



Spiritual care: an essential component of the nurse practice in pediatric oncology*

Cuidado espiritual: componente essencial da prática da enfermeira pediátrica na oncologia

Cuidado espiritual: componente esencial de la práctica de la enfermera pediátrica en la oncología

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ABSTRACT

This is an article that addresses spiritual care in pediatric oncology nursing, as part of the concepts for promotion of health in families who have children and adolescents with cancer. Indicates subjects of nursing education that prepares nurses to offer that kind of care together with knowledge of their own spirituality. It is presented as an opportunity to discuss the theme, offering subsidies to rethink the practice of pediatric oncology nurse, also points to the need for additional research in this area.

Keywords: Neoplasms; Spirituality; Religion; Pediatric nursing

RESUMO

Este é um artigo que aborda o cuidado espiritual na enfermagem pediátrica oncológica, como parte dos pressupostos para a promoção da saúde de famílias que possuem crianças e adolescentes com câncer. Indica elementos sobre a formação do enfermeiro para o oferecimento desse cuidado, aliados ao conhecimento de sua própria espiritualidade. Apresenta-se como uma oportunidade para o debate sobre o tema, oferecendo subsídios para repensar a prática do enfermeiro na oncologia pediátrica, além de assinalar a necessidade de condução de pesquisas nessa área.

Descritores: Neoplasias; Espiritualidade; Religião; Enfermagem pediátrica

RESUMEN

Este es un artículo que aborda el cuidado espiritual en la enfermería pediátrica oncológica, como parte de los conceptos para la promoción de la salud de familias que poseen niños y adolescentes con cáncer. Indica elementos sobre la formación del enfermero para el ofrecimiento de ese cuidado aliado al conocimiento de su propia espiritualidad. Se presenta como una oportunidad para debatir sobre el tema, ofreciendo subsidios para repensar la práctica del enfermero en la oncología pediátrica, además de señalar la necesidad de realizar investigaciones en esta área.

Descriptores: Neoplasias; Espiritualidad; Religión; Enfermería pediátrica

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INTRODUCTION

Pediatric cancer is characterized by a range of stressful experiences loaded with suffering, for children and their relatives. It generally involves prolonged treatment, which demands care and entails the need for changes, which can lead children, adolescents and their relatives to a state of depression, isolation, despair, inferiority and inadequacy, with increased risk for psychiatric problems and spiritual suffering^(1,2). These changes drive the search for meaning, to the extent that people try to understand such a confusing and devastating experience, accompanied by a series of demands and responsibilities⁽³⁾. In this context, spiritual care needs to be taken into account, offered to all family members⁽¹⁾.

Scientific production about spiritual care in nursing has received special attention in recent years, through research aimed at refining theoretical concepts and the importance of spirituality-related constructs⁽⁴⁾. In the past, these studies indicated that nurses had very limited awareness about patients' spiritual needs. More recent studies have revealed that these professionals have become increasingly sensitive to this care dimension. Nevertheless, skills to identify and assess it still need further knowledge, conceptual clarifications, professional training and scientific support through further research on the theme⁽⁵⁾. This review presents updated knowledge about spiritual care offered by nursing, as a part of the premises for health promotion in families that include children and adolescents with cancer.

SPIRITUALITY AND RELIGIOSITY

Researchers in different knowledge areas have studied the influence of religion and spirituality in people's lives. In nursing, the number of studies on this theme is increasing^(4,5-8). Disagreement remains, though, about nurses' role in spiritual care⁽⁹⁾.

There are countless definitions in literature about religiosity and spirituality. Although the terms are routinely used as synonyms, their concepts are distinct. Spirituality is a universal experience that covers the existential domain and the essence of what it means to be a human being: it does not mean a religious doctrine, but a person's philosophy, values and the meaning attributed to life⁽⁶⁾. The spirituality dimension aims to favor harmony with the universe, attempting to answer questions about infinity, evidenced when people are in situations of emotional stress, physical disease and death, seeking a meaning for events, integrity, peace, harmony and individuality⁽¹⁰⁾. It is related to the essence of life and produces behaviors and feelings of hope, love and faith, in a perspective of subjectivity and transcendence^(5,11). Religiosity, on the other hand, is a

relation with the divine or supernatural force; it is connected with the sacred and a doctrine⁽⁵⁾; it serves as a vehicle through which the individual expresses his/her spirituality, based on values, beliefs and ritual practices that can provide answers to essential questions about issues of life and death⁽⁶⁾.

Nurses' role is to help patients and their relatives to connect with what gives them strength to continue fighting⁽¹²⁾. The spiritual and religious dimension is present in the personal life of health professionals and researchers⁽¹³⁾ and it is important for nurses to assess the need for intervention in this field. Despite the widespread acknowledgement of the need for spiritual care, however, a majority of nurses do not value the importance of spirituality and religiosity in health care yet⁽¹⁴⁾. A study revealed differences in nurses' perception level regarding spiritual care and, consequently, in clinical practice⁽⁶⁾. Although the results demonstrate positive perceptions on spiritual care, participants rarely incorporated this care into their daily activities.

Spiritual care delivery represents a challenge for nurses. Among their roles, being present, skills to listen to family members' demands and respecting their beliefs and values stand out⁽¹⁵⁾. Some strategies seem to strengthen communication about this theme between nurses, patients and relatives, such as promoting an adequate environment and space to talk about the subject, including nurses and patients⁽⁷⁾.

Literature appoints that new research is needed to permit due attention to the component aspects of spiritual care⁽⁷⁾. Moreover, it is crucial for each professional to know his/her own spiritual language, premises and experiences⁽¹⁶⁾. Nurses aware of their religiosity and spirituality offer better care⁽⁵⁾, as they become more sensitive and able to involve in a deeper dialogue with patients, voluntarily participating in their process of elaborating meanings and in their interior mobilization, which are characteristic of the dynamics of coping with the crisis they are going through, together with their relatives, during the illness⁽¹³⁾.

SPIRITUAL CARE IN PEDIATRIC ONCOLOGY NURSING PRACTICE

Literature appoints that studies about spirituality and coping among severe patients tend to focus on patients and adult caregivers⁽¹⁷⁾. Few studies address spirituality during the pediatric cancer experience. The life crisis that accompanies the disease weakens the children and their families and can lead to the rupture of barriers protecting their deepest intimacy, which they did not use to share with professionals⁽¹³⁾. The family members, especially the parents of the child with cancer, start to present the need to seek meanings for their children's disease

experience⁽¹⁸⁾ and to live in a state of sensitivity and value questioning⁽¹³⁾.

Oncology nurses possess complex and specific technical-scientific knowledge that is essential for their practice. Care in this area demands time and dedication and includes the moral and emotional component, the cognitive aspect, perception, knowledge and intuition⁽¹⁹⁾. A study involving parents of children with cancer showed that some of them manifested the need for orientation from a spiritual counselor, evidencing the importance of spirituality for the family in case one of its members gets ill⁽¹⁷⁾. Most parents faced difficulties to deal with their faith when the children's health got worse; faith was mentioned as a source of comfort and as something extremely personal. During hard times, parents questioned their beliefs, but did not disdain their faith. According to the authors, nurses can help to facilitate parents' spiritual practices, offering themselves to pray together with them if they feel at ease to do this.

Nurses face many barriers in spiritual care delivery, including lack of knowledge. According to some authors⁽¹²⁾, nursing practice is influenced by their experiences since the start of their education; hence, it is important to include themes related to people's spiritual dimension, regarding patients and family members as well as health professionals, into undergraduate course curricula. Despite the importance of highlighting spiritual care in nursing education, however, there are signs that nurses ignore spiritual assessment and face difficulties to integrate this care into their practice. A study⁽⁹⁾ evidenced that nurses themselves question their responsibility and their role in spiritual care. The same research showed disagreement among nurses, patients and religious authorities regarding expectations on the former's role. In this context, the lack of reflections about the theme and the absence of discussions among health professionals contribute to the lack of attention to this theme.

Nurses' self-care also seems to influence these professionals' willingness to take care of others, especially in offering spiritual care. Research results show that taking care of other people leads to self-knowledge and, if they do not take care of themselves, they may do the same for other people. The study also suggests the inclusion of themes regarding self-knowledge into permanent education processes, as it is fundamental for spirituality to develop⁽²⁰⁾.

Including spirituality into the nursing process by

addressing spiritual needs when the patient is admitted, and even during daily assessment, would help to assess, disseminate and deliver spiritual care to patients⁽⁶⁾. With a view to adequate intervention, nurses should adopt the attitude, communicate and make the decision to intervene and even use prayer as spiritual support for patients⁽⁹⁾. It is essential for nurses to acknowledge the importance of spirituality and faith in care delivery to children and their relatives, as these clients have been largely ignored in literature and special attention to their needs in this area is due in order to mitigate their possible afflictions^(1,17).

CONCLUSION

Favoring the global wellbeing of children and adolescents with cancer and their families is one of nursing's targets. Religion and spirituality are sources of comfort and hope and have helped to better accept the children and adolescents' chronic condition. Knowing the families' religious and spiritual practices, nurses can help them to strengthen their coping mechanisms and to maintain family health promotion practices. Spiritual care in pediatric oncology nursing still represents a challenge for nurses though. As this issue still arouses debate in science and health, nurses' attitude towards the theme remains marked by insecurity. Professionals appoint many difficulties to address the theme, including lack of knowledge and inability to deal with it, but nursing teams' privileged position for this purpose needs to be acknowledged, as they are always close to the clients.

This reflection entails elements that generate debate about nursing education for spiritual care, besides their own knowledge about their spirituality. This challenge is even greater when considering the dimension of this care in pediatric oncology. Cancer by itself challenges the family in all of its phases. In this context, family members question their faith and religiosity, and spiritual care may be wanted or not. Nurses are responsible for identifying, in the best possible way, the right time to intervene and offer creative strategies to families involving spiritual care. In this process, nurses' commitment and willingness to deliver care are essential. Finally, this reflection represents an opportunity for debate on the theme, with a view to reconsidering nursing education and pediatric oncology nursing practice, besides appointing the need for further research in the area.

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