALTH PROFESSIONALS

A espiritualidade dos profissionais de saúde da oncologia

La espiritualidad de los profesionales de salud de la oncología

*Mallena Silva Soares¹, Pollyanna Lara Gonçalves Pereira Pinto², Henrique Andrade Barbosa³***How to quote this article:**

Soares MS, Pinto PLGP, Barbosa HA, *et al.* The spirituality of oncology health professionals. Rev Fun Care Online.2021. Jan./Dec.; 13:1167-1171. DOI: <http://dx.doi.org/10.9789/2175-5361.rpcfo.v13.9114>

ABSTRACT

Objective: To identify the influence of spirituality on the work of oncology health professionals from two hospitals in the North of Minas Gerais. **Method:** the study is a quantitative, cross-sectional and descriptive research. Guiding question: influence of spirituality on the work of oncology health professionals. **Results:** no health professional is considered totally without spirituality, 15.9% consider themselves very religious and 84.1% consider themselves moderately religious; and when asked: how much do you consider yourself a spiritual person? 15.9% consider themselves very spiritualized and 84.1% consider themselves moderately spiritualized. In the interpretation of the results it is noticed that the participants do not know how to distinguish religiosity from spirituality, because it was exactly the same result. **Conclusion:** the present research shows a low tendency as to the frequency with which these professionals seek for a religious support. It was also verified the shortage of religious support services in the hospital.

Descriptors: Nursing, Religion, Workplace, Patient, Oncology.

¹ Nurse. Post-graduated in Emergency and Emergency at *Faculdades Unidas do Norte de Minas - Funorte. Montes Claros-MG-Brasil.*

² Nurse. Post-Graduated in Emergency and Emergency at *Faculdades Unidas do Norte de Minas - Funorte. Montes Claros-MG-Brasil.*

³ Nurse. Master in Health Sciences. *Professor at Faculdades Unidas do Norte de Minas - FUNORTE, Faculdade de Saúde Ibituruna/FASI and Universidade Estadual de Montes Claros /Unimontes. Montes Claros-MG-Brazil.*

RESUMO

Objetivo: Identificar a influência da espiritualidade no trabalho dos profissionais de saúde da oncologia de dois hospitais do Norte de Minas Gerais. **Método:** o estudo trata-se de uma pesquisa quantitativa, transversal e descritiva. Questão norteadora: influência da espiritualidade no trabalho dos profissionais de saúde da oncologia. **Resultado:** nenhum profissional de saúde é considerado totalmente sem espiritualidade, sendo que 15,9% se consideram muito religiosa e 84,1% se consideram moderadamente religiosa; e quando se perguntou: o quanto se considera pessoa espiritualizada? 15,9% se consideram muito espiritualizada e 84,1% se consideram moderadamente espiritualizada. **Conclusão:** a presente pesquisa denota-se uma tendência baixa quanto à frequência com que esses profissionais buscam por um apoio religioso. Constatou-se, também, a escassez de serviços de apoio religioso no âmbito hospitalar.

Descritores: Enfermagem, Religião, Ambiente de trabalho, Paciente, Oncologia.

RESUMEN

Objetivo: Identificar la influencia de la espiritualidad en el trabajo de los profesionales de salud de la oncología de dos hospitales del Norte de Minas Gerais. **Método:** el estudio se trata de una investigación cuantitativa, transversal y descriptiva. Cuestión orientadora: influencia de la espiritualidad en el trabajo de los profesionales de salud de la oncología. **Resultado:** ningún profesional de salud es considerado totalmente sin espiritualidad, siendo que el 15,9% se considera muy religioso y el 84,1% se considera moderadamente religiosa; y cuando se preguntó: o cuánto se considera persona espiritualizada? El 15,9% se considera muy espiritualizada y el 84,1% se considera moderadamente espiritualizada. **Conclusión:** la presente investigación denota una tendencia baja en cuanto a la frecuencia con que estos profesionales buscan un apoyo religioso. Se constató también la escasez de servicios de apoyo religioso en el ámbito hospitalario.

Descriptorios: Enfermería, La religión, Ambiente de trabajo, Paciente, Oncología.

INTRODUCTION

Since ancient times, man has sought to attribute meanings to life, religion being one of the main sources of inspiration. Literature defines that religion is related to cults and illustrative rituals performed by man. Spirituality is defined by the connection with the transcendent, it refers to the search for meaning and the encounter with God, which can also be observed in current societies. In this context, religiosity and spirituality serve as support, helping in emotional and social issues.¹

Using religion as a strategy to face emotional problems or even stress can be both positive (when it provides a beneficial effect) and negative (when it generates harmful consequences). In Brazil the culture of religiosity is very present, the Religious/Spiritual Confrontation (RSC) is widely used by many people as a strategy to minimize the stress caused by a pathology, in the search for a sense of control, maintenance of hope, and purpose of life. When the professional seeks spirituality one usually mentions

feelings of security and comfort, connection with others and belief in the meaning of life, being considered a positive professional. When not, he classifies as a negative professional, who has a pessimistic view of the world and little self-confidence.²

There is a big difference between spirituality and religiosity, and these are terms that are widely used in everyday life and can be confused, both by health professionals and by patients and their families.³

Literature defines spirituality as a personal search and understanding of the meaning of life and death and their relationship to the sacred, and may or may not lead to religious practices. Religion is a set of beliefs, rituals and symbols that facilitate the proximity of the human being to the sacred and transcendent being. Thus, religiosity is characterized by the individual's faith and how much he believes and follows a certain religion.³

The appreciation of religiosity/spirituality during care has become a clear paradigm in the daily practice of health professionals allowing the understanding of spirituality/religiosity and thus improving the way to see and approach the patient in an integral way and not only the biological aspects of the health and disease process, but also personal beliefs.⁴

Professionals deal with the emotional wear and tear caused by direct contact with the death of their patients, however, they have more difficulty in following the process of physical and mental suffering than dealing with death itself, because they see it as a circumstance linked to human existence. They feel powerless and anguished for not being able to find other ways to alleviate the pain and suffering of their patients, they feel guilty for not being able to devote more time to their patients, they feel sad about what they are facing at work, besides, they have a desire to take care of their relatives to deal well with the losses, despite the difficulty of witnessing several episodes and communicate them. Some manage to separate from personal life, leave the problems experienced in their service in the background, and others become so attached that they interfere negatively in their life outside the work environment. Some professionals adhere to the feeling of powerlessness, of failure, of guilt to the fact of being human, which serves as a consolation for them. Others say that, as time goes by, they develop defensive mechanisms to deal with situations that were previously considered difficult.⁵

Health professionals dedicated to oncology are more frequently and intensely faced with suffering, pain and loss, and are vulnerable to strong emotional burdens. And these emotional impacts resulting from the process of death and grief can harm health professionals both in their quality of life and their performance at work.⁶

These professionals use spirituality as a tool to minimize the difficulties experienced in professional performance, contributing to the understanding, acceptance and elaboration of situations of suffering and pain that they

witness throughout their career. They use their personal beliefs as coping strategies attributing new meanings to suffering and giving new meaning to death. Spirituality allows them to seek possible ways of exercising care, even in the face of the difficulties of obstacles encountered in their work.⁷

This study aimed to identify the influence of spirituality in the work of oncology health professionals in two hospitals in northern Minas Gerais.

METHODS

The study is a quantitative, transversal and descriptive research. The scenario used for data collection was the oncology of the hospitals Santa Casa and Dílson Godinho, as they are the only services in the city of Montes Claros - MG that have oncology area, from March to October 2018. The research proposal was to cover all health professionals, thus being a census sample. As inclusion criteria were selected only the professionals who have worked in the oncology area for more than one year, and who were present on the day of data collection and as exclusion criteria the removal from service.

The instrument for collecting socio-demographic data was created by the researchers themselves. For the evaluation of spirituality, three questions were used from the questionnaire Brief Multidimensional Measurement Scale of Religiosity / Spirituality: 1999.

In a second moment, after the signed authorization, the Termo de Consentimento Livre e Esclarecido (TCLE) was given to the professionals who participated in the research, detailing the objective of the process, and marking the delivery date for the

questionnaires. The risk was classified as minimal, being spent the time needed to fill out the questionnaire, however, to ease this question was allowed the surveyor to take the questionnaire home where he can use the time he finds better to finish it.

It is a study with a quantitative and qualitative approach. In phase 1 - Quantitative approach, where health services professionals from the Macroregion North of Minas Gerais were invited to participate in the study. They are references for the care and treatment of patients with oncologic diseases, chronic renal failure and who perform hemodialysis, neonatal intensive care and emergency and emergency services. In phase 2 - Qualitative approach, the participants will be invited intentionally, with the technique of saturation, by quotas, where they will be selected professionals characterized with the fatigue by compassion of the several strata of workers including in this study. We use SPSS, version 20.0 with the significance value: P value less than 0.05.

Based on Resolution 466/12, this research, since it deals with the evaluation of human beings, was submitted to the Committee of Ethics in Research and approved with the

opinion number 1,687,445.

RESULTS

This study was carried out in two hospitals in the North of Minas Gerais, where 44 professionals participated who responded to topics related to personal and professional life and spirituality.

Considering the results of Table 1, where the percentage of the Evaluation of the Spirituality of Oncology Health Professionals is exposed, the participants were asked: how much is considered a religious person? 15.9 (15.9%) are considered very religious and 84.1 (84.1%) are considered moderately religious; and when asked: how much is considered a spiritual person? 15.9 (15.9%) consider themselves very spiritual and 84.1 (84.1%) consider themselves moderately spiritual.

In the interpretation of the results it is noted that the participants do not know how to distinguish religiosity from spirituality, since it was exactly the same result.

Table 1 - Evaluation of the spirituality of health professionals in oncology (n = 44). Montes Claros, MG, Brazil, 2019

Spirituality Variables	Frequency(n)	Percentage(%)
Frequency of participation in religious services?		
Weekly		
Monthly	19	43,2
Annual/not at all	16	36,4
How much do you consider yourself a religious person?	9	20,5
Very religious		
Moderately religious	7	15,9
How much do you consider yourself a spiritual person?	37	84,1
Very spiritualized		
Moderately spiritualized		
Total	7	15,9
	37	84,1
		100,0
	44	

Still analyzing **table 1**, regarding the frequency of participation in religious services; 43.3 (43.3%) participate weekly; 36.45 (36.45%) participate monthly; and 20.5 (20.5%) respond annually or never.

Considering the results of **Table 2**, it can be seen that male professionals have a greater resistance about religion, considering that none of the participants of this gender considers themselves very religious. When asked if they are moderately religious, the results show 100 (100%). However, 23.3 (23.3%) of the women answered that they are very religious and 76.7 (76.7%) of them answered that they are moderately religious.

Table 2 - Gender association of oncology health professionals with how religious they are considered (n = 44). *Montes Claros*, MG, Brazil, 2019

Sex	Considers Religious		Total
	Very	Moderately	
Male	0	14	14
N	0,0%	100,0%	100,0%
Female	7	23	30
N	23,3%	76,7%	100,0%
	7	37	44
Total	15,9%	84,1%	100,0%

According to the analysis of the results and the literature studied, women are more spiritualized and participate more in religious services and religiosity is more present in the lives of female professionals.

Considering the results of table 3, associating religion with the frequency that participants use religious services; “n” 56.2 (56.2%) of non-Catholic religion participants responded that they use the services weekly; “n” 12.5 (12.5%) use monthly; and “n” 31.2 (31.2%) use annually or never. Participants of the Catholic religion answered: “n” 35.7 (35.7%) use the services weekly; “n” 50.0 (50.0%) use monthly; and “n” 14.3 (14.3%) use annually or never. This was the most significant result among the questions of spirituality and religiosity that shows how much professionals of defined religion attend and participate more in religious services.

Table 3 - Association of the religion of oncology health professionals with the frequency with which they participate in religious services (n = 44). *Montes Claros*, MG, Brazil, 2019

Religion	Participation in religious services		
	Weekly	Monthly	Annual/Never
Non Catholic	9	2	5
N	56,2%	12,5%	31,2%
Catholic	10	14	4
N	35,7%	50,0%	14,3%
	19	16	9
Total	43,2%	36,4%	20,5%

DISCUSSION

Despite the scarcity of publications on the subject, it is noticeable that through the study carried out, professionals use religiosity and spirituality as a way to face the problems experienced in their daily lives. Each person has in particular their belief, religion, spirituality and the way they seek religious services and how they use them in their favor.

The literature brings studies with health professionals, doctors and nurses, who work in the area of Palliative Care and point out that it is extremely important that these professionals know and recognize the importance of spirituality before patients and family members who are in situations of suffering, helping them to find meaning for their experiences.¹

Also to studies that describe the frequency in which

health professionals approach their patients about their religiosity and spirituality as a care strategy, 80% talk about the willingness to approach their patients about religion and spirituality, and only 64% have done this approach. Analyzing the degree of spirituality of the professionals with their opinion about the influence of religiosity and spirituality on the health of the critical patient, it was found that of the interviewees, those who have more spirituality are those who feel more willing to approach about faith and spirituality and are those who believe that the E/R influences a lot on the health of the patients.⁴

A study conducted with health professionals in an ICU of a major hospital in Southwest Bahia showed that all respondents with prevalence of women have great influence with religion. Most of the interviewees with higher spirituality informed that the religiosity/spirituality influences very intensely the understanding of the health process disease and its relationship with the patient. When asked if their religiosity/spirituality changed the way of caring for the critical patient, most professionals reported that yes, this dimension changed their way of caring.¹⁰

This same study done in southwest Bahia also showed that all interviewees reported having a religious affiliation, with the Evangelical/ Protestant religion being the most frequent presenting 35.9 (35.9%), followed by the Catholic religion presenting 34 (34%).¹⁰

A study by MELO et al., 2015, showed that the predominant religion was the Catholic 66.2 (66.2%), followed by the Evangelical 22.3 (22.3%) and the Spiritist/ Kardecist five point four (5.4%). A lower percentage declared to be Protestant being one comma zero (1.0%), Buddhist zero comma six (0.6%) or having no religion one comma seven (1.7%). The literature shows that 93.7 (93.7%) of Brazilians consider themselves religious, of which 25 (25%) claim to be involved with more than one religion. Only seven point three 7.3 (7.3%) declared themselves to be without religion. It was observed, however, that many of these claim to believe in some Divinity or Higher Self, demonstrating a form of spirituality that has no religious link.

Spirituality is something that is related to intimate values and can be understood as a personal search to understand the meaning of life and death in relation to the sacred and may or may not lead to the realization of religious practices. Health professionals use spirituality as a way to relieve stress by seeking the sense in which things happen and also use it as comfort and consolation for patients and their families. It is noted that spirituality and religiosity are present in the lives of these professionals and interfere positively in both work and personal life. Each one has in his or her own particular way of expressing and experiencing their religions.¹⁰

However, these professionals still find it very difficult to deal with these issues, especially because it is a subject little addressed in scientific literature and undergraduate

courses, generating a lack of preparation and security of professionals to deal with these situations.

CONCLUSIONS

There is a low tendency for health professionals interviewed here to seek religious support.

There is also a shortage of religious support services in the hospital setting, which confirms the need for joint work between health professionals and religious representatives linked or not to hospital institutions, thus creating prayer groups so that these professionals can attend during their rest time and have their moment of search and reflection.

The contribution of these religious support groups within the hospital institution could psychodynamically influence positive feelings such as self-esteem, psychosocial and spiritual aspects, making these professionals come to experience a positive philosophy of life, this allows the person to have a greater awareness and responsibility in facing the situation of illness itself, as well as its fellow human beings, of their personal mourning and psycho-spiritual growth, both in the professional and personal spheres. It is suggested that new studies be carried out on the subject.

REFERENCES

1. Barbosa RMM, Ferreira JJP, Melo MCB, Costa JMA. Espiritualidade como estratégia de enfrentamento para familiares de pacientes adultos em Cuidados Paliativos. Rev. SBPH. [Internet]. 2017 [acesso em 20 de junho 2019]; 20(1). Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1516-08582017000100010&lng=pt.
2. Filho LSM, Khoury HTT. Uso do coping religioso/espiritual diante das toxicidades da quimioterapia no paciente oncológico. Rev. Bras. Cancerol. [Internet]. 2018 [acesso em 20 de junho 2019]; 64(1). Disponível em: <https://rbc.inca.gov.br/revista/index.php/revista/article/view/112>
3. Evangelista CB, Lopes MEL, Costa SFG, Batista PSS, Batista JBV, Oliveira AMM. Cuidados paliativos e espiritualidade: revisão integrativa da literatura. Rev. bras. enferm. [Internet]. 2016. [acesso em 20 de junho 2019]; 69(3). Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672016000300591&lng=pt. <https://doi.org/10.1590/0034-7167.2016690324i>.
4. 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 junho 2019]; 11(6). Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/viewFile/23418/19096>
5. Magalhães MV, Melo SC de A. MORTE E LUTO: o sofrimento do profissional da saúde. Psicol. Saúde Debate [Internet]. 2015 [acesso em 20 de julho 2019]; 1(1). Disponível em: <http://psicodebate.dpgpsifpm.com.br/index.php/periodico/article/view/7>
6. Faria NC. O processo de morte e morrer de pessoas com câncer, em diferentes contextos, sob o olhar dos profissionais de saúde. [Mestre em Ciências]. São Paulo (Brasil): Universidade de São Paulo; 2017. [acesso em 20 de junho 2019]. Disponível em: <https://www.teses.usp.br/teses/disponiveis/22/22133/tde-01122017-201439/publico/NATALIACINTRAFARIA.pdf>
7. Siqueira HCH, Cecagno D, Medeiros AC, Sampaio AD, Rangel RF. Espiritualidade no processo saúde-doença-cuidado do usuário oncológico: Olhar do Enfermeiro. Rev. enferm. UFPE on line. [Internet]. 2017 [acesso em 20 de junho 2019];

- 11(8). Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/download/110202/22099>
8. Arriera ICO, Thofehrn MB, Milbrath VM, Schwonke CRGB, Cardoso DH, Fripp JCO. O sentido da espiritualidade na transitoriedade da vida. Esc. Anna Nery Rev. Enferm. [Internet]. 2017 [acesso em 20 de julho 2019]; 21(1). Disponível em: <https://www.redalyc.org/articulo.oa?id=127749356012>
9. Melo CF, Sampaio IF, Souza DLA, Pinto NS. Correlação entre religiosidade, espiritualidade e qualidade de vida: uma revisão de literatura. Estud. pesqui. psicol. [Internet]. 2015 [acesso em 20 de junho 2019]; 15(2). Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1808-42812015000200002
10. Longuiniere ACF, Yarid SD, Silva ECS. Influência da religiosidade/espiritualidade do profissional de saúde no cuidado ao paciente crítico. rev. cuid. (Bucaramanga.2010). [Internet]. 2018 [acesso em 20 de junho 2019]; 9(1). Disponível em: <https://doi.org/10.15649/cuidarte.v9i1.413>

Received on: 28/06/2019
Required Reviews: 03/08/2020
Approved on: 21/10/2020
Published on: 14/06/2021

*Corresponding Author:

Pollyanna Lara Gonçalves Pereira Pinto
Rua Pereira Dé, apto 102, nº30
Cidade Nova, Montes Claros, Minas Gerais, Brasil
E-mail: pollyannalara1@gmail.com
CEP:39.400-471

The authors claim to have no conflict of interest.