

# Spirituality as a therapeutic resource in the cardiology outpatient clinic

*Espiritualidade como recurso terapêutico no ambulatório de cardiologia*

*La espiritualidad como recurso terapéutico en el ambulatorio de cardiología*

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## ABSTRACT

**Objective:** to examine the role of the spiritual dimension as a therapeutic resource in the mental health nursing interview of cardiology outpatients. **Method:** this qualitative study was based on life narratives collected, between March and December 2019, in unstructured interviews using Viktor Frankl's Existential Analysis, from six people monitored at an outpatient clinic linked to a public university. The study was approved by the research ethics committee. **Results:** the data were organized into two categories: "If God exists, why did he do this to me?" and "Spiritual Coping Strategies". The spiritual dimension fostered meaning and sense in life. It developed essential values, including restoring hope and the desire to live, which were manifest in self-care actions and adherence to treatment. **Conclusion:** the mental health and cardiology interview fostered an openness, beyond the limitations imposed by illness and life conditions, which led to engagement in a project full of meaning. **Descriptors:** Cardiology; Cardiovascular Nursing; Mental Health; Spirituality.

## RESUMO

**Objetivo:** analisar o papel da dimensão espiritual como um recurso terapêutico na consulta de enfermagem em saúde mental no ambulatório de cardiologia. **Método:** abordagem qualitativa, a partir da narrativa de vida de seis pessoas em acompanhamento no ambulatório vinculado a uma universidade pública, entre março e dezembro de 2019. Adotou-se a Análise Existencial de Viktor Frankl, utilizando a entrevista não estruturada. Estudo aprovado pelo Comitê de Ética e Pesquisa. **Resultados:** os dados foram organizados em duas categorias: "Se Deus existe, por que fez isso comigo?", "Estratégias de Enfrentamento Espiritual". A dimensão espiritual é propiciadora de significado e sentido da vida. Desenvolve valores essenciais como a recuperação da esperança e do desejo de viver, manifestado em ações de autocuidado e adesão ao tratamento. **Conclusão:** a consulta em saúde mental e cardiologia propiciou um movimento de abertura para além das limitações impostas pelo adoecimento e condições de vida, levando ao engajamento num projeto repleto de sentido. **Descritores:** Cardiologia; Enfermagem Cardiovascular; Saúde Mental; Espiritualidade.

## RESUMEN

**Objetivo:** analizar el papel de la dimensión espiritual como recurso terapéutico en la consulta de enfermería de salud mental en el ambulatorio de cardiología. **Método:** enfoque cualitativo, a partir de la narrativa de vida de seis personas en seguimiento médico en el ambulatorio vinculado a una universidad pública entre marzo y diciembre de 2019. Se adoptó el Análisis Existencial de Viktor Frankl, utilizando la entrevista no estructurada. Estudio aprobado por el Comité de Ética en Investigación. **Resultados:** se organizaron los datos en dos categorías: "Si Dios existe, ¿por qué me ha hecho esto?", "Estrategias de enfrentamiento espiritual". La dimensión espiritual propicia significado y sentido a la vida. Desarrolla valores esenciales como la recuperación de la esperanza y las ganas de vivir, manifestados en acciones de autocuidado y adherencia al tratamiento. **Conclusión:** la consulta de salud mental y cardiología proporcionó un movimiento de apertura más allá de las limitaciones impuestas por la enfermedad y las condiciones de vida, lo que conllevó al comprometimiento a un proyecto lleno de sentido. **Descritores:** Cardiología; Enfermería Cardiovascular; Salud Mental; Espiritualidad; Significado de la vida.

## INTRODUCTION

The impact of cardiovascular diseases has become a significant challenge at the global level. However, few studies have been developed in Secondary Health Care, level in which Cardiology outpatient services are included<sup>1-3</sup>.

Mental Health Nursing consultations in Cardiology outpatient services were introduced in 1995 as an internship field for eighth-period students at a university in the state of Rio de Janeiro with the purpose of analyzing diseases from the psychosomatic dimension of distress and of human illness. In this scenario, construction of the therapeutic relationship is addressed, as well as stress as a risk factor for cardiovascular diseases and, primarily, development of interpersonal skills necessary for nurses' practice.

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Editor in chief: Cristiane Helena Gallasch; Associate Editor: Mercedes Neto

The scarce number of national and international publications on spirituality interventions in Cardiology and the fact that cardiovascular diseases have remained for 15 years at the top of the leading causes of death in the world, confirm the importance of developing research studies that promote strategies to enhance adherence to the treatment and, thus, act in the promotion of healthy habits, in prevention of diseases and in rehabilitation<sup>1-9</sup>.

Recent studies corroborate in this sense, indicating the importance of spirituality as a promoter of adherence to the drug treatments for cardiovascular diseases and suggesting the development of strategies that involve the spiritual dimension in patients monitored at the specialty outpatient service<sup>2,3,10</sup>.

From this context, considering spirituality as fundamental for health care, the objective of the current study was to analyze the role of the spiritual dimension as a therapeutic resource in Mental Health Nursing consultations at a Cardiology outpatient service.

## THEORETICAL FRAMEWORK

In the psychosocial context and by means of their spiritual base, human beings discover and recognize the fundamental aspects of their own existence. It is them that decide about their world view and, through this perspective, drive their own history, their reactions and behaviors in the face of everyday challenges<sup>6,7,11,12</sup>.

It is important to understand that spirituality is the search for connection with oneself, reaching a state of integrality and self-connection, as well with others, with the environment in which a person lives and with the sacred, in an experience with a higher and transcendent God<sup>13</sup>.

It is noted that spirituality as considered by Viktor Emil Frankl is not addressed by religions in general. He believed that human beings have an unconscious God. This discovery occurred when he was in the concentration camps with his fellow prisoners and he realized that, in intense anguish, faith and a belief in God arise that seemed previously concealed. This unknown God would therefore be the energy that emerges when all the others vanish, a light that would seem to be concealed in the deepest places of a being<sup>13,14-17</sup>.

In order to associate spirituality and Cardiology, the supporting pillar are the fundamentals that coping with the disease is related to the spirituality of the affected person; in other words, the conditions imposed by the illness are influenced by spirituality<sup>3,5-8,11,18</sup>, which is grounded on the integration between the physical, emotional and spiritual dimensions. The spiritual dimension is involved in coping with heart diseases, as it allows exploring the search for the meaning of life and transcendence<sup>7,11,18,19</sup>.

The heart is considered to be the center of the emotions. In these circumstances, the cardiac manifestation constitutes the visible part of a complex subjective process in which emotions constitute a prototype of psychosomatic manifestations because they so intimately involve the biological, psychological, socio-environmental and spiritual dimensions<sup>7,20-22</sup>.

## METHOD

A descriptive and exploratory study of a qualitative nature<sup>23</sup>. The life narrative method<sup>24</sup> was used, and Viktor Frankl's fundamentals<sup>12,14-17</sup> were adopted as theoretical framework. This type of approach considers the practicing member's individual and personal experiences and the connection to the bio-psycho-socio-spiritual context<sup>2</sup>. It is noted that this study is integrated to an extension project developed in the Cardiology outpatient service linked to a public university from the municipality of Rio de Janeiro (RJ).

From March to December 2019, 20 users were assisted per month. Of this group, six people met the inclusion criterion: outpatient monitoring for a period of more than 3 months with a diagnosis of chronic cardiovascular disease. The subjects excluded were those with mild arterial hypertension, those who abandoned treatment and individuals aged less than 18 years old that were undergoing follow-up at when the study was conducted.

All six participants were monitored from March to December 2019, totaling ten appointments with the team that lasted a mean of 60 minutes. Frequency of the Nursing consultations varied from 14 to 21 days, according to the availability and/or interest of the user and the professor's schedule, which did not prevent appointments without scheduling, to the extent that there was some mental health demand.

The Mental Health Nursing consultations were carried out according to principles that guide help interviews<sup>25</sup>, aiming at welcoming and avoiding any attitude on the part of the team that may inhibit the expression of feelings. In this aspect, to mitigate resistance, the users were instructed on the presence of Nursing residents and students during the service, with the choice of service made available only by the professor. However, by unanimous decision, the interviewees reported feeling valued in their statements when sharing their life narratives during the consultations.

Data collection took place based on non-structured interviews guided by the following initial question: "Tell me about aspects of spirituality in relation to cardiovascular diseases". The users chose codenames to preserve data secrecy.

The service was provided by a teaching nurse, Nursing residents of the graduate course in Psychiatry/Mental Health and eighth-period Nursing students, in a multifactorial perspective of human illness. The patients were referred by professionals allocated to the health unit, using as a criterion noticing the presence of emotional conflicts that hindered adherence to the treatment.

The statements were recorded manually and immediately, and were later submitted to thematic analysis. The study encompassed the following stages: pre-analysis (data selection resuming the initial objective); exploration of the material classified and associated with the data; and finally, interpretation of the data obtained.

The research protocol was approved by the Research Ethics Committee. The ethical precepts were complied with, upon signature of the Free and Informed Consent Term by the participants and acknowledgment of the Ethics Committee's opinion.

## RESULTS AND DISCUSSION

Among the participants, five were women aged between 40 and 60 years old; three self-declared as Evangelicals, two as Catholics and one as Spiritist. In relation to marital status, one was a widow, two were married and three were divorced. Their incomes varied between one and two minimum wages. In relation to schooling level, one participant was illiterate, three had Complete Elementary School and two were attending High School.

There was a so urgent need to listen to and expose feelings and emotions kept so secretly that the body assumed the speech stance to ask for help.

In the first six meetings during the initial 3 months, the speeches were predominantly related to blaming the divine for the illness situation or for the living conditions that contributed to worsening of the pathology.

The life experiences related to significant losses, whether physical or material, contributed to questioning faith and to deterioration of the heart diseases. The interviewees used six or more types of medication for cardiovascular-based pathologies, had difficulties adhering to the diet proposed by the nutritionist and, therefore, their blood pressure levels and routine exams showed worrying results. Consequently, they were referred by the cardiologist to appointments with the multiprofessional team from the Cardiology outpatient service, aiming to welcome their anguish and questions regarding life.

In the four subsequent consultations and using Viktor Frankl's theoretical framework<sup>12,14-17</sup>, the spiritual dimension was approached as a provider of meaning and sense in life, pointing out essential values such as recovery of faith, hope and the desire to live, manifested in self-care actions and adherence to the treatment proposed<sup>7,8,26-28</sup>.

Viktor Frankl's Existential Analysis grounded the study by expressing that everything in life has a meaning, and that, from their spiritual base, human beings elaborate their cosmovision of the world, including the expression of illness<sup>11-16,26,27</sup>.

Thus, the users were encouraged to speak about their spiritual questions, being welcomed in their pain without issuing any judgments. Two categories emerged based on the testimonies: If there is a God, why does He do this to me?; and Spiritual coping strategies.

### If there is a God, why does He do this to me?

This question emerged until the sixth appointment, with testimonies marked by deep emotions.

*I went through so many things, God helped me out. But I don't know who God is now. When I most needed Him, when my children were killed, He (God) was not there. (Margarida, R1)*

*My husband always treated me wrong, he yelled at me, humiliated me. Instead of him getting a heart attack, I got it! Then I ask: Where was God? It was more than 20 years like that. (Mariana, R2)*

The participants reported stories marked by tragedies and ill-treatment, anguishing situations in which they felt powerless and believed that they were living to God's abandonment. Human beings have an existential sense that cannot be satisfied in any other way than developing spirituality<sup>12,14, 26-29</sup>.

*My wife was diagnosed as infertile. It was our biggest dream, she lost our little boy. I don't know why God did that to me. (Carlos, R3)*

The spiritual crisis evolved slowly, almost imperceptibly, from a frail daily spiritual experience<sup>7,8,14,29-31</sup>. Human beings' unconscious relationship with God is connected to each person's intrinsic values, based on the way in which they understand, value and are related to the sacred<sup>4,11,13</sup>. Forgetting about this issue produces severe impoverishment, with the possibility of developing internal conflicts that generate anguish and illness<sup>5,11,14,15</sup>.

When something unexpected comes up, human beings break away with their beliefs, either momentarily or for long periods of time. It is the health professionals' role to assist in returning to the path towards the sacred and, thus, to promote spiritual well-being to overcome the difficulties inherent to existence, providing relief from suffering and meaning to pain<sup>8,14,27,29-31</sup>.

Suffering becomes unbearable when the person cannot perceive meaning in pain, leading to despair. Finding a meaning for difficult circumstances allows releasing suffering and, thus, it becomes possible to face it with dignity<sup>12,14-17,27</sup>.

One of the many ways to leverage spirituality is Religious/Spiritual Coping (RSC), which can be classified as positive or negative<sup>8,9</sup>. In the respondents' testimonies, the negative aspect is evidenced as clearly associated with the feelings of anguish and despair. The nurses' role is to lead the patients to a positive RSC, that is, to assist in the development of strategies to face adversities and situations of significant stress, with application of faith, leading to a general improvement of the condition and alleviating suffering, both physical and psychological. Elevation and delivery of thoughts to a superior being, in sharing the new weight that existence has acquired, contributes lightness to the individual, because the understanding that there is a reason and a purpose for the facts and that one is not alone is reflected on the renewal of hope and optimism, with feelings of comfort and possibilities for changes in life<sup>8,18,19,30-33</sup>.

Nurturing spirituality can contribute countless benefits to life. People with developed spirituality have greater capacity to develop healthy interpersonal relationships, recognize their limits, have a critical awareness of themselves and the world, be self-determined and seek new possibilities of being and acting<sup>4-8,17,18,26,28,30-34</sup>.

The respondents reported the lack they felt to congregate in the religious temple and to socialize with the members. The role of religion was addressed in the appointments and, thus, they felt strengthened in their spirituality to initiate a re-approximation process to this place to which they have belonged for over 5 years. Then, the spirituality path was initiated in the opposite direction to which they were at that moment, leveraging it in a beneficial way for coping and for finding again the meaning that had been lost.

### Spiritual coping strategies

This category addresses the participants' experiences in relation to the divine throughout their lives that led them to develop faith in the sacred. They brought a new situation to each appointment, where they perceived supernatural care and love. Some situations stood out among the experiences, namely: adequate housing and food conditions, despite having lived long periods of unemployment; traffic accidents; survival after suicide attempt and worsening of cardiovascular disease – and, despite this causing some limitations, they stayed alive and were able give new meanings to living.

When sharing difficult situations, they attributed new meanings to their pain, conferring a new sense to their existence.

*My parents abandoned me, I was raised by strangers. Later on, I discovered that my parents lived in my block, but they never looked for me, and they knew. When my husband told me he was going to buy cigarettes and never came back, the memories returned. (Joana, R4)*

*I arrived here 3 months ago with no reasons to continue living, I could only see the limitations that heart disease imposed on me and I didn't accept that after everything I had lived, I would still be sick. For many years I carried with me this pain of having been sexually abused as a child. (Jéssica, R5)*

After attributing new meanings to their losses, the participants reported that they had some unfulfilled wishes, such as learning to read and write. In this case, participant Margarida was helped to find a school that offered the Youth and Adult Education (YAE) program, where she enrolled and, at that time, was attending third year of Elementary School. She worked as a volunteer in maternity hospitals and took comforting words and prayer to the mothers who have lost their children.

*With you here, I realized that I could do something with this pain that was bigger than me. The pain is still there when I remember my children. But it's different now, I use my pain to cure others, and then I gradually heal mine and understand God's purposes. (Margarida, R6)*

Carlos started volunteer work with a network of shelters for juvenile offenders, where he taught classes in a vocational course.

*When you asked me about faith experiences, I remembered all that I went through. And it was with that that I gradually recovered my faith, looking at the good thing life has to offer. I'm making an old dream come true, giving Informatics techniques classes in a shelter. (Carlos, R3)*

Jéssica joined a women's group at her Church and recovered her will to live since then.

*I haven't gone to Church for 1 year since I got ill, and here I remembered how I used to overcome hard times when I had a spiritual life. I'm recovering that will to live and I use it to teach younger women. (Jéssica, R5)*

*When my husband disappeared, it was a huge disappointment, soon after that I had a heart attack and didn't want to know about anything anymore. And with your support, I saw how good it is for me to stay in a place where I'm useful and how I'm helped, I feel strengthened. (Mariana, R2)*

*I didn't want to know about Church anymore, but I regained my faith, looking at everything I have and at what I can still do. I went back to working as a cook in a social project that feeds street people. (Joana, R4)*

*In this room I realized how good it was when I prayed, when I sang in the choirs (at this moment, the participant smiles) and I decided that I need to do this for myself and my daughter. God is taking care of her. (Beatriz, R6)*

The context and difficult conditions do not determine the future: each human being is responsible for the attitudes adopted in the face of the circumstance that are outside natural control. When remembering the positive moments, it was emphasized that life was like that, with good and hard times, both comprising living. With each statement, the users regained their faith in life and, step by step, they remembered that their meaning of life could be shifted to help people based on the lessons they learned from their experiences.

Spiritual care promotes relief of suffering and better quality of life, enhancing the patients' virtues and providing a basis for the construction of meaning. Positive spiritual coping provided conditions for the users to find transformation in their existence<sup>4,8,13,22,26,28,33-35</sup>. They sought purpose, comfort and hope in times of uncertainty.

Human life makes sense even in the worst situations. Frankl spoke about this subject based on his own experiences after losing family members and going through the horrors of the concentration camps from 1942 to 1945. Despite losing the most important people in his life and suffering countless cruelties, he pointed out that these sad situations allowed him to realize full awareness of the meaning and sense of life, as well as the value of suffering. Thus, he assumed that, in order to survive the most difficult issues, human beings need to find meaning in their own experiences<sup>12,14-17</sup>.

As Frankl says: "The ability to transcend the self in terms of a sense, and not in terms of one's inner well-being, is essential"<sup>15</sup>. Decision-making based on the spiritual dimension allows people to face the natural context, providing meaning. In this way, it is possible to respond to unfavorable conditions in a mature and daring way, as the human spirit is rich and capable of overcoming any circumstance and, thus, resuming life.

The respondents learned to look at their pain through the lens of spirituality and, even if the conditions were unfavorable, they perceived a meaning in life. It is the act of self-transcendence, that is, the ability to "direct oneself to something or someone other than oneself"<sup>12,16</sup>.

When they seek themselves, human beings cannot do so; they need to look beyond themselves and seek to realize values in the world for other people or for God. By closing in on themselves, human beings lose their fundamental identity, which means being able to look beyond themselves<sup>12,14-17</sup>. They need to look at a cause, a person or the sacred.

It is understood that self-transcendence is in the essence of human beings and is reached from the spiritual dimension. In everyday life, there are several possibilities to experience self-transcendence. For some people, transcending means overcoming physical and psychological limits imposed by pain and illness. For others, breaking away with fear and prejudice and thus playing significant roles in society<sup>12,14,26,27</sup>. It enables discovering and developing potentialities that drive individuals to engage in meaningful projects and, thus, it is possible to have an encounter with the best of themselves<sup>17,27,29-31</sup>.

A limitation of the study lies in the fact of having a small number of participants and of having been carried out in only one scenario. It is suggested that further studies be carried out in different cultural-religious contexts, to assess whether the results are replicable.

However, it is noted that the people researched presented an increase in quality of life, adherence to drug and nutritional treatments and improvement in their clinical conditions. The spiritual dimension addressed in Mental Health Nursing consultations is configured as a practice that enables adherence to drug therapy and health actions that promote well-being<sup>2,4,7-8,18,22,28</sup>, qualifying care and thus contributing to the therapeutic bond, essential in monitoring people with chronic diseases.

Thus, it becomes imperative for health professionals, mainly nurses, to assess the spiritual well-being of patients suffering from chronic diseases and to include spiritual care interventions in Nursing care plans to manage spirituality



as a therapeutic resource<sup>4,9,32-39</sup>. The Nursing Interventions Classification (NIC) points to essential care measures that solidify the recommendations made by the World Health Organization (WHO) in offering Nursing care that considers the spiritual dimension as the guiding foundation of comprehensive health care. It emphasizes the need for nurses to apply the principles of multidimensional empathy, such as active listening and empathic verbalization; to encourage the expansion of spiritual resources (prayers, meditations and readings of sacred texts together with the users); to foster existential experiences, strengthening faith and hope; and to promote forgiveness facilitation and offer the presence of support groups or religious leaders. It is worth emphasizing the importance of these professionals understanding and valuing the spiritual needs, as Nursing interventions based on spirituality are powerful in reducing anguish, anxiety and pain<sup>38-40</sup>.

In this regard, it becomes necessary to break away with lack of knowledge, inabilities and prejudices among health professionals (in terms of spirituality), promoting discussion of this theme in undergraduate health courses and organizing in-service training sessions on health interventions guided by spirituality<sup>27,34-39</sup>. This step is essential for strengthening the mental health of this population group and for them not to stop believing in the meaning of life at any given time.

## CONCLUSION

Faced with the emptiness and lack of meaning that some users of the Cardiology outpatient services find themselves in, it is necessary to search for alternatives that allow rescuing the true human essence.

The respondents found an existence full of meaning from the spiritual dimension addressed in the Mental Health Nursing consultations, with reflections in the light of Viktor Frankl. Spirituality promoted a movement of openness in the face of suffering, enhancing health care and enabling engagement in projects full of meaning.

This study intends to ratify the relevance of the spiritual dimension as a therapeutic resource for chronic patients so that this type of approach is disseminated in other scenarios, recognizing and valuing nurses' role.

The findings suggest the importance of replication, in the Unified Health System, of Nursing practices based on a bio-psycho-social-spiritual perspective, with a view to increasing quality of life and improving the clinical conditions.

## REFERENCES

1. Enns J, Homqvist M, Wener P, Halas G, Rothney J, Schultz A, et al. Mapping interventions that promote mental health in the general population: a scoping review of reviews. *Preven Med*. 2016 [cited 2022 Sep. 30]; 87(1):70-80. DOI: <https://doi.org/10.1016/j.yjmed.2016.02.022>.
2. Fernandez-Lazaro CI, García-González JM, Adams DP, Fernandez-Lazaro D, Mielgo-Ayuso J, Caballero-Garcia A, et al. Adherence to treatment and related factors among patients with chronic conditions in primary care: a cross-sectional study. *BMC Fam Pract*. 2019 [cited 2022 Sep. 30]; 20(1):119-23. DOI: <https://doi.org/10.1186/s12875-019-1019-3>.
3. Alvarez JS, Goldraich LA, Nunes AH, Zandavalli MC, Zandavalli RB, Belli KC, et al. Association between spirituality and adherence to management in outpatients with heart failure. *Arq Bras Cardio*. 2016 [cited 2022 Sep. 30]; 106(6):491-501. DOI: <https://doi.org/10.5935/abc.20160076>.
4. Roger KS, Hatala A. Religion, spirituality & chronic illness: a scoping review and implications for health care practitioners. *Journal of Religion & Spirituality in Social Work: Social Thought*. 2018 [cited 2022 Sep. 30]; 37(1):24-44. DOI: <https://doi.org/10.1080/15426432.2017.1386151>.
5. Ali NM, Ramamneh IS. Resilience of patients with coronary heart diseases in Jordan: a cross-sectional study. *Int J Nur Sci*. 2022 [cited 2022 Sep. 30]; 9(1):86-91. DOI: <https://doi.org/10.1016/j.ijnss.2021.12.003>.
6. Kurogi EM, Butecher RC, Salvetti MG. Relationship between functional capacity, performance and symptoms in hospitalized patients with heart failure. *Rev Bras Enferm*. 2020 [cited 2022 Sep. 30]; 73(4):e20190123. DOI: <https://doi.org/10.1590/0034-7167-2019-0123>.
7. Janssen-Niemeijer AJ, Visse M, Van Leeuwen R, Leget C, Cusveller BS. The role of spirituality in lifestyle changing among patients with chronic cardiovascular diseases: a literature review of qualitative studies. *J Relig Health*. 2017 [cited 2022 Sep. 30]; 56(4):1460-77. DOI: <https://doi.org/10.1007/s10943-017-0384-2>.
8. Yilmaz CY, Kara FS. The effect of spiritual well-being on adaptation to chronic illness among people with chronic illnesses. *Perspect Psychiatr Care*. 2020 [cited 2022 Sep. 30]; 57(1):318-25. DOI: <https://doi.org/10.1111/ppc.12566>.
9. Santana ES, Mendes JM, Souza MM, Almeida TC, Queiroz XS. Consulta de Enfermagem ao paciente hipertenso: estudo bibliométrico. *Nursing*. 2017 [cited 2022 Sep. 30]; 20(232):1821-6. Available from: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1029260>.
10. Aşiret GD, Okatan C. Determination of the relationship between drug compliance levels and spiritual well-being of hypertension patients. *Turkish J Cardiovasc Nurs*. 2019 [cited 2022 Sep. 30]; 10(23):122-8. DOI: <https://doi.org/10.5543/khd.2019.66376>.

11. Gomes ET, Bezerra SM. Religiousness, spiritual well-being and transpersonal caring in the preoperative period of heart surgery. *Revista Cuidarte*. 2020 [cited 2022 Sep. 30]; 11(2):e1020. DOI: <http://dx.doi.org/10.15649/cuidarte.1020>.
12. Frankl VE. Em busca de sentido: um psicólogo no campo de concentração. Traduzido por Walter O. Schlupp e Carlos C. Aveline. 45ª ed. Petrópolis: Vozes; 2019.
13. Steinhauer KE, Fitchett G, Handzo GF, Johnson KS, Koenig HG, Pargament KI, et al. State of the science of spirituality and palliative care research part i: definitions, measurement, and outcomes. *J Pain Symptom Manage*. 2017;54(3):428-40. DOI: <https://doi.org/10.1016/j.jpainsymman.2017.07.028>.
14. Frankl VE. O sofrimento humano: fundamentos antropológicos da psicoterapia. Traduzido por Karleno Bocarro e Renato Bittencourt. Petrópolis: É Realizações; 2019.
15. Frankl VE. Sede de sentido. São Paulo: Quadrante; 2021.
16. Frankl VE. A vontade de sentido fundamentos e aplicações da logoterapia. 4ª ed. São Paulo: Paullus; 2017.
17. Frankl VE. Psicoterapia e sentido da vida. 7ª.ed. São Paulo: Quadrante; 2019.
18. Thiengo PC, Gomes AM, Mercês MC, Couto PL, França LC, Silva NA. Spirituality and religiosity in health care: an Integrative review. *Cogitare Enferm*. 2019 [cited 2022 Sep. 30]; 24:e58692. DOI: <http://dx.doi.org/10.5380/ce.v24i0.58692>.
19. Moons P, Luyckx K, Dezutter J, Kovacs AH, Thomet C, Budts W, et al.; APPROACH-IS Consortium; International Society for Adult Congenital Heart Disease (ISACHD). Religion and spirituality as predictors of patient-reported outcomes in adults with congenital heart disease around the globe. *Int J Cardiol*. 2019 [cited 2022 Sep. 30]; 274:93-99. DOI: <https://doi.org/10.1016/j.ijcard.2018.07.103>.
20. Araújo VS, Figueirêdo TR, Costa CR, Silveira MM, Belo RM, Bezerra SM. Quality of life of patients who undergone myocardial revascularization surgery. *Rev Bras Enferm*. 2017 [cited 2022 Sep. 30]; 70(2):257-64. DOI: <https://doi.org/10.1590/0034-7167-2016-020>.
21. Guedes CR, Rangel VM, Camargo Júnior K. *Hist Cienc Saude-Manguinhos*. 2020 [cited 2022 Sep. 30]; 27(3):803-17. DOI: <http://dx.doi.org/10.1590/s0104-59702020000400006>.
22. Silva AL, Silva LF, Souza IE, Guedes MV, Araújo MA, Farias MS. Being a woman with a heart disease and developing pressure ulcer as a hospital inpatient: sense of fear. *Rev Enferm UERJ*. 2017 [cited 2022 Sep. 30]; 25:e14509. DOI: <http://dx.doi.org/10.12957/reuerj.2017.14509>.
23. Minayo MC. Técnicas que fazem uso da palavra, do olhar e da empatia: pesquisa qualitativa em ação. São Paulo: Hucitec; 2019.
24. Nogueira ML, Barros VA, Araújo AD, Pimenta DA. O método de história de vida: a exigência de um encontro em tempos de aceleração. *Pesquisas e Práticas Psicossociais*. 2017 [cited 2022 Sep. 30]; 12(2):1037-57. Available from: [http://seer.ufsj.edu.br/index.php/revista\\_ppp/article/view/2454/1698](http://seer.ufsj.edu.br/index.php/revista_ppp/article/view/2454/1698).
25. Benjamin A. A entrevista de ajuda. 13ª ed. São Paulo: Martins Fontes; 2011.
26. Medeiros AY, Pereira ER, Silva RM, Rocha RC, Moncayo FL. El sentido de la vida como recurso espiritual para el cuidado en oncología. *Revista Cubana de Enfermería*. 2019 [cited 2022 Sep. 30]; 34(4):2243-47. Available from: <http://www.revenfermeria.sld.cu/index.php/enf/article/view/2243/407>.
27. Rocha RC, Pereira ER, Silva RM. The spiritual dimension and the meaning of life in nursing care: phenomenological approach. *Rev Min Enferm*. 2018 [cited 2022 Sep. 30]; 22(1):e-1151. DOI: <http://dx.doi.org/10.5935/1415-2762.20180082>.
28. Gomes AM. From spirituality to spiritual care through religion and religiosity: concepts and challenges for nurses and health professionals. *J Multiprof Health Res*. 2021 [cited 2022 Sep. 30]; 2(2):e010000. Available from: <https://journalmhr.com/index.php/jmhr/article/view/3?subject>.
29. Yaghoobzadeh A, Soleimani MA, Allen KA, Chan YH, Herth KA. Relationship between spiritual well-being and hope in patients with cardiovascular disease. *J Relig Health*. 2018 [cited 2022 Sep. 30]; 57(3):938-50. DOI: <https://doi.org/10.1007/s10943-017-0467-0>.
30. Foch GF, Silva AM, Enumo SR. Spiritual/religious coping: a systematic literature review (2003-2013). *Arq Bras Psicol*. 2017 [cited 2022 Sep. 30]; 69(2):53-71. Available from: <http://pepsic.bvsalud.org/pdf/arpb/v69n2/05.pdf>.
31. Leão DC, Pereira ER, Garcia-Caro MP, Silva RM. Spiritual and emotional experience with a diagnosis of breast cancer. *Cancer Nurs*. 2021 [cited 2022 Sep. 30]; 45(3):224-35. DOI: <https://doi.org/10.1097/ncc.0000000000000936>.
32. Ribeiro M, Caldeira S, Nunes E, Vieira M. A commentary on spiritual leadership and workplace spirituality in nursing management. *J Nurs Manag*. 2021 [cited 2022 Sep. 30]; 29(3):602-5. DOI: <https://doi.org/10.1111/jonm.13196>.
33. Leão DC, Pereira ER, Pérez-Marfil MN, Silva RC, Mendonça AB, Rocha RC, et al. The importance of spirituality for women facing breast cancer diagnosis: a qualitative study. *Int J Environ Res Public Health*. 2020 [cited 2022 Sep. 30]; 18(1):6415. DOI: <https://doi.org/10.3390/2Fijerph18126415>.
34. Nascimento LC, Oliveira FC, Santos TF, Pan R, Flória-Santos M, Alvarenga WA, et al. Atenção às necessidades espirituais na prática clínica de enfermeiros. *Aquichan*. 2016 [cited 2022 Sep. 30]; 16(2):179-92. DOI: <http://dx.doi.org/10.5294/aqui.2016.16.2.6>.
35. O'Brien MR, Kinloch K, Groves KE, Jack BA. Meeting patients' spiritual needs during end of life care: a qualitative study of nurses' and healthcare professionals' perceptions of spiritual care training. *J Clin Nurs*. 2019 [cited 2022 Sep. 30]; 28(1-2):182-9. DOI: <http://dx.doi.org/10.1111/jocn.14648>.
36. Sepideh J, Azam Z, Elizabeth K, Mina J. Nurses' spiritual well-being and patients' spiritual care in Iran. *COJ Nurse Healthcare*. 2018 [cited 2022 Sep. 30]; 1(3):74-8. DOI: <http://dx.doi.org/10.31031/COJNH.2018.01.000514>.
37. Oliveira LA, Oliveira AL, Ferreira MA. Nurses' training and teaching-learning strategies on the theme of spirituality. *Esc Anna Nery*. 2021 [cited 2022 Sep. 30]; 25(5):62-70. DOI: <https://doi.org/10.1590/2177-9465-EAN-2021-0062>.



38. Kestenberg CC, Thiengo PC, Silva AV, Martins ER. Empathic skills on nursing consultation to the patient with cardiovascular disease: an integrative review. *REFACS*. 2019 [cited 2022 Jul 09]; 7(2):227-39. DOI: <https://doi.org/10.18554/refacs.v7i2.3391>.
39. Moreno-Poyato AR, El Abidi K, Rodríguez-Nogueira Ó, Lluch-Canut T, Puig-Llobet MA. A qualitative study exploring the patients' perspective from the 'Reserved Therapeutic Space' nursing intervention in acute mental health units. *Int J Ment Health Nurs*. 2021 [cited 2022 Sep. 30]; 30(3):783-7. DOI: <https://doi.org/10.1111/inm.12848>.
40. Butcher HK. *NIC -Classificação das Intervenções de Enfermagem*. 7ª ed. Tradução de Denise Costa Rodrigues. Rio de Janeiro: Elsevier; 2020.