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Nurses' experiences with spirituality-based Nursing interventions

Experiências de enfermeiros com intervenções de enfermagem pautadas na espiritualidade

Experiencias de enfermeros con intervenciones de enfermería basadas en la espiritualidad

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ABSTRACT

Objective: to describe nurses' experiences related to providing care based on spiritual interventions. **Method:** a qualitative research study with a phenomenological approach, conducted with 13 nurses with a minimum of one year of experience in care and in practice following the Systematization of Nursing Assistance. Semi-structured interviews were conducted in the remote modality via the Google Meet® platform and/or video/audio communication. Idiographic and nomothetic analyses were used, thus reaching an interpretive data synthesis. **Results:** the nurses implemented interventions permeated by affection, empathy, warmth and joining patients and family members in prayer, in addition to laying on of hands and Reiki. **Final considerations:** spirituality proved to be present in nurses' clinical practice; however, there were no records in the clinical charts, denoting technical inability in the professionals. It is necessary to invest in communication competencies that may favor their recording and expand the interaction between care knowledge and practices.

Descriptors: Nursing; Nursing Care; Patient Care; Standardized Nursing Terminology; Spirituality.

RESUMO

Objetivo: descrever as experiências de enfermeiros relacionadas aos cuidados pautados em intervenções espirituais. **Método:** estudo pesquisa qualitativo com abordagem fenomenológica, realizado com 13 enfermeiros com, no mínimo, um ano de experiência no cuidado e na prática com Sistematização da Assistência de Enfermagem. As entrevistas semiestruturadas foram realizadas remotamente via plataforma Google Meeting® e/ou vídeo-áudio. Utilizaram-se as análises ideográficas e nomotéticas obtendo-se, assim, a síntese interpretativa dos dados. **Resultados:** os enfermeiros utilizam intervenções permeadas por afeto, empatia, carinho e oração junto aos pacientes e familiares, imposição das mãos e Reiki. **Considerações finais:** a espiritualidade se mostrou presente na prática clínica dos enfermeiros, mas não houve o registro no prontuário, denotando uma inabilidade técnica por parte dos profissionais. Há necessidade de investir em competências comunicacionais, que podem favorecer o seu registro e a ampla interação dos saberes e práticas do cuidado.

Descritores: Enfermagem; Cuidados de Enfermagem; Assistência ao Paciente; Classificações das Intervenções de Enfermagem; Espiritualidade.

RESUMEN

Objetivo: describir las experiencias de enfermeros relacionadas con el cuidado basado en intervenciones espirituales. **Método:** estudio de investigación cualitativa con enfoque fenomenológico, realizado con 13 enfermeros con al menos un año de experiencia en atención y práctica con la Sistematización de la Atención de Enfermería. Se realizaron entrevistas semiestructuradas de forma remota a través de la plataforma *Google Meet*® y/o video-audio. Se utilizaron análisis ideográficos y nomotéticos, con lo que se obtuvo una síntesis interpretativa de los datos. **Resultados:** los enfermeros utilizan intervenciones atravesadas por el afecto, la empatía, el cariño y la oración con pacientes y familiares, la imposición de manos y el Reiki. **Consideraciones finales:** la espiritualidad estuvo presente en la práctica clínica de los enfermeros, pero no se registró en las historias clínicas, lo que indica una incapacidad técnica por parte de los profesionales. Se advierte la necesidad de invertir en competencias comunicativas, que puedan favorecer su registro y la amplia interacción de conocimientos y prácticas de cuidado.

Descriptores: Enfermería; Atención de Enfermería; Atención al Paciente; Terminología Normalizada de Enfermería; Espiritualidad.

INTRODUCTION

The topic of spirituality still lacks a meaning universally accepted by all health professionals despite the fact that, in the last few years, it has been possible to find an increasing number of discussion forums and national and international bibliographic materials on the subject matter. Spirituality discussions still consist in envisioning an innovation context. While many individuals seek to analyze this concept and put it into practice, others still do not believe in it and consider that it is not a scientific issue. In addition to that, databases store a wide range of research studies attributing different concepts to spirituality, which hinders its understanding[1,2].

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Spirituality can be understood as men's and women's propensity to search for the reason of human existence, by means of concepts that transcend tangible and everyday life: a model connected to something larger that one's self, feelings or ways of relating to the sacred, that not only includes adherence to religiousness and that can be used as an instrument to adapt to adverse life situations[3].

It is noted that, in this context, religiousness emerges from the doctrine cult systematics common to a given community[4]. In turn, spirituality derives from the term *spiritus*, which means "breadth of life", and is related to the larger life issues because it allows people to question, seek and find their personal search about existential aspects such as the meaning of life and its interactions with beliefs, values and sublimity, whether including formal religious actions or not[5,6].

Given this, Brazilian Nursing has made progress in terms of research studies related to care as for the implementation and applicability of this process in the spiritual dimension[7].

In this regard, the Nursing process (which involves a set of dynamic and inter-related actions aimed at materialization, that is to say, pointing to the adoption of a given method or way of doing [Systematization of Nursing Assistance]) is based on moral values and on the technical-scientific knowledge inherent to the area, delineating bibliographic findings as the central target or focus for the essence of Nursing actions[8].

Decisions about and interpretation of the data collected stand out among the Nursing process phases. It is also possible to notice the seriousness with which spirituality is listed in the Nursing diagnoses from the *North American Nursing Diagnosis Association* (NANDA) – 2021-2023 Definitions and Classifications, through three diagnoses connected with it, namely: Spiritual Distress, Risk for Spiritual Distress and Readiness for Enhanced Spiritual Well-Being[9].

In addition to that, given the guidelines set forth in the Nursing Interventions Classification (NIC) in terms of the effectiveness of comprehensive care that considers each patient's spiritual dimension, the NIC is a strategic and in-depth element in the so-called spiritual counseling, as it aids the expression of religious and spiritual needs, the feelings of those involved, problem resolution and support in coping with the health-disease process and interpersonal relationships[10].

Therefore, spirituality is an important element in the care process, in relation to nurse-patient interactions and experiences. It is a competency that should be part of bedside nurses' communication attributes.

Given the aforementioned, the following question is formulated: "What experience do nurses have in the assistance provided, when planning the systematization of spirituality-based Nursing assistance?" and "During the assistance they provide, do nurses implement or have already implemented any spirituality-based Nursing intervention?".

In addition to its correspondence in the Systematization of Nursing Assistance interventions, better understanding the existing gap in the relationship between spirituality and the care dimension justifies conducting this study.

Thus, the objective of this study was to describe nurses' experiences related to providing care based on spiritual interventions.

METHOD

This is a research study with a qualitative approach supported in the Phenomenology theoretical framework, based on the pertinence of its concepts for Nursing experiences in the care context regarding the spiritual dimension, as the actual situations undergone in everyday life are shared and interpreted by a group where each individual constructs their ow view with this help. The *Consolidated Criteria for Reporting Qualitative Research* (COREQ)[11] checklist was used to enable organization with methodological rigor regarding the data, in order to preserve them unchanged in the study approach.

It is known that qualitative research enables analyzing and understanding the energy similarity between reality and subjects; in other words, it is an inseverable union between a person's objectivity and subjectivity that cannot be demonstrated in numbers[12].

The fundamental characteristic of the phenomenological research approach is that it seeks understanding a phenomenon in its essence. It is a research design that signals the study of the events underwent or of the immediate pre-reflexive experience, seeking to present their meanings in essence. Choice of this framework lies in the pertinence of its concepts for Nursing experiences in the everyday care practice[13]. When adopting the phenomenological method, researchers are faced with the task of unveiling everyday life facts, placing themselves in front of the phenomenon accessed by means of the discourse of those directly experiencing the situation[14].

In this sense, Alfred Schutz' Social Phenomenology proposes understanding phenomena through concrete everyday life experiences, allowing access to human conscience and its essence. The social world is considered as the time and space where human beings share significant conscious processes of their own and of others. Social relationships take place in it by means of inter-subjectivity. In order to live in the real world, men and women are guided by how they define the action scenario,

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interpreting their possibilities and challenges and resorting to their knowledge baggage, which is the set of previous experiences and diverse information culturally transmitted by countries, teachers and immediate people in the social world. Thus, any and all human actions are endowed with intentionality and related to a project in which men and women find meaning, that is, actions are motivated behaviors. Consequently, the author points out that the *reasons why* are related to the past sedimented in human beings' consciousness and linked to the acquired and experienced knowledge baggage. In turn, the *reasons for* refer to the intentionality that triggers action and are grounded on the knowledge *corpus*[15].

The study was conducted at a public and large-sized clinical complex hospital located in the inland of São Paulo, Brazil. The participants were nurses from both genders and different sectors (such as Medical Clinic, Pediatrics, Gastric Surgery and Hemodyalisis, among others), with at least one year of experience in care and working in practice with the Systematizaton of Nursing Assistance (SNA). These criteria were adopted so that they were in due conditions to answer the questions. The nurses excluded were those that were away from the service due to holiday or leave and those not answering the invitations after three consecutive contact attempts by the researcher during the data collection period.

When data collection was initiated, the Nursing Service Head Office provided a list with the bedside nurses' contact information along with their respective email addresses and mobile phone numbers, which eased contacts and queries about the possibility for each person to take part in the study.

During the social isolation period imposed by the disease caused by the Type 2 coronavirus (COVID-19), the data were collected in an individualized way by means of semi-structured and online interviews in the Google Meet® platform or via video-audio services in Android or similar systems.

In order to conduct the interviews, the nurses were approached by the researcher, who explained the study purpose and objective by means of an invitation-letter in the form of electronic messages. After providing their free consent and accepting to take part in the study, each professional was invited to sign two copies of a Free and Informed Consent Form, digitalizing and returning one of them via email. Subsequently, the nurses were directed to the guiding questions.

The following guiding questions were used: “In your everyday practice, how do you provide care taking into account spirituality?” and “Do you implement or have implemented any spirituality-related Nursing intervention?”, in addition to questions referring to training and professional experience times, gender, marital status and religion.

The answers were recorded in audio files with the intention of preserving accuracy in the interviewees' testimonies (on a date and time chosen by the participants) and lasted from 20 to 30 minutes. Subsequently, the contents were carefully listened to and transcribed in full, to later on read them and thoroughly re-read them to extract the *verbatim* meanings. No more interviews were conducted when theoretical data saturation was reached, as recommended in qualitative research studies[16].

Once the interviews had ended, they were subjected to a manual analysis in charge of one of the researchers and validated by a second one experienced and trained in operationalization, thus consolidating a two-fold analysis following the interpretation steps in light of the Phenomenology theoretical framework, which allows unveiling the meaning of the self and the fundamental structures of presence. Subsequently, an idiographic analysis was applied. Characterized as thorough and in-depth for each interview, it seeks to confer visibility to the ideology permeating the naive description of a subject. A nomothetic analysis was also performed, targeted at the overall analysis of all interviews and implemented based on the idiographic one, indicating a person's transition to the general[13].

According to this methodology, the starting point is the Description, which seeks to find the research subjects' perception, what is in their conscience. The next step is Reduction, selecting the significant and essential parts of the description through the following analyses: Idiographic: characterized as thorough and in-depth for each interview, it seeks to confer visibility to the ideology permeating the naive description of a subject; in turn, the nomothetic analysis is targeted at the overall appreciation of all interviews and is based on the idiographic one, indicating a person's transition to the general. The last stage is Comprehension/Analysis, where the researcher specifies the meaning that is essential in the Description and Reduction steps, as a way of investigating the experience. In this stage, the researcher assumes the Reduction result as a set of assertions or units of meaning that are significant for him/her and point to the subjects' experience and awareness regarding the phenomenon, thus reaching understanding of the phenomenon[14].

The research protocol was approved by the Research Ethics Committee of the institution involved on April 3rd, 2020. In order to ensure secrecy of the participants' identity for data presentation, an alphanumerical coding scheme (for example: N1-N13) was used, where the letter “N” corresponds to each of the nurses interviewed and the number indicates the order in which the interviews were conducted.

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RESULTS

The study participants were 13 female subjects aged between 28 and 48 years old and with two to 22 years of experience in Nursing. All of them stated professing some religion: five were Catholics, with three non-practicing and two practicing; one was Umbandist; two were Spiritualists; and another five were practicing Evangelicals.

In line with the phenomenological framework and the study object, the content presented in the testimonies and the spirituality experiences were analyzed against the Nursing interventions, represented in concrete categories.

After the idiographic and nomothetic analyses, the results obtained from the interviews are represented in the demonstrative diagram below as way of synthesing the topics revealed in the analysis presented in Figure 1.

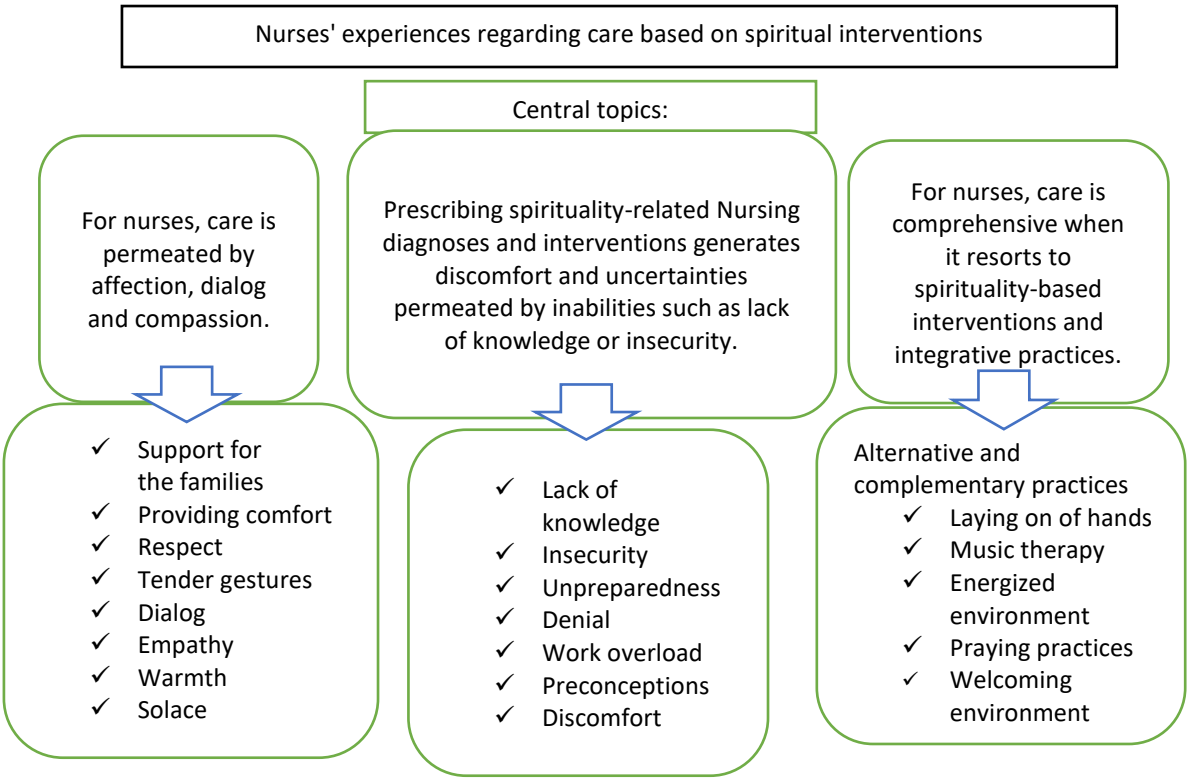

Figure 1: Diagram showing the phenomenon unveiled based on the experiences undergone by bedside nurses regarding Nursing interventions considering the spiritual dimension. Botucatu, SP, Brazil, 2021.

The findings are centralized in three concrete categories of the events undergone: A) For nurses, care is permeated by affection, dialog and compassion; B) Prescribing spirituality-related Nursing diagnoses and interventions generates discomfort and uncertainties, permeated by hindering factors; and C) Care is comprehensive when it resorts to spirituality-based interventions and alternative practices (as stated below); in addition, these findings synthetically evidence the topics and units of meaning made explicit in the interviews.

Care is permeated by affection, dialog and compassion

Nursing care regarding spiritual experiences is understood as providing support to the families, showing respect and offering comfort, warmth, solace or tender gestures with attitudes such as holding the patients' hands followed by talking to them, therapeutic communication that permeates empathetic listening and compassion and love expressions, which can be seen in the following testimonies:

> *[...] I try to respect others. [...] I support the families with solace words. (N1)*
>
> *[...] I think that it's with plenty of love, holding hands, making a caress. (N2)*
>
> *[...] sitting by the person, having a conversation. (N3)*
>
> *[...] I try to cherish them. [...] I respect each person's individuality. [...] I feel that they need more support, like a caress. (N13)*

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Consequently, it is revealed that resorting to communication to address spirituality is present in the reports, and psychotherapy and dialog are pointed out as spiritual and therapeutic resources, thus providing person-centered care and assistance in its various dimensions.

As for care in relation to well-being and satisfaction to minimize the impact of suffering on the patients' life, nurses provide care through positive words that convey tranquility, peace and serenity, as can be verified in these excerpts:

> *[...] I try to do good to all people, I understand and try to make their hospitalization more pleasurable. (N6)*
>
> *[...] Through thought elevation during a procedure on a patient with brain death, so that they find their well-deserved rest. (N7)*
>
> *[...] In the practice, I try to speak well-being and help words to others. (N11)*
>
> *[...] I always try to have positive thoughts and do good to others. (N12)*

Consequently, dealing with the aspect of the patients accepting their disease is characterized in the following excerpt:

> *[...] respecting spirituality, finding what it is that each patient believes in, what they want to do to improve and accept the disease. (N9)*

However, the collaborators acknowledge the relevance of care in the spiritual dimension and offer it mainly by expressing comfort, dialog, warmth and compassion.

Prescribing spirituality-related Nursing diagnoses and interventions generates discomfort and uncertainties permeated by inabilities such as lack of knowledge or insecurity

In the nurses' experience, insufficient theoretical skills to incorporate spirituality to the Systematization of Nursing Assistance are also brought to the surface, generating insecurity in using spirituality diagnoses and showing unpreparedness to address the spiritual dimension, which ends up being denied. It is for this reason that nurses fail to recognize that they can cater for this need, generating an assistance gap. In addition to that, another factor mentioned by the participants was work overload.

These excerpts indicate that, in order to meet the patients' spiritual needs, it is necessary to prepare and discuss this theme as early as in the training process, evidenced by the need to feel well-prepared, as pointed out below:

> *[...] I've never implemented any type of intervention related to spirituality in my life. I've never used any type of spirituality diagnosis. (N1)*
>
> *[...] Ah, there in the ward I don't work with the diagnosis or in prescription. (N2)*
>
> *[...] can it be that I've already prayed for some patient, did I do anything related to that for some patient? (N4)*
>
> *[...] The fact is that there's always no time in the service... I'm always very busy, during the shifts. (N6)*
>
> *[...] I've never undergone that experience! (N8)*
>
> *[...] Unfortunately, I can't prescribe that in the systematization, because I actually don't know how to do it. [...] I'm very flawed in that, I don't know how to prescribe. (N9)*
>
> *[...] I've already made Nursing diagnoses, but not frequently... I'm not sure if it'd be this. (N10)*

Consequently and given the hindering factors and technical inability to record Nursing diagnoses and interventions (as reported by the nurses) and due to insecurity in addressing spirituality, it is noted that the undergraduate period is taken into account when dealing with the theme of spirituality in the care dimension.

It is necessary to invest in communication competencies and soft technologies that may favor its recording and a broad interaction of diverse knowledge areas and care practices.

Another limiting factor that should be taken into account is work overload along with insufficient Nursing personnel. In addition to that, the professionals signaled interventions at delicate moments, such as talking about the diagnoses, treatment modalities and facing moral issues to meet the patients' wishes with attitudes like being present, hugging, smiling and even crying together to show welcoming, as evidenced in the following testimonies:

> *[...] in a genuine smile or even crying with that person, if that's what they need. (N3)*
>
> *[...] the thing of talking about the diagnosis, of being able to listen to the patients for welcoming reasons. (N4)*
>
> *[...] welcoming both the families and the patients themselves when facing pain. (N8)*

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The nurses show that some attitudes assist in the spirituality experience connected to the questions, such as welcoming and care in the patients' human integrality, and not merely as disease-independent assistant models, with the spiritual dimension encompassed in this totality.

Care is comprehensive when it resorts to spirituality-based interventions and integrative practices

Considering the nurses' experiences, it can be verified that a number of Integrative and Complementary Practices such as laying on of hands are brought to the surface, used as a spiritual resource and incorporated to care measures that can provide shelter, relief and tranquility when in distress.

In relation to the perspectives revealed by the nurses, they are connected with attitudes linked to applying Reiki, including protection for the ones in need at vulnerable moments and preserving an environment where energy and balance flow. Some of them believe that negativity can exert an influence on spaces, that the Nursing and patient care sector needs to be maintained in harmony and that teams should be aligned and spiritually stable to provide comprehensive assistance to human beings. Such ideas can be identified in these excerpts from the testimonies:

> *[...] I've already laid hands in some situations. [...] I sometimes apply Reiki and mentalize for physical improvements, that's a Nursing intervention for me. (N6)*

> *[...] I apply (Reiki) when I feel good, I mentalize physical improvement Reiki symbols. (N13)*

The beliefs in integrative practices emerge as an extension of divine energy and as a connection with the self and the universe.

In relation to the care, support and welcoming strategies that permeate Nursing routines, the research participants included in their testimonies joining families in prayer at the final moments as a Nursing intervention; in turn, others doubted whether prayer represented a Nursing care action.

On the other hand, some participants reported responding to the wishes of Palliative Care patients. It was noticed that, in the interviews, the research guiding questions incited reflection in the nurses regarding the value of the spiritual resource.

> *[...] The only time, I'm not sure if it'd be this, is that I joined a family in prayer. [...] we held hands and prayed the Hail Mary rosary and one Lord's Prayer. (N1)*

> *[...] some religious support, something like that, you know?, and then even a cult, mass was done, you know? [...] praying in silence many times, right?... asking for God's protection. (N2)*

> *[...] we have that chaplain who goes to the unit, talks with these patients and prays, we hold hands, do a prayer for them to leave in peace, we provide care taking spirituality into account, we join family members in prayer. (N5)*

> *[...] I join my patients in prayer. (N11)*

> *[...] I do a prayer, I ask God to shed light on that person's path. (N12)*

Based on the reports, it becomes evident that one of the instruments mentioned by the study participants was the act of praying, and that prayer-related thoughts by reading Christian materials (such as Bible psalms and talking to the scared or transcendental being) can comfort the mind, the body and the soul, strengthening human beings for the resilience and coping process when facing life adversities.

Therefore, it is noted that the interviewees mentioned attentive and reflexive listening, interacting with the patients and having the support and assistance of a chaplain for spiritual aid as welcoming strategies, in line with the patients' demands such as fear, doubts, guilt and anxiety.

It can be seen that the research data show that nurses consider music therapy appropriate to mediate care with a focus on spirituality and mention it as a Nursing intervention that promotes communication and interaction and can be an alternative to ease spirituality and religiousness expressions by joining the sacred and music to cherish the soul and alleviate spiritual distress, as described in the following reports:

> *[...] I do this... that... worship. There's a child that didn't get out of bed the whole week, now she wants to see the guitar, her aunt playing and singing. She sings with me, she also dances very well. (N2)*

> *[...] we listen to gospel music in YouTube, evangelical music. [...] the patients are in a comma many times, and I leave that TV on all the time with worship music. (N5)*

These testimonies confirm that music therapy provides spiritual well-being to the patients and renders everything easier in the face of the health-disease process, mainly in Palliative Care, taking into account that the senses (such as hearing) can be the last ones to be extinguished at the final moments of life. In this context, music emerges as a complementary intervention to relieve spiritual anguish and despair.

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Given the panorama presented, we know that complementary resources are based on traditional medical systems that employ holistic care, whose therapeutic approach aims at inducing a harmonious and balanced state in the entire body.

DISCUSSION

An analysis of various aspects referring to the spirituality experienced in Nursing professionals' routine is represented in this study. The participants came from different sectors, with predominance of the female population, a fact duly acknowledged among Nursing professionals, as the health area presents a feminization tendency. On the other hand, it is noted that the male proportion is increasing significantly[17].

All the nurses stated professing some religion, such as Catholicism, Umbandism and Spiritualism. Some of them mentioned private and individual religious practices such as prayer and consider that religion is very important. The participants also stated going to Church and attending religious centers or other religious meetings at least once a week, in line with the characteristics of a country marked by religious miscegenation.

According to the evaluation of the interviews, it can be seen that spirituality can restore faith, hope and support, contributing sense and/or meaning to spiritual distress and, thus, enhance energies capable of mitigating adversities, as it mobilizes psychoemotional mechanisms that can alleviate suffering, fear and uncertainties[18].

In turn, by seeking to understand the patients' religiousness, Nursing broadens its professional instruments for the routine practice in the face of diagnoses and interventions for a Systematization of Nursing Assistance that holistically contemplates human beings[19].

In this regard, the need for the professionals to put themselves in another person's shoes presented by the nurses as empathy considers that attitudes support effective co-existence and one of the most admirable skills for human beings to develop, as it is from it that it is possible to imagine feeling the same way in relation to the experiences undergone by another person, therefore considered fundamental for spiritual well-being in both of them[20].

It is shown that the nurses interviewed do not prescribe the Spirituality diagnosis in the Systematization of Nursing Assistance but resort to interventions permeated by affection, comfort, empathy, warmth and joining patients and family members in prayer. In this context, the Nursing interventions tha were pointed out show that actions linked to spirituality are not recognized as Nursing care.

In turn, certain inability to incorporate spirituality in the care provided to patients stands out (as already cited in the literature), due to the fact that most Nursing professionals had never undergone any training to deal with the spiritual dimension[21].

In this context, spirituality is revealed as a protection factor, mainly from the moment a pathology is diagnosed, and can be considered as a Nursing intervention for the process of coping with a disease, showing the impact of spiritual assessments and support, mainly in the case of patients with advanced-stage diseases and with the possibility of being used as an aid to mitigate the denial period, preventing spiritual anguish and providing strength and treatment adherence[22].

Among the professionals interviewed, one of the experiences regarding the interventions presented was Reiki, pointed out as an integrative practice. Acknowledged by the Ministry of Health (*Ministério da Saúde*, MS) as a complementary therapy, it was verified that nurses apply Reiki to enhance the results of their work[23]. Reiki is an economical, renewable, unlimited and extremely flexible tool that was successfully implemented at hospitals and different health centers in many countries that investigated the benefits of this millenary technique[24].

Another intervention experienced by the research participants was joining patients or family members in prayer. Praying can trigger optimism in coping with the disease by means of deep self-internalization, leading to self, mind and body balance. Such practice can also be reflected in seeking for the meaning of life, inherent to the human essence[25].

Music stood out among the participants; it stimulates brain areas and the limbic system, which are responsible for stimuli, encouragement, affectivity, emotions and social interaction. Well-being and pleasurable sensations can be felt when listening to any melody, which in turn promotes physical and psychological changes in each person[25].

However, the possibility opens to discuss care in the patients' spiritual dimension, demystifying the imposition of values and beliefs and allowing this theme to be addressed with due respect and materialized into holistic care. Denying spiritual interventions presupposes lack of comprehensive care, setting aside human beings in their totality.

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Thus, nurses should not only be attentive to this reality but also open to reflection in their practices, concepts and instruments, as well as in constant dialog with spiritual demands that may permeate Nursing assistance.

Study limitations

For being a qualitative study, the research portrays the experiences undergone by a group of nurses, with the consequent impossibility to generalize its results, even if it contributes to understanding this phenomenon. In addition, the data were collected online, a practice imposed by the COVID-19 pandemic, thus limiting face-to-face contacts with the participants.

New studies are suggested that address such perspectives about nurses' experiences regarding spiritual interventions, thus contributing to a larger evidence body about spirituality in nurses' clinical practice.

FINAL CONSIDERATIONS

It was identified that nurses provide care taking into account their conception of spirituality in their everyday clinical practice. When prescribing Nursing diagnoses, they do not include spirituality in the Systematization of Nursing Assistance but employ interventions permeated by alternative and non-pharmacological practices such as laying on of hands, Reiki, affection, empathy and warmth actions, as well as by joining patients and family members in prayer. Spirituality proved to be present in the nurses' experiences while interacting with the users, but recording of its diagnosis denotes technical inability in the professionals.

It is hoped that this study may contribute for Nursing teaching, research and practice for Nursing professionals, as it offers aids to employ spirituality as a support tool for spiritual interventions in care, so as to strengthen good-quality Nursing assistance.

The need is identified to invest in communication competencies and soft technologies, which may favor nurses' clinical practice and recording of their spirituality-based interventions in clinical charts.

Applying Nursing interventions gets Nursing closer to scientific knowledge, from evidence-based practices. Using the Nursing Interventions Classification about spirituality enables disseminating standardized language, expanding the applicability of spiritual actions in nurses' clinical practice.

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Use of artificial intelligence tools

Authors declare that no artificial intelligence tools were used in the composition of the manuscript "*Nurses' experiences with spirituality-based Nursing interventions*".