

Chapter 238

Benefits of spirituality for the resignification of the patient in palliative care: Literature review

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ABSTRACT

Objective: This study aims to present the benefits of spirituality for the resignification of the illness of patients in palliative care. **Methodology:** This is a qualitative study of integrative review (IR) by reading articles published between the years 2018 to 2022, available in full online and free, in Portuguese, Spanish, and English languages. Articles that specifically worked on the topic of spirituality and palliative care. 239 studies were identified and 186 were excluded by title and abstract. 48 of the full studies were assessed for eligibility, 41 were excluded for being paid and 7 articles were included for qualitative synthesis. **Results:** The articles presented benefits, improved quality of life, and perceived personal significance of one's life. They pointed out that there was the attainment of peace and the discovery of inner strength. The patients obtained relief from pain, and increased faith, hope, and well-being. **Conclusion:** It was observed that spirituality brings benefits to patients in palliative care during the entire process of facing death, regardless of the phase in which they are within this process.

Keywords: Spirituality, Palliative care, Terminal patient.

1 INTRODUCTION

Palliative care is dedicated to patients who have a disease with no expectation of cure, these are provided actively and integrally, aiming to provide the best quality of life for these people and their families

within the possibilities of the installed picture, through pain relief, psychosocial and spiritual support, among others, helping in the best coping with the disease with terminal prognosis (1).

It can be said that palliative care is more than a health specialty, being a philosophy, a way of caring. This is a modality of health care that recognizes the finitude of life, focusing not on the cure of the disease, but on patient care, uniquely promoting quality of life, according to the phase experienced. This type of care is provided by a multidisciplinary team to reach the various dimensions of the patient's life and also that of their families. In addition, patients in palliative care have the right to the preservation of dignity regardless of their prognosis, and privacy, not to be subjected to torture and others. cruel treatment and not to be discriminated against (2).

Within the modality of palliative care, it is important to allow, as much as possible, that patients and their families experience each day fully when dealing with the stress that is caused by the disease and the certain finitude that will come due to the circumstances of the as natural way as possible so that the days are better lived and enjoyed. Thus, recognizing life even in the face of the eminence of aggravation that threatens existence and facing death as a natural process of the human being, as well as pain control, is part of palliative care therapy(2).

During the treatment, there are several needs to be met, but spirituality is considered the most urgent, due to the fragility that patients present before death, fear, and the unknown. Spirituality helps in coping with diseases, minimizes suffering and positively influences patients and families in the experience of the terminal process, and helps in coping with the process of finitude (1).

It is necessary to distinguish spirituality from religiosity because in everyday life they are words used as synonyms; spirituality is a personal search to understand the questions about life and its relationship with the sacred and the transcendent, while religion in turn is an organized system of beliefs, practices, rituals, and symbols, which facilitates the approach of the individual with the sacred or the transcendent (1).

Spirituality is a personal, intimate search and constitutes that which gives meaning to life and promotes personal growth and reflection on lived experiences (3).

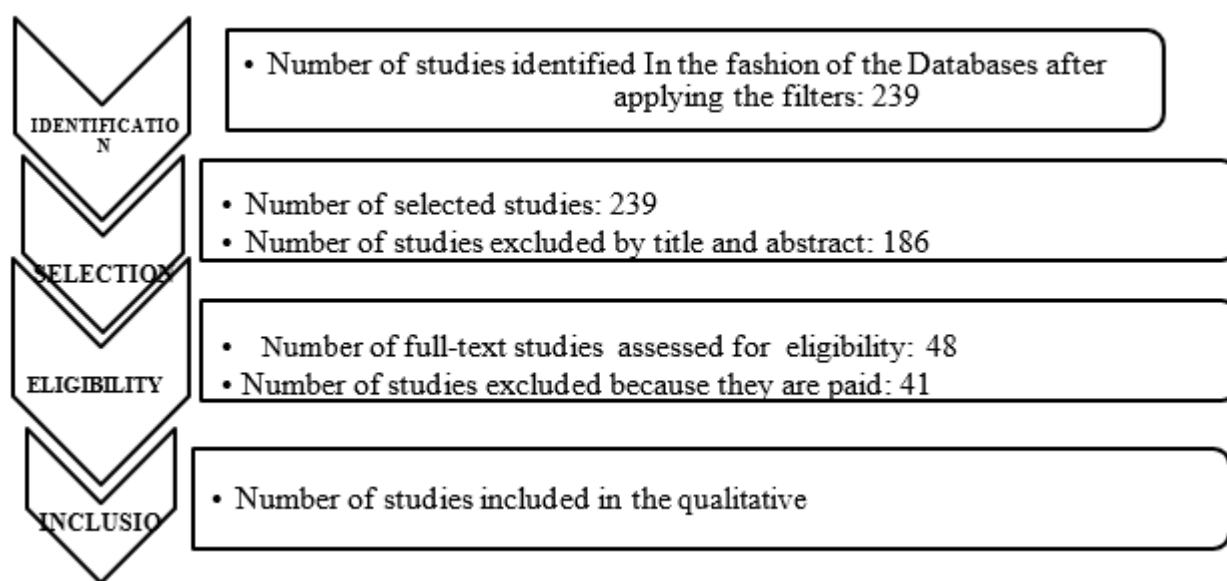
Through this work we sought to present the benefits that spirituality brings to the patient in palliative care, contributing to the resignification of the diagnosis by identifying in the literature which strategies were used to work the spirituality in patients and cite through it what are the benefits that spirituality brings to the patient in palliative care.

2 METHODOLOGY

This is a qualitative integrative review (IR) study that allows the identification, analysis, and synthesis of existing and recent research on specific knowledge that allows professionals to have an evidence-based practice. Therefore, it is a method important to analyze the level of publications, and recognize their variability. Therefore synthesizing existing research is fundamental for the health area, as

it is possible to build knowledge towards the Professionals that Act Her Can accomplish practices of quality(4).

The production of data took place from November 2021 to April 2022 and was developed in the following stages: 1st: Elaboration of the Guiding Question: What is the scientific evidence on the use of spirituality in palliative care? 2nd: Definition of the Inclusion Criteria: articles published between the years 2018 to 2022, available in full online and free of charge, in the languages Portuguese, Spanish, and English, articles that worked specifically on the theme of spirituality and palliative care; and, of exclusion: editorials, literature reviews, duplicate studies and articles that focused on the nursing team or patients' families. 3rd: Definition of the descriptors DECS Bireme: Spirituality AND Care palliatives.4ª: Search in the Databases: Virtual Health Library (VHL), Latin American and Caribbean Literature in Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), Nursing Database (BDENF), Índice Bibliográfico Español en Ciencias de la Salud (IBECS) and MOSAICO – Integrative Health.5ª: Elaboration of Instruments for data collection and presentation of information and variables. 6th: Reading and analysis of the studies included in the integrative review and 7th: Interpretation of the results.



After the selection of the articles, the information that would be extracted from the studies was defined. For better understanding and organization of the information, a database was used developed in Microsoft Office Excel 2010 software, composed of the following variables: study, objective, methodology, benefits, intervention, and results. The data obtained were then grouped into tables and thematic approaches, being interpreted based on the literature.

3 FINDINGS

STUDY	GOAL	METHODOLOGY	BENEFITS	INTERVENTION	FINDINGS
Yoon et al. (2018) South Korea.	This study aimed to investigate SWB (spiritual well-being) among palliative care patients in Korea with different religious affiliations and to identify the correlations of WBS.	It is a cross-sectional and multicenter study involving 204 hospitalized patients treated by palliative care teams.	Obtaining peace and inner strength; helps to realize the meaning of your life and improves your quality of life.	The researchers collected data through a combination of direct interviews and self-reports with patients. The direct interview was conducted for variables related to religiosity and spirituality as intervention use: spiritual prayer, meditation, and reading of religious writings. And the religious ones: baptism, receiving Christian names, receiving commandments, and Buddhist names. Participation of Cults.	Christians reported higher SWB in meaning and subscale of peace than patients without a religious affiliation. In the multivariate analysis, religious affiliation, individual spiritual activities, and quality of life were significantly related to a higher SWB.
Meneguin et al. (2018) Brazil.	To understand the perception of cancer patients in palliative care with the quality of life and to identify propositions for its improvement.	Qualitative quantitative research was conducted with 96 patients in palliative care, who attended an outpatient clinic of a public hospital, from March 2015 to February 2016. The interviews were transcribed and analyzed using the methodological strategy of the	Help cope with the stress and suffering of illness; relieves suffering and improves the quality of life; provides hope, and faith in healing; promotes well-being; pain relief and improvement in coping of death.	The study was conducted in a palliative care outpatient clinic of a public university institution in the city of Botucatu, in the interior of the state of São Paulo. Data were collected through semi-structured interviews, using an instrument with Sociodemographic data s.It found that religion and spirituality are adopted to provide faith and hope.	Many patients in palliative care seek religion/spirit as a bulwark of support that provides hope, faith in the cure of the disease, and return to health. The relationship between religiosity and care palliatives have been increasingly investigated, and the evidence points to a relationship, most of the time, positive. Studies show that religiosity and spirituality improve the quality of life, in addition to contributing to decreasing stress and depression.
Crize et al. (2018) Brazil.	To know the spiritual approach performed in the care by nursing professionals	A qualitative, descriptive, and exploratory study		The study was done through interviews recorded and transcribed for analysis in May and June 2017	The spirituality is pointed out by the patients as a coping strategy for the disease, being considered by the same that the nursing team is the one that has the most possibility of offering the spiritual care
Fitchett et al. (2020)Est United States of America.	Develop a quantifiable model for assessing unmet spiritual concerns of patients in palliative care	The first phase focused on identifying a set of central spiritual issues and related indicators for patients in palliative care. The second phase focused on the development of reliability among evaluators in the use of the model to score non-spiritual needs attended by patients		Interview conducted by liaison with 14 patients	The main concerns according to the model were: Need for meaning in the face of suffering, the need for a legacy, concerns about relationships, worries or fear of death, issues related to treatment decision-making, struggle, and other concerns.
Hiratsuka et al. (2020) Japan.	Explore the impressions formed by palliative patients from Japan on the activities of interfaith chaplains to improve the planning and implementation of end-of-life care	Qualitative exploration through semi-structured individual interviews with patients diagnosed with advanced cancer in a palliative care unit at a university hospital in Japan		Semi-structured qualitative face-to-face interviews were conducted with patients by a nurse with experience in qualitative research in palliative care using an interview script previously elaborated in agreement with specialists in palliative medicine.	the interfaith chaplain was found useful by patients in relieving their anxieties

Silva et al. (2019) Brazil	Check whether people with advanced cancer who are receiving palliative therapy and/or palliative care, use religiosity/ and spirituality, and social support to cope with the disease, and compare its use in improving the quality of life.	An observational, cross-sectional, and analytical study conducted with 107 patients was applied and a questionnaire on sociodemographic questions and another on religious issues was applied to assess the quality of life, the Quality of Life Questionnaire Care 15 Palliative Ca (QLQ-C15-PAL) was used.		There was no	The use of spirituality was unanimous among the participants and the use of spirituality and the presence of a caregiver was a relevant factor in the perception of quality of life
Santos et al. (2020) Brazil	to understand the experience of the spirituality of the elderly in palliative care at a public hospital in Belo Horizonte.	Qualitative research with 11 elderly in palliative care, through an interview with three guiding questions.		The interview was based on three guiding questions to understand the perception of the elderly about spirituality.	

Source: Research data, 2022.

Of the selected articles, 50% were published in Brazil, 16.6% in the United States, and equally 8.3% in South Korea, Indonesia, Japan, and Spain. 41.6% of the articles associated religion with spirituality, 8.3% associated resilience with spirituality and 50% explored spirituality only. 8.3% used prayer, meditation, yoga, tai chi, and reading religious writings, as a form of intervention for the relief of suffering within spirituality, 16.6% used consultation/support through the chaplain, and 75.1% did not use interventions. 50% of the articles had as method the study of the qualitative type, 8.3% qualitative ethnographic, 8.3% qualitative descriptive and exploratory, 8.3% phenomenological and 25% cross-sectional. 41.6% of the articles were published in English, 50% in Portuguese, and 8.3% in Spanish. Of the selected articles, 28.57% presented benefits, the improvement in quality of life and perception of the personal meaning of life itself, helping in the acceptance of finitude and facilitating the process experienced; 14.28% indicated that peace was obtained and the discovery of inner strength, 14.28% showed that patients obtained pain relief, increased faith, hope, and well-being; and 42.85% of the articles did not present the benefits they obtained from the studies carried out.

4 DISCUSSION

Although it is not possible to modify the experience of the terminality of life for patients who enter the phase of palliative care, the moments experienced may be attributed to significant, lasting, and qualified effects, from the moment in which patients begin palliative care until the time of death. In this context, it is seen that the higher the level of spiritual well-being, the greater the general well-being of the patient, because spiritual well-being is understood as one of the important agents to ensure the maintenance of the quality of life of the same throughout the period (5).

According to the studies analyzed, spirituality is understood as beneficial for patients in palliative care because it acts as a support that provides hope, faith in the cure of the disease, and improvement in the

quality of life, being a unique experience for each patient, where it is linked to the relationship of the individual with a higher being, with himself and with the people around him (6).

Spirituality and religiosity are present in the lives of most patients in palliative care, being accessed by them in times of challenge, distress, despair, discomfort, suffering, and uncertainty concerning the process of illness, and communication with the sacred happens from the daily form in the face of the existential emptiness that is installed in the lives of these individuals(7).

In studies in general, it is possible to observe that religiosity and spirituality contributed to the reduction of stress and depression and that spiritual care helps the patient to have hope, and comfort, find meaning, and understand the meaning of the illness process, and this care is seen by patients as necessary in this period, improving their quality of life and assisting in the process of coping with death(6).

It is observed in the literature that the relations with the transcendent do not depend on the individual having a defined religion, and as adversities happen they seek to adapt to the new conditions of life, obtaining through the enjoyment of spirituality and relationship with the sacred the relief of symptoms. Therefore, spirituality is seen as a source of hope for coping with the phases of mourning and a driving force for the patient when he receives a poor prognosis(7).

Through spirituality, patients report using faith to fight daily, either in the hope of healing or to live as long as possible enjoying the days. According to the period experienced in the process of illness (time of diagnosis and time in which one is under palliative care), there is a resignification of the meaning of life for each. Spirituality provides a sense of control and softens the suffering experienced by patients, thus existing the relationship between spirituality, conservation of hope, and attribution of meanings for the disease and for life(3).

Every patient in palliative care experiences the phases of grief and spirituality helps him in this process of acceptance of the disease. After this period it is possible that in the spiritual dimension, the patient develops hope concomitant with a meaning for the disease, purpose and meaning for life, favoring personal maturity, integrity, and coping with the situation experienced, helping him in the search for well-being and resignification of the meaning of life in the face of a situation that cannot be modified(7).

When the patient is in palliative care, spirituality gives him a sense of continuity by expressing that life does not end with death in the body. Being still seen by many of these patients that the weakening of the body causes the strengthening of the spirit and in this way, they see death as a passage to another place, each one seeing this passage within their own beliefs about life and the afterlife, and in this way there is the understanding that there is an instinctive relationship. of conservation of the human being, preventing the belief that there is an end of everything(8).

The belief in the continuity of life beyond the physical plane lived helps in the conservation of hope, strengthening the struggle for life, future perspective, and reduction of the fear of death, because the individual who experiences the terminal phase and has some belief in addition to death, he ends up denying the possibility of an end in himself, and in this way, the patient seeks to transcend this concrete existence

by thinking about the possibility of going beyond his body, the limits of the soul and knowing a being superior, divine, and of something beyond what this life shows, an evolution of life in the form that is known(3).

Concerning evaluating spirituality in the sense of finding/seeing a meaning for the moment lived and having peace, religious people were able to find comfort and strength through faith. Their participation in spiritual activities, even if individual, increased their well-being. The activities used were: prayer, meditation, and reading scriptures according to the religion they had. Thus, suggesting that these individual activities can contribute to improving the spiritual well-being of patients in palliative care, they are intrinsic activities and of greater contribution than those that depend on other people, such as visits of pastors and the like, these being also important for those who so desire (9).

It was evidenced as one of the tools to support coping with the disease the support of visits and/or prayers of the religious community for those who have this bond with religion, being evidenced in the presence of results in the reduction of anxiety, depression, and hopelessness. Spirituality can contribute to adherence to the treatment of the disease within the possibilities, search for quality of life and emotional and spiritual well-being, and reflecting on the physical form of the patient through sensations of tranquility and peace. The spiritual assistance to these patients in the scope of religiosity is described in a way that respects individual beliefs and should be given by the representatives and spiritual leaders according to the guidance of the patient, family, and caregiver, respecting the autonomy of the individual and facilitating in a secular way the spiritual assistance (10).

Faith, prayer, and meditation are cited as support for coping with the disease. It was observed that the spirituality developed through these tools brought meaning to the suffering, making the individual able to relieve this feeling, improving the symptoms, and making the way of dealing with the end of life better, because what generates anxiety in the patient who goes through this moment is suffering without finding or understanding a meaning for the suffering experienced (8).

In certain cultures, spirituality is related to religion, as in Indonesia, where regardless of belief, whether Christian or Catholic or Islamic, there are religious practices to be done. These religious practices when they cannot be done by the patients themselves due to weakness, family members perform them by reciting passages from holy books, placing songs, or performing prayers for themselves or leaders, pastors, priests, and monks. In this study in question, it is reported that there is respect for the patient's religion by the professionals who make up the palliative care team, which is composed of professionals of various religions who exercise their attributions to contribute to the spiritual practices of each patient. In this country the practice of religion is encouraged in daily life and in this way there is a good coexistence with the existing religious affiliations and the patients who are under the care are satisfactorily assisted with spirituality within the existing culture in the country (11).

A study was conducted in Japan on interfaith chaplains, which showed that patients at first had resistance to being assisted by these professionals. For them this type of professional is directly associated

with religion and that, therefore, they were afraid that the chaplain would somehow apply religion to them. But after the conversation with them, they felt that there was no harm caused by the chaplain to their beliefs or non-belief, and many of them felt at ease. to talk after getting to know the work done better. In Japan, the interfaith chaplains have a different background, since there are several religions in the country and even many atheists, so the application of chaplaincy multireligious cooperation between the leaders of Buddhism, Shinto, and Christianity among others, and that directly promotes spirituality without involving their religion. Through the attentive listening that chaplains promoted to patients in end-of-life care, there was comfort, and no negative results were reported by them. According to their report, this time available for conversation with the chaplain, since it was not a nurse or doctor, was better, because these professionals according to them spend too much time too busy to listen(12).

Spiritual care is seen by patients as simply being able to talk about the moment experienced, fears, anxieties, and uncertainties where through this it is possible to find answers, reflect on well-being, and help in the preparation for death(13).

Spirituality for many of the patients is seen as a way to be welcomed and to be able to face the disease, making them reflect on life and through this obtain pain relief, providing them with the strength to continue on the path so that they can prepare to the moment of death in a quieter way, without fear and resistance. It is also demonstrated that due to the faith that patients have and through it attributes to the process a resignification for the meaning of life, there is an approximation of the family, which contributes to the patient finding the necessary strength to deal with the changes that occur. Spirituality can be beneficial to patients by helping them face illness, and fear of death, and providing comfort in difficult times. Bringing a positive meaning to the moment, reflecting on the improvement of their mental health and spiritual growth, which according to them transform them into better, lighter people with the feeling of duty fulfilled in most cases(13).

There is also a positive correlation between spirituality and resilience, where the intrapersonal dimension is the most accessed, being in the foreground in this case, since at the moment of the end of life the search for the meaning of life and situation is more relevant than the interpersonal dimension. Spirituality in this aspect is seen as a necessity, and when it is met, it becomes a resource that favors emotional well-being, promoting the exit from human suffering and transforming the patient into resilient. Spirituality in its dimensions correlates positively with cultural level and personal situation(14).

Concerning nurses and their team, professionals need to promote active listening, with attention to verbal and non-verbal communication, also recognizing the religious and spiritual practices of the patient and family, supporting them to the best of the best possible way, creating adequate forms in each context experienced by patients, promoting the same terminal care as integral as possible(13)

5 CONCLUSION

It was observed that spirituality brings to patients in palliative care benefits throughout the process of coping with death, regardless of the phase in which they are within this process.

Strategies were used that promote support for coping with the disease, being appropriate to the beliefs and culture of each individual, such as prayer, meditation, and yoga, among others. These strategies proved to be positive, bringing patients a sense of the suffering experienced, better adherence to treatment, and promotion of quality of life and emotional and spiritual well-being.

Thus, the practice of the development of spirituality in the scope of palliative care becomes of great value, and it is important that the multidisciplinary team working in this care can support patients and their families in the most qualified way possible in all domains of the necessary care, and spirituality is essential in this care since through it it is possible to promote to patients greater quality of life and well-being, especially at the end of life.

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