

SPIRITUALITY APPROACH IN THE EMERGENCY ROOM: A NARRATIVE REVIEW

ABORDAGEM DA ESPIRITUALIDADE NA SALA DE EMERGÊNCIA: UMA REVISÃO NARRATIVA

UNA APROXIMACIÓN A LA ESPIRITUALIDAD EN URGENCIAS: UNA REVISIÓN NARRATIVA



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ABSTRACT

Introduction: Addressing religiosity and spirituality (R/S) in the hospital setting represents a significant challenge for healthcare professionals, becoming even more complex in the emergency environment. Considering that over 80% of the Brazilian population attributes great importance to religion in their lives, incorporating this dimension into healthcare assumes clinical and humanistic relevance.

Objective: To discuss the importance and challenges of addressing spirituality during emergency department care. **Methods:** This is a narrative literature review conducted in the PubMed database using MeSH descriptors "Spirituality" AND "Emergency Service, Hospital" AND "Emergency Medical Services", including articles published between 2020 and 2025.

Results: Eighteen articles were identified, of which 10 were selected for analysis. Studies demonstrated the scarcity of spiritual care services in emergency departments, the importance of spiritual support for patients and families in critical situations, and the need for professional training in this area.

Conclusion: Addressing spirituality in emergency settings, although challenging, is feasible and necessary. Professional training strategies, institutional protocols, and multidisciplinary team integration can contribute to humanized care and comprehensive health promotion.

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Keywords: Spirituality. Emergency Service. Hospital. Humanization of Assistance. Palliative Care. Comprehensive Health Care.

RESUMO

Introdução: A abordagem da religiosidade e espiritualidade (R/E) no contexto hospitalar representa um desafio significativo para os profissionais de saúde, tornando-se ainda mais complexa no ambiente de emergência. Considerando que mais de 80% da população brasileira atribui grande importância à religião em suas vidas, a incorporação dessa dimensão no cuidado em saúde assume relevância clínica e humanística.

Objetivo: Discutir a importância e os desafios da abordagem da espiritualidade durante o atendimento em serviços de emergência. Metodologia: Trata-se de revisão narrativa da literatura, realizada na base de dados PubMed, utilizando os descritores MeSH "Spirituality" AND "Emergency Service, Hospital" AND "Emergency Medical Services", incluindo artigos publicados entre 2020 e 2025.

Resultados: Foram identificados 18 artigos, dos quais 10 foram selecionados para análise. Os estudos evidenciaram a escassez de serviços de assistência espiritual em emergências, a importância do apoio espiritual para pacientes e familiares em situações críticas, e a necessidade de capacitação profissional nessa área.

Conclusão: A abordagem da espiritualidade nas emergências, embora desafiadora, é viável e necessária. Estratégias de capacitação profissional, protocolos institucionais e integração de equipes multidisciplinares podem contribuir para a humanização do atendimento e promoção integral da saúde.

Palavras-chave: Espiritualidade. Serviço Hospitalar de Emergência. Humanização da Assistência. Cuidados Paliativos. Assistência Integral à Saúde.

RESUMEN

Introducción: Abordar la religiosidad y la espiritualidad (R/E) en el ámbito hospitalario representa un desafío significativo para los profesionales de la salud, que se vuelve aún más complejo en el entorno de urgencias. Considerando que más del 80% de la población brasileña atribuye gran importancia a la religión en sus vidas, la incorporación de esta dimensión en la atención médica adquiere relevancia clínica y humanística.

Objetivo: Discutir la importancia y los desafíos de abordar la espiritualidad durante la atención en urgencias. Métodos: Se realizó una revisión narrativa de la literatura en la base de datos PubMed utilizando los descriptores MeSH "Espiritualidad", "Servicio de Urgencias, Hospital" y "Servicios Médicos de Urgencias", incluyendo artículos publicados entre 2020 y 2025.

Resultados: Se identificaron dieciocho artículos, de los cuales se seleccionaron 10 para su análisis. Los estudios demostraron la escasez de servicios de atención espiritual en urgencias, la importancia del apoyo espiritual para pacientes y familias en situaciones críticas, y la necesidad de capacitación profesional en esta área.

Conclusión: Abordar la espiritualidad en urgencias, aunque desafiante, es factible y necesario. Las estrategias de formación profesional, los protocolos institucionales y la integración de equipos multidisciplinarios pueden contribuir a la atención humanizada y a la promoción integral de la salud.



Palabras clave: Espiritualidad. Servicio de Urgencias. Hospital. Humanización de la Asistencia. Cuidados Paliativos. Atención Integral de Salud.

1 INTRODUCTION

Talking about religiosity and spirituality (R/E) in everyday life is not always a simple task, and incorporating this theme into health care is a challenge that is amplified when we think about the hospital context, especially in emergency care. The spiritual dimension, often neglected in health services, represents a fundamental component for the integral understanding of human beings and their needs in moments of vulnerability.

For McDonald and Guyer (2025), since identifying and addressing spiritual and moral distress constitutes a pillar of high-quality palliative care, this approach should also be fundamental in the palliative care provided in the emergency room. This perspective reinforces the need to integrate the spiritual dimension into emergency care, especially in situations of clinical severity.

Several reflections and dilemmas permeate this context, such as the conception of R/S for patients and their families, the threshold between respect and welcoming, and the individual perception of health professionals with the reflections of the hospital experience in their own spirituality. Understanding how patients and their families perceive spirituality is fundamental, as well as considering the impact of illness on their religious beliefs.

Healthcare professionals face dilemmas when addressing patients' R/E. Finding the balance between respecting your beliefs and providing effective support, while crucial, is not always straightforward. Just as each patient has their own beliefs and ways of experiencing R/E, health professionals also have their own perceptions. This individual perception influences the approach and can affect the quality of care. In addition, living in a hospital environment can impact and modify the professional's own spirituality, and it is important to consider how this experience influences their practice (SOUZA; CARVALHO; SCORSOLINI-COMIN, 2020).

Considering that more than 80% of the Brazilian population considers religion very important in their lives, the R/E approach plays an important role in welcoming and promoting the health of these patients (MOREIRA-ALMEIDA et al., 2010). This epidemiological reality justifies the need for studies on the subject, as well as the attention that health professionals should give to the spiritual needs of their patients, including in emergency services.

2 OBJECTIVE

Discuss the importance of the spirituality approach during emergency care, identifying barriers, strategies and opportunities for its implementation.

3 METHODOLOGY

This is an analytical study that uses the narrative review of the literature as a technique. The search was performed in the PubMed database, using the combination of three MeSH descriptors (Medical Subject Headings), connected by the Boolean operator AND: "Spirituality" AND "Emergency Service, Hospital" AND "Emergency Medical Services".

Original and review articles, published between January 2020 and January 2025, in English, Portuguese, and Spanish, that addressed the theme of spirituality or religiosity in the context of emergency services, were included. Articles that did not provide full text, duplicate studies, and publications that did not have a direct relationship with the proposed objective were excluded.

The selection of articles was carried out by reading the titles and abstracts, followed by the full analysis of the selected texts. The data were analyzed qualitatively, seeking to identify the main findings related to the approach to spirituality in emergency services.

4 RESULTS

The lack of studies on care and spiritual reception services in emergencies is remarkable. A total of 18 articles were identified in the entire search. After analysis of the titles and abstracts, eight publications were excluded because they were not directly related to the objective of the study or because the full text was unavailable. Thus, 10 publications were selected to compose this review.

Among the selected studies, a study evaluating 16 hospitals in the rural region belonging to one of the largest non-profit health systems in the United States (CommonSpirit Health), of Catholic origin, found that only 11 (69%) offered spiritual assistance through professional chaplains at least three days a week. This study also showed that support to the team was an important priority reported in all institutions, and needs for virtual training and support for spiritual assistance professionals were identified in these locations (SCHENK; WHIPKEY; FITCHETT, 2024).

By analyzing the perspective of experienced chaplains in emergency room management, McDonald and Guyer (2025) reported important insights into the unique benefits and challenges experienced when providing spiritual support to patients in the emergency department. The experiences of these professionals highlight the relevant need for spiritual support for patients who arrive at the emergency department.

Almutairi et al. (2025), in a systematic review with a mixed methodology seeking to identify factors that influence pain management in patients in emergency rooms, found that several groups of patients still experience potentially inadequate pain management due to

factors unrelated to the condition and severity of the diseases presented. The qualitative synthesis reinforced the quantitative findings, providing a deeper understanding of the role of spiritual and socioeconomic factors as potential modulators of patients' experiences in the emergency department.

On the other hand, Hanson et al. (2022), when evaluating factors that influence the preference for resuscitation in the elderly through a questionnaire based on qualitative interviews, found that the items referring to religious beliefs, from the spiritual dimension, were misunderstood and considered irrelevant by the elderly treated in the emergency room, and it was not possible to confirm the importance of the spiritual dimension in this specific decision.

Amado-Tineo et al. (2024), when evaluating companions of patients in the emergency room, identified reports of experiences that included feelings of despair and anguish due to long waiting times, insufficient resources, incomplete information about the patient's problems, and treatment perceived as insensitive by the team. As the patients approached death, the caregivers expressed that they tried to offer as much love as possible and to have them present for as long as possible, while simultaneously not wanting the patients to continue to suffer and to hope for a better fate after this life, having found in faith a source of strength to continue caring for their loved ones until the end.

Toates and Hickey (2023), when studying the relationship between religious preference and chaplaincy visits in a large American hospital, found that 20.8% of the entire hospital population declared themselves Catholic, while 28.4% of those treated by chaplains declared themselves Catholic. Similarly, 33.8% of the entire hospital population declared themselves Christian, while 36.9% of those treated by chaplains declared themselves Christian. This discrepancy was primarily due to the higher proportion of patients who identified "None" as a religious preference, accounting for 28.5% of all hospital admissions, while only 18.9% of those seen by chaplains reported no religious affiliation.

5 DISCUSSION

The approach to spirituality in hospitals is, therefore, a relevant and challenging theme for health professionals, whose implementation faces several barriers that deserve consideration.

Scepticism and stigma are significant obstacles. Some health professionals may be skeptical of spirituality or fear, erroneously, that addressing it will be perceived as unscientific. This misperception can limit the integration of this dimension into care, depriving patients of potentially beneficial support.

Difficulty in communication and lack of training also pose important challenges. Addressing spiritual issues requires sensitive and empathetic communication skills, which not all professionals naturally possess. In addition, they rarely receive specific training on how to conduct these approaches, which makes effective communication difficult, especially in the dynamic environment of emergencies.

The diversity of patients' beliefs adds complexity to the topic. Patients have different religious or spiritual beliefs, and although it is difficult to attend to all of them in depth, this does not prevent us from always trying to treat them in a respectful and welcoming way.

The posture of institutional neutrality adopted by some hospital administrations may also represent a barrier. Some boards prefer to maintain a neutral institutional position in relation to religiosity, understanding that this way they avoid conflicts or religious favoritism. However, by proceeding in this way, they can prevent the benefits that the religious-spiritual approach and reception can provide to patients.

These barriers highlight the importance of promoting awareness and empowerment to deal with spirituality in an inclusive and compassionate way. Training and continuing education strategies, such as workshops, lectures, and educational materials, can be implemented. The provision of informative materials on spirituality for patients and families, the provision of regular training for the health team on the importance of the theme and ways to address spiritual issues, the creation of clear protocols for approaching spirituality that help the team to know when and how to start the conversation, and the promotion of the integration of spirituality into the routine, including questions about spirituality in the initial evaluation of the patient can contribute to normalizing the discussion and identifying specific needs.

These strategies should provide more empathetic communication, preferably conducted by a multidisciplinary team that includes chaplains, social workers, and psychologists, providing more appropriate spiritual and emotional support. The approach to the theme should be carried out with sensitivity, listening carefully and validating the experiences of patients, recognizing and respecting their different religious and spiritual beliefs, avoiding judgments and stereotyping.

In addition to the common barriers to the R/E approach, the emergency environment presents particular challenges. Normally, when we think about addressing spiritual issues, we imagine a calm and peaceful environment, conducive to free and unhurried conversations, in a delicate and welcoming way. This image contrasts significantly with the often chaotic reality of an emergency room. The low availability of time and the severity of the cases represent a reality that cannot be disregarded. Medical staff often deal with extremely serious

and urgent situations in which every fraction of a second is precious. In these cases, the approach to spirituality can be naturally postponed in the midst of other clinical priorities.

However, it is important to recognize that the emergency environment is not permanently chaotic. Emergency care units also have periods of lower demand, and these moments of greater tranquility can represent valuable opportunities for health promotion through the spirituality approach. The conception that in the emergency there is never room for spirituality should not be perpetuated. An early approach can make a significant difference in recovery, providing a strong sense of welcome to the patient and humanizing an environment commonly associated with insecurity, apprehension, and fear.

6 CONCLUSION

The approach to spirituality requires sensitivity, respect, and understanding of individual beliefs. Health professionals should be prepared to deal with these issues holistically and compassionately, whenever possible, taking advantage of the opportunities that present themselves. With common sense, understanding of the importance and naturalness in the form of approach, it is possible to approach spirituality even in emergency rooms, promoting health as a whole, contemplating the biological, physical, psychic, social and spiritual dimensions of the human being.

Offering and evaluating the quality of spiritual care is a challenging task, but it is vitally important in the current context of health. The integration of the spiritual dimension to emergency care represents not only a humanization of care, but also the recognition of the integrality of the human being in a situation of vulnerability.

REFERENCES

- Almutairi, A., Coyer, F., Keogh, S., & Hughes, J. (2025). Factors influencing pain management in patients presenting to the emergency department: A mixed-method systematic review. *International Journal of Nursing Studies*, 163, Article 105214. <https://doi.org/10.1016/j.ijnurstu.2025.105214>
- Amado-Tineo, J. P., Oscanoa-Espinoza, T., Loli-Ponce, R., & Delgado-Guay, M. O. (2024). Experiences of caregivers of patients with noncancer diseases readmitted to an emergency department at the end of life. *BMC Palliative Care*, 23(1), Article 1596. <https://doi.org/10.1186/s12904-024-01596-z>
- Hanson, S., Nissen, S. K., Nielsen, D., Lassen, A., Brabrand, M., Forero, R., Jensen, J. S., & Ryg, J. (2022). What matters and influence resuscitation preference? Development, field testing, and structural validation of items among older patients in the emergency department. *BMC Geriatrics*, 22(1), Article 3707. <https://doi.org/10.1186/s12877-022-03707-y>

- McDonald, L., & Guyer, D. (2025). The critical role of spiritual care in the emergency department. *Journal of Health Care Chaplaincy*. Advance online publication. <https://doi.org/10.1080/08854726.2025>.
- Moreira-Almeida, A., Pinsky, I., Zaleski, M., & Laranjeira, R. (2010). Envolvimento religioso e fatores sociodemográficos: Resultados de um levantamento nacional no Brasil. *Revista de Psiquiatria Clínica*, 37(1), 12–15. <https://doi.org/10.1590/S0101-60832010000100003>
- Schenk, K., Whipkey, T., & Fitchett, G. (2024). Mapping spiritual care in small and critical access hospitals in a faith-based US health system. *Journal of Health Care Chaplaincy*, 30(4), 255–277. <https://doi.org/10.1080/08854726.2024.2354006>
- Souza, D. C., Carvalho, P. P., & Scorsolini-Comin, F. (2020). A religiosidade/espiritualidade no contexto hospitalar: Reflexões e dilemas a partir da prática profissional. *Mudanças*, 28(1), 55–61. http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S0104-32692020000100008
- Toates, S. E., & Hickey, K. D. V. (2023). Relationships between the number of chaplain visits and patient characteristics: A retrospective review of a large suburban midwest hospital, USA. *Journal of Religion and Health*, 62(1), 619–630. <https://doi.org/10.1007/s10943-022-01717-z>