

Constructing the meaning, to an oncological nursing team, of spirituality in the process of dying

Construção do significado de espiritualidade no processo de morte para a equipe de enfermagem oncológica

Construcción del significado de la espiritualidad en el proceso de muerte para el equipo de enfermería oncológica

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ABSTRACT

Objective: to construct the meaning of spirituality to a nursing team faced with the process of cancer patients' dying. **Method:** this exploratory, qualitative, descriptive study took place in a referral oncology hospital for the prevention, diagnosis, and treatment of cancer in Juiz de Fora with the participation of 12 nursing staff members. The method comprised a first stage of structured interviews, and a third of semi-structured interviews; between these, the second involved reflective reading of a text on the research theme. The data were subjected to thematic content analysis. **Results:** death means that the physical body rests, which is a conflictive process that is difficult to deal with; spirituality gives meaning to life; and comprehensive care includes care strategies associated with spirituality. **Final Remarks:** the meaning of spirituality shows it to be unique, felt, experiential, and contributing to human well-being; it reflects comfort, better acceptance of death, and humanistic therapeutic strategy.

Descriptors: Nursing; Medical Oncology; Terminal Care; Spirituality; Death.

RESUMO

Objetivo: construir o significado de espiritualidade para a equipe de enfermagem diante do processo de morte de pacientes oncológicos. **Método:** estudo qualitativo, descritivo e exploratório, realizado em um hospital oncológico, referência na prevenção, diagnóstico e tratamento de câncer de Juiz de Fora, com a participação de 12 profissionais de enfermagem. O método se desenvolveu por entrevista estruturada na primeira etapa, e semiestruturada na terceira; entre elas, a segunda que se desenvolveu por leitura reflexiva sobre um texto com o tema da pesquisa. A análise foi de conteúdo temático. **Resultados:** o sentido da morte expressa descanso do corpo físico, um processo conflituoso e difícil de lidar; a espiritualidade confere sentido à vida; a integralidade da assistência abarca estratégias de cuidado associadas à espiritualidade. **Considerações finais:** o significado de espiritualidade a evidência como única, sentida, vivencial, contributiva para o bem-estar humano; reflete em conforto, melhor aceitação da morte e em estratégia terapêutica humanística.

Descritores: Enfermagem; Oncologia; Assistência Terminal; Espiritualidade; Morte.

RESUMEN

Objetivo: construir el significado de la espiritualidad para el equipo de enfermería ante el proceso de muerte de pacientes oncológicos. **Método:** estudio cualitativo, descriptivo y exploratorio, realizado en un hospital de oncología, de referencia en la prevención, el diagnóstico y el tratamiento del cáncer, en Juiz de Fora. Participaron 12 profesionales de enfermería. El método se desarrolló mediante entrevista estructurada en la primera etapa y semiestructurada en la tercera. La segunda etapa se desarrolló mediante la lectura reflexiva de un texto del tema de la investigación. El análisis fue de contenido temático.

Resultados: el sentido de la muerte expresa el reposo del cuerpo físico, un proceso conflictivo y difícil de afrontar; la espiritualidad da sentido a la vida; la atención integral incluye estrategias de cuidado asociadas a la espiritualidad.

Consideraciones finales: el significado de la espiritualidad la pone en evidencia como única, sentida, vivencial, contribuyendo al bienestar humano; refleja comodidad, mejor aceptación de la muerte y estrategia terapéutica humanista.

Descritores: Enfermería; Oncología Médica; Cuidado Terminal; Espiritualidad; Muerte.

INTRODUCTION

Cancer is considered a public health problem as it causes a significant number of deaths worldwide. In Brazil, even though the Ministry of Health promotes early cancer detection, it is still the main cause of death^{1,2}. Thus, when there is no possibility of cure, health care must seek to control signs and symptoms and consider the spiritual and psychosocial dimensions of those involved in the care³.

Nursing professionals provide direct care to patients through therapeutic processes in favor of physical, mental and emotional well-being, but they also need to pay attention to the spiritual dimension, as it is considered a source of quality of life, especially for those in the process of death^{4,5}.

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There is a strong relationship between spirituality and health, which supports the patient who is suffering due to their illness and has a positive impact on acceptance and coping⁶. Therefore, both the nursing team and the interprofessional team can help alleviate feelings of anguish and fear in the face of death by identifying and recognizing spirituality as fundamental and vital to human beings³.

There are studies on religiosity and spirituality in the health context. However, there is still no scientific consensus on their concepts, but debates around them, requiring studies that can address their descriptions⁷. In general terms, the concepts include beliefs, emotions, practices and the relationships that people establish with a higher power that they consider sacred⁷. Spirituality may or may not include religious rituals, while religiosity is associated with religion, understood as the systematization of rituals and symbols of access to the sacred/divine through rites, symbols and practices linked to the Divine and the Sacred^{3,7-9}.

Spirituality is related to the qualities of the human spirit, such as optimism, love, tolerance and whatever allows harmony with the environment¹⁰. It is also an individual experience of understanding and giving meaning to one's existence and to the cosmos. It encompasses values and the meaning of human existence and goes beyond subjectivity, as the subjective dimension involves human emotions that are not deep in moments of reflection. Instead, these are higher feelings and actions, which are not so easily reached, such as: solidarity, compassion, forgiveness and unconditional love¹¹.

In nursing, when caring for cancer patients, the spiritual dimension becomes evident, as these people face situations that can change beliefs and values, affecting the way they experience the death process. When the patient is faced with individual and existential issues, professionals must help alleviating their spiritual suffering⁴.

If they have an expanded understanding of the sense of spirituality, professionals become more prepared to face the process of death more naturally, understanding death as a phase of life. By transcending the facts and contemplating the being, the meaning of spirituality can increase the quality of care in the context of oncology^{12,13}.

Aiming to deepen the knowledge on the subject, the question that guided this study was: what is the sense of spirituality for the nursing team in the face of the death process of the cancer patient? And the objective was to construct the sense of spirituality for the nursing team in the face of the death process of the cancer patient.

METHOD

This is a descriptive and exploratory study with a qualitative approach, guided by the Historical Cultural Theory¹⁴. In this theory, the human being is conceived as multidimensional, interactionist and influenced by the social, historical and cultural context, and the individual's evolution occurs as senses and meanings are constructed and transformed¹⁴. The Vygotskian approach sees sense as an intellectual act that can lead to a generalization or concept, based on the consolidation of ideas. In the case of this study, these ideas are about spirituality in an established group, the nursing team¹⁴.

The survey was conducted between February and November 2019, at a hospital specialized in cancer prevention, diagnosis and treatment in the city Juiz de Fora, state of Minas Gerais, Brazil. The hospital is 94% aimed at public patients and 6% at health plans and the private network. It has 71 hospital beds, an outpatient diagnosis and prevention unit and an average of 1,500 patients in radiotherapy and 3,000 in chemotherapy sessions per month. Participants were professionals from the nursing team, selected by an intentional and non-probabilistic sample. The inclusion criteria were: working in direct assistance to cancer patients in the process of death and having experience of more than one month in the hospital. The exclusion criterion were: being away from work.

The sample was composed of all the nurses from the day service, as this shift had a higher number of professionals compared to the night shift, with a total of six nurses, in addition to the same number of nursing technicians. Therefore, the sample was composed of 12 participants, a number considered sufficient in relation to saturation criterion and occurrence, co-occurrence and recurrence of data¹⁵. Although the initial sample consisted of 12 professionals, one left the institution after the first stage and did not complete the other stages of data collection. The research was developed in 3 steps with 3 instruments, applied in the sequence described below.

The first stage was developed in February 2019 based on a self-administered structured questionnaire that assessed sociodemographic and professional data and explored the meanings of spirituality for nursing professionals. The questions involved the concept of death, religiosity and spirituality, whether the professional can perceive spirituality in their work and whether there is any experience in which they observed spirituality in care.

The second stage consisted of the reading form - the mediating tool developed based on the article entitled "Spirituality in the interdisciplinary team that works with palliative care to cancer patients"¹⁶. This was used during the break period to support the internalization of spirituality in the participants.

Both the questionnaire and the reading form are considered by the theoretical framework¹² as knowledge mediation tools. Therefore, after an interval to achieve such knowledge, the researcher returned to the institution to apply the third instrument. Vygotsky argues that in order to achieve the intrapersonal internalization of knowledge, a deliberate interval is needed to mature ideas, as the human being is a social and interactive being that apprehends knowledge through interpersonal and intrapersonal relations. Through the exchange of experiences with the other, knowledge and its role in society are internalized, making the knowledge and awareness achievable. Thus, by recognizing that the human being is singular, one understands that there is no defined period for internalization, but instead influences of the environment in which they live¹⁷.

The third stage was developed in November 2019 with the application of the semi-structured questionnaire consisting of the following six guiding questions complementary to the first stage: 1. *How do you define spirituality today?* 2. *What is the feeling that defines your spirituality? Justify.* 3. *How do you handle your spiritual needs?* 4. *How do you handle the spiritual needs of your dying cancer patients?* 5. *Exemplify.* 6. *Have you ever experienced a moment when the patient in the process of death presents an improvement before dying? If so, can spirituality benefit this event?*

The statements were recorded and transcribed in full, and then grouped and classified according to the content that emerged from the analysis. For the design of thematic categories, the content analysis method was applied¹⁵ according to the theoretical framework of the research¹⁴. After the transcriptions, the reports were read by their respective interviewees who validated them.

Relying on Vygotsky's ideas, first, the knowledge already constructed by each human being was analyzed in the Zone of Potential Development Zone. Then, it was possible to promote its evolution through the Zone of Proximal Development, which concerns the trajectory that the individual goes through to mature their mental functions based on interactions with other more experienced people. And, after the internalization and improvement of the knowledge acquired through these interactions, the individual can achieve the psychological attributes consolidated in the Zone of Real Development^{18,19}.

Thus, it was understood that a new meaning of spirituality was obtained from the possible internalization of each participant, resulting from the interviews, interaction with the researcher, reading form and intrapersonal reflections. After analysis and discussion based on the literature, the sense of spirituality was constructed based on the meanings defined by each professional interviewed. Meanings, for Vygotsky, are personal proposals that can be modified by the influence of the moment and context, and the individual being. Senses, on the other hand, comprise the perception of the collective, which is constructed according to the experiences. In this understanding, for Vygotsky, meaning occurs when the group stabilizes the ideas that were used in the construction of meanings¹⁴.

All participants signed the Informed Consent Form, privacy and anonymity were guaranteed by the use of the identification code "P" for all participants, followed by the order of the interview and order of the application of the questionnaire from the first stage, identified as 1, and from the third stage, as 2.

RESULTS

The summary of the methodological model applied in this research, shown in Figure 1, guided the achievement of its objective.

The results defined by the meanings of spirituality in the conception of the participants are presented below.

Meaning of death for the oncology nursing professional

In this category, the meanings given to death by nursing professionals were a rest for the physical body and a conflictual process that is difficult to discuss and deal with in daily care:

Death is inevitable, it is the only certainty that we have in life [...] it is something that sometimes is not addressed [...] due to the fear of nursing professionals, family members and the patients themselves (P6.1)

But it was time to rest, their body was already tired, the pain was already too much, it was no longer just from the lymphoma, there were other aggravating factors that started to appear (P12.2).

[...] I reached my limit, I couldn't deal anymore with the situation of my patients and the intense frequency of losses. I get too involved. [...] I'm reading [...] "The wheel of life" by Elisabeth Kübler-Ross [...] it has helped me to recognize the importance of spirituality (P2.1)

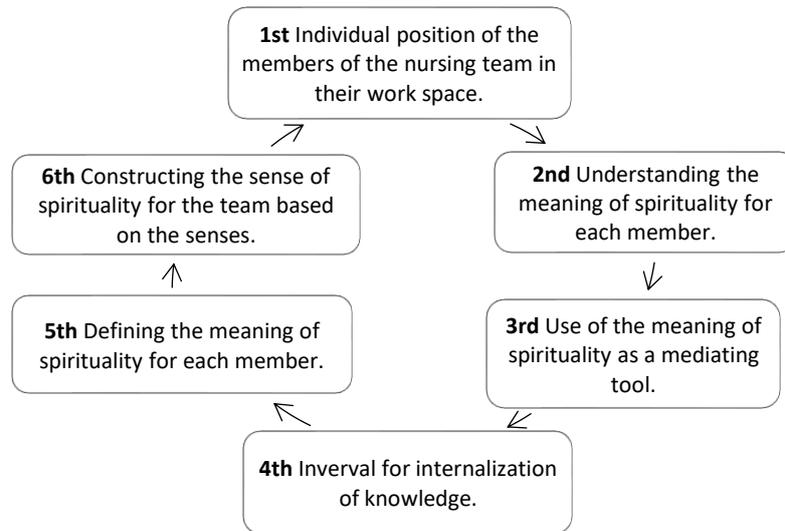


FIGURE 1: Steps for the work with the nursing team associating the conflicting situation with spirituality. Juiz de Fora, MG, Brazil, 2019.

Meaning of spirituality in the face of cancer patients in the process of death

In this category, participants expressed their reflections on spirituality by giving meaning to life as a source of love, empathy and compassion:

Spirituality brings personal meaning to life and every person will deal with it in a different way. (P3.2)

[...] spirituality involves the values of a certain person, it involves everything they believe in, it is a superior issue for each person [...] spirituality will be a continuous self-reflection in my life [...] Sometimes our spirituality will be shaken, weakened, and at other times we will be more balanced. It is a continuing and permanent education. (P1.2)

I find it difficult to explain spirituality in words, we feel it. It's due to the experiences we have with people during the journey of life. (P10.2)

I believe that spirituality is a mixture of various feelings such as compassion, which is always putting yourself in the other's shoes, empathizing with others, showing love [...] it's a unique, indescribable feeling. (P4.2)

Spirituality is always an energy. [...] Spirituality teaches you to have strength so that you can help others. (P6.2)

Meaning of comprehensiveness of nursing care in the face of the death process of the cancer patient

In this category, care strategies associated with spirituality are highlighted:

Through listening, comfort, words of affection, I use spirituality in my work and make a difference. (P12.1)

I had an experience in which I perceived spirituality with a cancer patient who was prostrated, didn't have any stimulus, in end-of-life conditions [...] Until one day, in the bath, talking to the companion, I asked if there was any family member or someone important who had not visited him. [...] the patient took care of his bedridden sister for his whole life and for that reason she could not visit him. [...] I asked the companion to call that sister [...]. He, who no longer had any reactions, showed that he could hear what his sister was saying and after a few seconds, he died, calmly [...] it was inexplicable or it can only be explained by spirituality. (P9.1)

[...] A patient asked me for water all the time. She had some water and soon after she died. As if it were just a glass of water that she needed [...] So, I never failed to comply with a request again, because it is clear how death becomes more dignified and mild. (P4.2)

We even say that it is an improvement to get worse. That the person is in a severe state, and when we see it, there's an improvement out of nowhere, there's that peak and then they die. [...] It will most likely be a time for farewells. [...] They can even talk again, communicate. They even say "I'll get better", but then the condition worsens again and the person dies. (P10.2)

When spirituality is valued by professionals in their care, the person gets well [...] the inner peace allows this struggle to cease and death comes with dignity, without so much suffering. (P1.2)

The meanings produced by the participants evidenced the relevance of spirituality in care and the strategies used by oncology nursing professionals with patients in the process of death.

DISCUSSION

Understanding death as part of the life cycle of human beings allows it to stop being seen as a reason for suffering. Recognizing death as rest for the physical body and relief of the pain caused by cancer shows that suffering is as associated with the process of death and not death itself¹¹. The discomfort in approaching death is noticeable. This has already been evidenced in other studies on the subject, which found that gaps in debates during professional training hinders communication about the topic with patients, family members and caregivers^{20,21}.

Some professionals do not allow themselves to experience grief, they seek to protect themselves as if they were not going to die or because they are not able to deal with their emotional and somatic manifestations. This kind of thought can hinder the care that should be healthy by assuming that death is uncomfortable and by leading to the emotional exhaustion of the professional¹³.

Two points of view regarding the occurrence of death are evidenced: one defends the aspect that this moment is a natural part of the lives of human beings, and the other argues that it causes suffering, which confirms Vygotsky's vision¹⁴ that each individual is constructed in their own time and manner. Correlating this process to spirituality, death could be recognized as something that gives meaning to life, as the link between existentialism and the transcendental, which makes it difficult to define it by words.

It involves what each person believes to be important, which makes it essential that professionals respect each belief, as they are associated with the need to find meanings for existence. It also involves hope, especially when dealing with a disease that can threaten the continuity of life²². Spiritual care has the potential to rescue and promote dignity to the person in the process of death^{5,11}.

Therefore, through self-reflection, nursing professionals can recognize their own spiritual needs so that they can accept those of patients aiming to alleviate the sufferings of their reality and help bringing dignity to death^{5,23}. However, during care, professionals are likely to deal with emotional, physical, social and spiritual suffering. In addition, the traditional model of health care, which exclusively involves prevention, diagnosis, treatment and cure of diseases, becomes deficient at a time when the cure is no longer possible. In this situation, drug therapy is not sufficient, and the professional should value the patients' spiritual and emotional symptoms, which are more complex²⁰.

Professionals also reported situations of improvement right before the death of the most critical patients. In this moment, they were able to once again consider spirituality as fundamental, recognizing the progress in the health condition as a moment of farewell. Although not yet scientifically proven, these episodes are empirically observed. Valuing spirituality in care can minimize suffering, pain, and the intrinsic pressure put on nursing professionals who are trained to save lives without caring about the consequences for the other and for themselves^{3,24}.

In this context, nursing professionals seek care strategies that tend to overcome limits by involving empathy and valuing the interpersonal, cultural and subjective situations of patients, the protagonists of the care process²⁵. Love and compassion corroborate spirituality, as in the possibility of death, they find the meaning of life¹¹.

Therefore, it is important to create complementary therapeutic strategies such as spirituality, which can, for some people, gain sense in religiosity. Without confusing the terms spirituality and religiosity, some scholars believe that having a religious belief can positively affect the patient's prognosis and that religion in the process of death reduces fear and helps overcoming grief^{26,27}.

In the production of meanings about spirituality, other strategies were reported, such as listening in depth, offering comfort, recognizing the needs of the other, providing resources and clarifying doubts. This shows that spirituality is a care strategy^{12,28} that, when offered, helps the other to connect with something that transcends rationality and materiality²⁸.

The discussion of the study results led to the construction of the sense of spirituality for the nursing team as: spirituality is in the powerful and loving energy that emanates from all of us on all of us, like a deep human dimension that transcends our personal and professional essence. It is the intrinsic change that moves human beings and the world around them, and the person, in particular nursing professionals, must only allow themselves to be transformed and transform the care offered to those who rely on the nursing professional and, preferably, to the human being.

In view of the method, the sense produced becomes a mediating tool, just as the initial text used to trigger the expression of the meanings of the group. With this tool, based on the references, a strategy for the development of spirituality and its application in care is proposed in Figure 2.

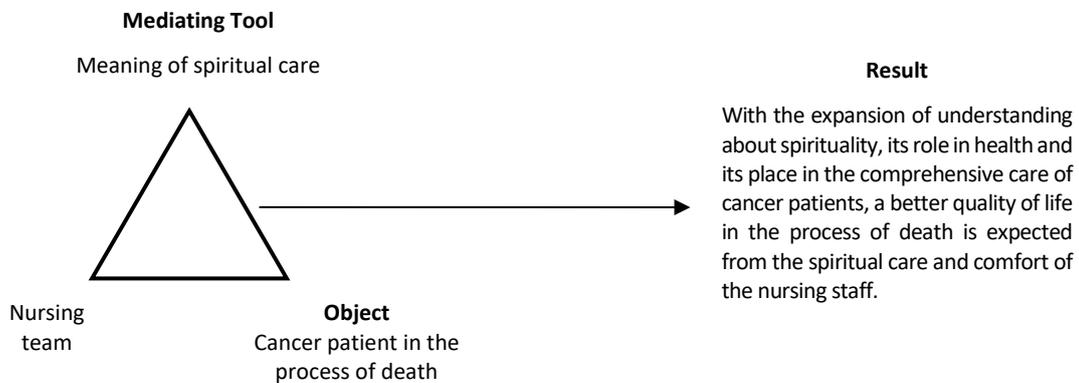


FIGURE 2: Vygotsky adapted to the spirituality development strategy. Juiz de Fora, MG, Brazil, 2019.

This strategy, based on a Vygotsky's model¹⁴, offers guidelines for care and methods to be applied in care, contributing to studies that have already shown that the nursing team should follow therapeutic strategies related to spiritual care, such as self-reflection^{5,23}. In addition, it is worth noting that training and continuing education must also address spiritual care, as the lack of formal and technical preparation for the addressing the theme and for providing care to the spiritual dimension of patients compromises the provision of a comprehensive care²⁹; it is necessary to promote empathy²³; and to discuss death^{19,20}.

The cancer patient in the process of death has feelings of fear, anxiety, suffering, anguish and depression, which must be taken into account in the care. To achieve its object, care must involve comfort, help, support and listening^{12,25}; promote a dignified death; and respect the singularity of the individual and the family rituals after death.

Limitations of the study

The limitations of the study are related to methodology, as the qualitative sample was designed to include only one institution and only professionals from the day shift. Another is limitation is the fact that participants did not validate the sense constructed from their meanings, but this limitation points to the possibility of research advances in new phases: testing the mediating tool produced, the strategy for the development of spirituality and its application in care, as proposed in this study.

This is a contribution to existing studies on the matter, and the strategy proposed, if and when applied, has the potential to promote interaction between professionals and between professionals and patients, as well as intrapersonal interaction through self-reflection, by respecting people's social, historical and cultural context, their singularity, and how each one understands transcendence.

FINAL CONSIDERATIONS

The meanings expressed by the nursing team and the sense produced based on them showed that spirituality is multidimensional and relational, encompassing meanings, senses, life goals, self-reflection and beliefs. The spiritual need is important, above all, in the final moments of life. The meaning of spirituality shows it is a unique, heartfelt, empirical and day-to-day experience in the work of the nursing team that cares for cancer patients. In addition, it contributes to well-being and is reflected in comfort and better acceptance of death. Supported by the conception that death brings suffering, spirituality represents a transcendental humanistic therapeutic strategy, which each human being will experience in their own way. However, it will promote collective well-being and, therefore, attention and care must be provided to meet this human dimension in therapeutic plans.

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