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Nursing diagnosis and care in spiritual dimension: integrative review

ABSTRACT | Objective. To analyze the production of research that adopted the use of nursing diagnoses and care in the spiritual dimension as an object. Method. Integrative review, by having as an outlining question: — what is the relationship between nursing diagnoses and the spiritual dimension? The sample was given through the access to the databases: LILACS, Medline through PubMed Central, Scopus, CINAHL and Web of Science. Controlled descriptors combined with Boolean operators were used as a search strategy, available in the Medical Subject Headings (MeSH): “Spirituality”, “Nursing Diagnosis”, “Care”, along with the descriptor: “Nursing”. Result. There was a predominance of publications in the year of 2018. From articles evaluated, the majority arised from cross-sectional quantitative research. Conclusion. Not registering the spiritual assistance as a nursing care, possibly reflects a biomedical model incorporated within the profession, attachment to diagnoses of physiological foundations, taboos and prejudices involving this theme.

Keywords: Spirituality; Nursing diagnosis; Assistance; Nursing.

RESUMEN | Objetivo. Analizar la producción de investigaciones que adoptaron como objeto el uso de diagnósticos de enfermería y el cuidado en la dimensión espiritual. Método. Revisión integradora, teniendo como pregunta bosquejada: ¿Cuál es la relación entre los diagnósticos de enfermería y la dimensión espiritual? La muestra se dio a través del acceso a las bases de datos: LILACS, Medline por medio de PubMed Central, Scopus, CINAHL y Web of Science. Se utilizaron como estrategia de búsqueda los descriptores controlados combinados con operadores booleanos, disponible en el Medical Subject Headings (MeSH): “Espiritualidad” (spirituality), “Diagnóstico de Enfermería” (Nursing Diagnosis)”, “Cuidado” (Care), junto con el descriptor: “Enfermería” (Nursing). Resultado. Hubo un predominio de publicaciones en el año 2018. De los artículos evaluados, la mayoría surgió de las investigaciones cuantitativas transversales. Conclusión. No registrar la asistencia espiritual como cuidado de enfermería, posiblemente refleja un modelo biomédico incorporado dentro de la profesión, apego a diagnósticos de fundamentos fisiológicos, tabúes y prejuicios relacionados con este tema.

Palabras claves: Espiritualidad; Diagnóstico de enfermería; Asistencia; Enfermería.

RESUMO | Objetivo. Analisar a produção de pesquisas que adotaram como objeto a utilização dos diagnósticos de enfermagem e o cuidado na dimensão espiritual. Método. Revisão integrativa, tendo como pergunta delinearora: qual a relação entre os diagnósticos de enfermagem e a dimensão espiritual? A amostra deu-se por meio do acesso às bases de dados: LILACS, Medline por meio do PubMed Central, Scopus, CINAHL e Web of Science. Utilizaram-se como estratégia de busca os descritores controlados combinados com operadores booleanos, dispostos no Medical SubjectHeadings (MeSH): “Espiritualidade” (spirituality), “Diagnóstico de Enfermagem” (Nursing Diagnosis)”, “Cuidado” (Care), juntamente com o descritor: enfermagem (nursing). Resultados. Houve predominância de publicações no ano de 2018. Dos artigos avaliados, a maioria oriunda de pesquisas quantitativas transversais. Conclusão. Não registrar a assistência espiritual como um cuidado de enfermagem, reflète possivelmente um modelo biomédico incorporado na profissão, apego aos diagnósticos de fundamentos fisiológicos, tabus e preconceitos que envolvem esse tema.

Palavras-chaves: Espiritualidade; Diagnóstico de enfermagem; Assistência; Enfermagem.

Fabiano Fernandes de Oliveira

Nurse graduated from Centro Universitário Teresa D’Ávila. (UNIFATEA), Lorena, São Paulo. Professor in the Graduate and Nursing Course at Escola Superior de Cruzeiro. (ESC), Cruzeiro, São Paulo and in the Technical Nursing Course at Centro Paula Souza - São Paulo. Master’s student in Nursing in the Post-Graduate Program, Academic Master’s Course, at Universidade Estadual Paulista “Júlio de Mesquita Filho”. (UNESP), Botucatu, São Paulo, Brazil.

Silvia Cristina Mangini Bocchi

Nurse, Associate Professor in the Department of Nursing, Faculty of Medicine of Botucatu (FMB), Universidade Estadual Paulista “Júlio de Mesquita Filho”. (UNESP), Graduate Program in Nursing, Academic Master’s, and Doctorate Courses - Botucatu, São Paulo, Brazil.

Regina Célia Popim

Nurse, Associate Professor in the Department of Nursing, Faculty of Medicine of Botucatu (FMB), Universidade Estadual Paulista “Júlio de Mesquita Filho”. (UNESP), Graduate Program in Nursing, Academic Master’s, and Doctorate Courses - Botucatu, São Paulo, Brazil.

INTRODUCTION

Spirituality is all the human being’s attempts to relate to the omniscient and omnipotent transcendental/sacred Being to find meaning, purpose, and hope. Spiritual practices are associated with values, beliefs or philosophies that can influence people’s cognition, emotion and behavior, the ability to deal with stress, loss, and illness. Furthermore, it can influence health care behaviors and decision-making and the way people relate to others⁽¹⁾.

In this perspective, the spiritual dimension of the human being in the health field is still a challenge for professionals, despite scientific advances on the object in recent years, as well as specific forums

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for discussions, there are still those who remain skeptical, considering spirituality a common sense knowledge⁽²⁾.

Thus, the aspects related to spirituality and the way it can be identified in people, especially those who are experiencing an illness, is a target that deserves attention from health professionals. It is increasingly recognized how important it is to include this dimension and the aspects arising from it in the practice of patient care, as there are a large number of benefits arising from the process of identifying and paying attention to spiritual needs as part of health care⁽³⁾.

It is also possible to observe the importance of spirituality highlighted in the nursing taxonomy proposed by the North American Nursing Association International (NANDA-I) - Definitions and Classifications 2018-2020, by three diagnoses that are related to spirituality, they are: suffering spiritual, risk of spiritual suffering and willingness for improved spiritual well-being⁽⁴⁾.

Given this, the human being is essentially communicating, even in its deepest silence. It is precisely in this unsaid that one can capture the subjectivity of the dialogue, reflected in the language and, more broadly, by the other dimensions of the non-verbal of the individuals, that is, of the facial expressions, gestures, body postures, the gaze, among others⁽⁵⁾.

Thus, identifying the spiritual dimension through the care relationship depends, fundamentally, on the observer's sensitivity and emotion in the processing and interpretation of the observed content, to then emerge the communicational response, which for nursing is the act of caring⁽⁶⁾. Therefore, the objective of the study was to analyze the production of research that adopted as an object the use of nursing diagnoses and care in the spiritual dimension.

METHODOLOGY

This is an integrative review,⁽⁷⁾ in the first phase, the guiding question of



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the research was elaborated through the PICO strategy⁽⁹⁾, thus, it was considered: P - nursing care; I - spiritual dimension; C - nursing diagnosis and care relationship; O - nursing intervention. Through the constructed strategy, the outlining question was elaborated: - What is the relationship between nursing diagnoses and care in the spiritual dimension?

For the second phase, sample selection was organized by access to the databases: Latin American and Caribbean Literature in Health Sciences (LILACS), Medline (Medical Literature Analysis and Retrieval System Online US National Library of Medicine) through PubMed Central, Scopus, Current Nursing and Allied Health Literature (CINAHL) and Web of Science (WoS).

Controlled descriptors combined with Boolean operators, used in the Medical Subject Headings (MeSH), were used as search strategies: "Spirituality" (Spirituality), "Nursing Diagnosis" (Diagnosis of Nursing) ", "Assistance "(Assistance), together with the descriptor: "Enfermagem" (Nursing).

As a third phase, the search was refined, using the criteria: complete articles, with available abstracts and related to the research object, in Portuguese, English and Spanish, in the period from 01/01/2008 to 12/31/2018.

Critical review articles were excluded and those that were not available in full in the databases, in the Periodical Portal of the Coordination for the Improvement of Higher Education Personnel (CAPES). The articles that were repeated between the bases were considered only once.

In the fourth phase, after configuring the analysis corpus, as shown in Figure 1, the articles were read in full, the instrument was filled with the following information: article, year and journal, type of study, sample, objectives, country and place where the study took place and main results.

It is noteworthy that the researches were classified, according to the levels of

evidence proposed by Melnyk Fineout-Overholt⁽⁸⁾. This framework considers:

Level I: evidence from systematic review or meta-analysis of all relevant randomized controlled clinical trials or from clinical guidelines based on systematic reviews of randomized controlled clinical trials;

Level II: evidence derived from at least one well-designed randomized controlled clinical trial;

Level III: evidence obtained from well-designed clinical trials without randomization;

Level IV: evidence from well-designed cohort and case-control studies;

Level V: evidence from a systematic review of descriptive and qualitative studies;

Level VI: evidence derived from a single descriptive or qualitative study;

Level VII: evidence from the opinion of authorities and/or the report of expert committees.

Flowchart presentation and database search result, according to PRISMA recommendation⁽⁹⁾.

RESULTS

Of the nine (100%) selected articles, five (55%) met the sample selection criteria, all in English, published predominantly in 2018.

The majority comes from quantitative research, cross-sectional studies, therefore, with level of evidence five, carried out in different countries such as: Brazil, Portugal, and the Czech Republic.

The studies explore spirituality as a possibility for nursing intervention, mainly with cancer patients.

In view of the analysis of the research results, two challenges were raised regarding the execution of the nursing process. The first because it considers the diagnosis of spiritual suffering, pro-

posed by the NANDA-I Taxonomy, poorly developed as to its attributes. The second was due to the low record of the diagnosis by the nurse, despite the great majority, believing in God or superior strength⁽⁹⁾.

About the low record, it shows the weaknesses and the omission of spiritual care by nurses, perhaps because they feel unprepared, anxious and uncomfortable in discussing an issue considered individual and pseudoscientific; added to these justifications are also the lack of attributes such as: knowledge related to the nursing process, training and inability to deal with the phenomenon⁽¹⁰⁾.

Advances in the nursing process can be seen, such as the availability of an instrument for assessing spiritual suffering, the Spiritual Well-Being Questionnaire (SWBQ). Reliable instrument to support nurses in listening to patients about their spiritual needs, as well as the importance of differential diagnosis for effective interventions⁽¹¹⁾.

Therefore, among nursing interventions, "praying with the individual" and "establishing a dignified and respectful interpersonal relationship"⁽¹²⁾.

A study demonstrates that there is no association between the nursing team and the level of health care in which it is allocated, whether in the hospital environment or in primary care, however, there was a significant difference between believing nurses and religious non-believers⁽¹³⁾.

However, Charts 1 and 2 show the individual synthesis of the articles that made up the corpus of analysis, thus contributing to the interpretation of results.

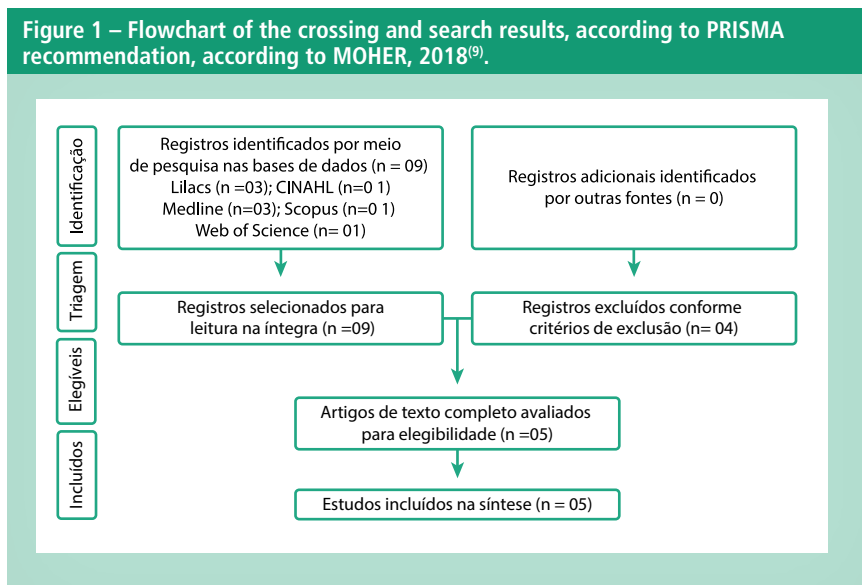


Chart 1. Characterization of the corpus of research articles, according to the country of origin of the data, method, and objectives, which adopted as a research object the relationship between nursing diagnoses and the spiritual dimension. Databases (CINAHL, Medline SCOPUS, Web of Science, Lilacs), from 1/1/2008 to 12/31/2018, Botucatu, 2018.

Artigo/Autores/Ano/Periódico	Tipo de estudo/Amostra/Local/País/ Nível de evidência	Objetivos
Artigo 01 (Mesquita et al., 2018) ⁽¹⁰⁾ /An Analytical Overview of Spirituality in NANDA-I Taxonomies/ International Journal of Nursing Knowledge.	Pesquisa de revisão da literatura/Artigos/ Portugal/5	Discutir a abordagem à espiritualidade nas taxonomias da NANDA-I, baseada nos elementos que caracterizam este fenômeno.

Artigo 02(Kabelka et al., 2013) ⁽¹¹⁾ /Spiritual support interventions in nursing care for patients suffering death anxiety in the final phase of life/ International Journal of Palliative Nursing.	Estudo (quantitativo)/468 enfermeiros/ Hospital Universitário/República Checa/5	Investigar quais atividades do "Apoio espiritual" intervenção da Nursing Interventions Classification (NIC) são usados em pacientes com o diagnóstico de enfermagem 'Ansiedade da Morte' na República Checa e quais as atividades que poderiam ser implementadas na prática.
Artigo 03 (Lenne et al., 2018) ⁽¹²⁾ /A espiritualidade de enfermeiros assistenciais interfere no registro do diagnóstico sofrimento espiritual?/ Escola Anna Nery.	Transversal (Quantitativo)/132 enfermeiros (Dois hospitais, sendo um público e o outro filantrópico)/Jundiaí-SP/Brasil/6.	Avaliar a espiritualidade dos enfermeiros e associá-la com características pessoais, setor de atuação e práticas espirituais; analisar a influência da espiritualidade dos enfermeiros no registro do diagnóstico "Sofrimento Espiritual".
Artigo 04 (Caldeira et al., 2017) ⁽¹³⁾ /Spiritual Well-Being and Spiritual Distress in Cancer Patients Undergoing Chemotherapy: Utilizing the SWBQ as Component of Holistic Nursing Diagnosis/J Relig Health.	Estudo transversal/169 pacientes/Unidade de Quimioterapia/Portugal/5.	Validar os diagnósticos da NANDA-I entre pacientes com câncer em tratamento quimioterápico: Disposição para bem-estar espiritual e Sofrimento espiritual.
Artigo 05 (Chaves et al., 2008) ⁽¹⁴⁾ /Spiritual distress: integrative review of literatureAngústia espiritual: revisão integrativa da literatura/Online Brazilian Journal of Nursing.	Estudo de Revisão Integrativa/18 artigos / Universidade de São Paulo /Brasil /4.	Identificar os conceitos e os indicadores clínicos que evidenciam a presença de angústia espiritual no paciente.
Fonte: Elaborado pelos autores.		

Chart 2. Main results and conclusions, from articles from research that adopted nursing diagnosis / nursing records / nursing care as an object of investigation in the face of the spiritual dimension. Databases (CINAHL, Medline, SCOPUS, Web of Science, Lilacs), from 1/1/2013 to 12/31/2018, Botucatu, 2018.

Artigos	Principais resultados	Conclusões
Artigo 01 (Mesquita et al., 2016) ⁽¹⁰⁾ .	A espiritualidade está incluída nas taxonomias, porém estas carecem de atributos do seu conceito.	A taxonomia III faz diferentes abordagens à espiritualidade, porém com algumas inconsistências identificadas como o conceito de espiritualidade em diferentes domínios, classes e diagnósticos e não são representativos da dimensão espiritual.
Artigo 02 (Kabelka et al., 2013) ⁽¹¹⁾ .	A atividade usada com frequência e a que foi pensado para ser a atividade mais viável para a prática de enfermagem da República Checa: "trate o indivíduo com dignidade e respeito" e a menos "orar com o indivíduo". Diferenças significativas foram encontrado entre enfermeiros que trabalham em hospitais e aqueles em outros locais e entre crentes e não crentes religiosos.	Mesmo na República Checa secularizada, os enfermeiros podem fazer uso da NIC: Intervenção de apoio espiritual em cuidados no final da vida.
Artigo 03 (Lenne et al., 2018) ⁽¹²⁾ .	A maioria dos enfermeiros acredita em Deus ou força superior (99,2%) e nunca registrou o diagnóstico de enfermagem "Sofrimento Espiritual" (78,8%). Não houve associação da espiritualidade com o setor de trabalho; a variável estado civil foi significativa em seis dos oito fatores da espiritualidade e a variável vontade de conversar sobre espiritualidade em sete dos oito fatores.	A espiritualidade dos enfermeiros não interfere no registro do diagnóstico de enfermagem "Sofrimento Espiritual".
Artigo 04 (Caldeira et al., 2017) ⁽¹³⁾ .	O cuidado de enfermagem holístico requer atenção à dimensão espiritual. Isto é particularmente importante quando se trata de pacientes com câncer. Esta pesquisa apresenta os resultados da avaliação do bem-estar espiritual, usando o Questionário de Bem-Estar Espiritual (SWBQ), para validar o diagnóstico de enfermagem de sofrimento espiritual.	O SWBQ é um instrumento útil e confiável para avaliar o sofrimento espiritual, destacando a importância de ouvir os pacientes e questioná-los sobre as necessidades espirituais, bem como de se realizar o diagnóstico diferencial para intervenções eficazes.

Artigo 05 (Chaves et al., 2008)⁽¹⁴⁾.

A análise dos artigos incluídos revelou que os conceitos de angústia espiritual identificados apresentaram elementos comuns e relacionados a uma resposta subjetiva e individual do ser humano às experiências de vida, resultando em prejuízos na dimensão espiritual humana.

Definir angústia espiritual é uma tarefa complexa, uma vez que depende da perspectiva de quem avalia, limitando, assim, sua generalização. Entretanto, o reconhecimento dos construtos que norteiam a compreensão da espiritualidade humana pode fundamentar o cuidado da enfermagem em sua dimensão espiritual, fornecendo um suporte teórico ao diagnóstico.

Fonte: Elaborado pelos autores

DISCUSSION

It is noted that the psycho-spiritual dimension operationalized through the nursing process has advanced in the need's assessment and nursing diagnosis stages. The nurse has a validated instrument to support him in the assessment of spiritual suffering, as well as in the diagnosis⁽¹⁵⁾.

Despite the literature signaling the need to develop attributes of this diagnosis, a range of nursing interventions of psycho-spiritual support is available to base nurses in promoting balance and connection with omniscient and omnipotent superiors⁽¹⁶⁾.

However, these needs in general are still little explored by nurses, in those cancer patients, spirituality has been a great ally in coping with the disease, whether through faith, prayers, beliefs and/or other ways that are able to reestablish human

balance, by motivating forces for healing and/or minimizing suffering from disease and treatment⁽¹⁷⁾.

From the perspective of population aging, spirituality presents itself as a coping strategy, the way people use their faith and beliefs can help them to overcome different situations, including the least positive ones. These situations can emerge from changes that arise during the aging process, such as the feelings provided by the change to a new life situation or even before a disease state, among others⁽¹⁸⁾.

The limitation of this research was considered the fact that it is an integrative review that, despite using a careful survey of the literature, may have failed to consider any research that were outside the inclusion criteria for Portuguese, English, and Spanish.

CONCLUSION

Spirituality was present in the clinical practice of nurses in the interaction between nurse and patient, but the failure to register spiritual assistance as a nursing care, possibly reflects a biomedical model incorporated in the profession, attachment to diagnoses of physiological foundations, taboos and prejudices that involve this theme.

The result of this review does not exhaust research on scientific production on this topic, given the defined inclusion criteria and the knowledge of communications at scientific events by nurses on these topics.

It is necessary to invest in communication skills, light technology, which can favor its registration and the wide interaction of knowledge and care practices. 🐦

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