Abstract

The spirituality has been pointed as a valuable resource that helps the human being to face the sickness process. This study aimed to investigate the opinion of a multi professional health team about the spirituality on the health-disease process and; verify the multi professional health team perspectives about the spiritual care integrated to the health assistance. It is about a descriptive research with qualitative approach, developed with members of a school-hospital multi professional team, in João Pessoa city – PB. Analyzed qualitatively, through content analyze technique, in the thematic modality, proposed by Bardin. From the analyzes of empirical material obtained through subjective questions, emerged two thematic categories: spirituality with religiosity interface, transcendence, life style and culture; spirituality influence on the promotion of comfort to the patient and on the professional ethical posture. It was understood in this study that the multi professional team understanding about the spirituality is ambiguous and permeated by fragile significances. The professionals don’t feel prepared and comfortable yet to insert this therapeutic modality in their routine, however there is a more exponential perception of this gape in the assistance plan.

Introduction

Health services are scenario of many stories evolving individuals and their complexities that propitiate the assistance team, effective participation on the most variable life context, narrowing the interpersonal relation between the professionals and the users. In this ambient...
that transit the spirituality, or from the person who searches for health assistance or from the person who offers it.

It is highlighted that the spirituality has been pointed as a valuable resource that helps the human being to face diseases with eminent death prognostic. For this reason, it is up to the health professionals to understand the spiritual dimension to better attend the patients’ spiritual needs, by the elaboration of a therapeutic plan. [1]

For treat about a subjective aspect, inherent to the human, the spiritual suffering can be unnoticed or underestimated by the multi professional team that assists him. It is emphasized that the health professionals have many instruments developed to make the patient’s spiritual anamnesis, aiming to understand their beliefs and which paper they have on the health and disease, without judge or try to modify those beliefs or lack of them. [2]

In this provisional, the experience of the health professional, who deals daily with the human fragilities, allows reflections about the patient integral care and refer to the spiritual dimension on the assistance therapeutic plan execution, it is ensure the patient right to receive an integral care.

Thereby, it is important an approximation from the evolved actors caring with the patient spiritual questions, once it is very few focused the spirituality on the assistance plans. It is pressing to rouse to the theme approach and to search for effective interventions to attend the patient spiritual needs. [3]

Given the above, this study aims to rouse reflections among the academics and science health professionals, about the spirituality relevance on the patient health-disease process and in his assistance. To that, the objects are: investigate a health multi professional team opinion about spirituality on the health-disease process and, to verify the health multi professional team perspectives about the spiritual care integrated to the health assistance.

Methods
It is about a descriptive research with qualitative approach, developed in a university hospital from a college institution, in João Pessoa (PB. The population was composed by health professionals who act in selected local to the study. The sample was obtained through the inclusion criteria: be part of the institution multi professional team (Doctor, nurse, social assistant, psychologist, speech therapist, physiotherapist, occupational therapist, nutritionist); act on the patient direct assistance; be in labor activity during the data collection period.

The data was collected using a semi-structured questioning containing item that allow the participants characterization (age, gender, civil status, vocational training, function, time of acting on the assistance, religion, spiritual support capacitating course) and data related to the study objective.

The empirical material coming from the proposed questioning to the study was codified according to the instrument deliver by the professionals. Trying to keep the research participants anonymity, they were identified by the abbreviation “P”, following by numbers for one to 27, for example: the first professional was codified as “P1”; the second, “P2” and so on.

The data collection was conducted after the approval by the Ethics Committee in research at the HULW, through the Brazil platform, CAAE: 46877015.1.0000.5183, regulatory on researches with human beings. The research participants were informed about the study objective ant this voluntary character; being then obtained their consent through signature on the Term of Consent.

The empirical material was analyzed qualitatively, through content analyzes technique, in the thematic modality, proposed by Bardin (2011), [4] considering the following steps: pre-analyses, that allows to organize the initial ideas and elaborate indicators to the final interpretation; the material exploration, that allows to the researchers to make reading of the empirical material, grouping ideas in a systema-
tic way and categorize the content; and the results treatment, in which the researcher concretize the inference or interpret and present the categorized data.

Results
27 health professionals, linked to the institution selected for the study, were part of this study. Before the professionals diversity fond on the health system; this study contemplated the multi professional team composed by a speech therapist, occupational therapist, seven nurses, six physiotherapists, five doctors, two psychologists, two nutritionists and three social assistants, in a total of twenty-seven integrants.

The participants’ age varied between twenty-six years old to sixty years old. From them, nineteen were female and eight male. In relation to the civil status, 14 participants related to be married, 10 to be single, two to be divorced and one didn’t mentioned the civil status. Concerning the religion, 17 participants were identified as catholic, four evangelic, one atheist, one Christian, one spiritualist, one Mormon and two without religion option. Some participants related to be inserted in activities as mass, adoration, church, rosary; member of the community; catechumen, cell and speeches.

From analyzes of the empirical material obtained from subjective questions, emerged two thematic categories presented below:

Category 1. Spirituality with religiosity interface, transcendence, life style and culture
The understanding about spirituality express on the participants speech points to a holistic concept, strongly influenced by the Jewish Christian tradition, rooted to the socio cultural origins, because the majority professed a religion from a Christian root. In general, the participants consider being spiritual or religious, even when they say they are atheists, everyone evidence to have belief system that, somehow, give them sense to life.

According to the majority of participants, the spirituality is not enmeshed with the religiosity; however, there were records defining it as practices and doctrine characteristic of a religion, like:

- To me related to the faith that the person has in something.
  P1.
- Belief in something higher.
  P2.
- I understand as something that strength their faith […] something that brings comfort and well being to the mind.
  P6.
- Capacity to be in contact to God […] to elevate the heart and mind and pray […]
  P8.
- It is a connection between the human being with a superior being, God, Allah, Buddha, among others.
  P10.
- […] spirituality linked to all the religions, it is, a spiritual person is understood not only by the religion dimension but also by the way that this person is related with everything around him.
  P16.
- Is having a life with communion with Christ, according to the Holy Spirit orientation in their life
  P17.
- It is something that links us to a superior energy.
  P19.
- […] it means to be in connection to the spirit in moment of our lives, to search for God.
  P23.
The men tendency to search in a superior being or a life style based on values and non material character. 

P7.

It is a power that you have in your interior to help you to overcome the life’s difficulties [...].

P9.

It is the search for the life sense in something supernatural.

P11.

It is the human capacity to believe, search for answers and be opened to what is not tangible.

P13.

It is the human search to justify or search a sense to the life, that goes beyond the science and that the science itself can’t explain.

P14.

Beliefs and experiences are subjective from the conscience that helps the human being to give a new sense and organization to life.

P15.

[...] practices that make part of our life and help us to have a relation with God, with ourselves, with the other and with the world [...]

P16.

[...] orientate the man on the comprehension of his function on the world and that connects him to something higher.

P20.

It is feeling and capacity to love charity. (P21) Is the manner, way that the person faces and believes in a relation to the human life.

P22.

[...] the relationship with God, searching for a connection with something higher than us.

P25.

Some participants gave a connotation more philosophic and scientific on the spirituality understanding:

[...] I don’t like to think in a spirituality linked to a supernatural being. I believe that it can be faced as something more transcendental, that comprise the psychology, philosophy and sociology.

P4.

Something that transcend the life and the search for answers to happenings, religious or not.

P5.

Development of one’s spirit; that is what transcends the body and the soul.

P12.

[...] a dimension that composes all the human being, giving him significance to life in terms of their proposes, at the same time that contributes, at least, from the subjectivity point of view, to the joy of a well status, being human psychosocial. It is an energy that all the human being have and can be transmitted to the people providing love, positivity, faith, blesses, respect, humanization.

P26.

It is part linked to the spirit and cultivation of the spiritual rules in relation to ourselves and others.

P27.

The spirituality theme subjectivity raises reflections, being able to be seen as integrant of a life style, or as element of a culture. In this perspective, some reports suggest to be the spirituality:

[...] way of life acceptance, with their difficulties and happiness [...].

P23.
Beliefs, costumes and individual aptitudes that goes beyond the religiosity.

P24.

**Category 2. Spirituality influence on the comfort promotion to the patient and on the professional ethic posture**

In this category, the participants expressed opinions about the professionals spirituality influence in their assistance activities. Thus, twenty-five participants ensured that the health professional spirituality influences on the spiritual approach with the patient.

The comfort promotion can take the patient to face with more parsimony this aspect of his existence as pointed some participants:

- **The approach will bring more confidence and comfort to the patient and their companions.**
  P1.

- **The health professional stimulate the patient to understand their sickness status and to face this difficulty with improvement hope and comfort.**
  P3.

- **Endowed with a healthy spirituality to encourage the patient with mood words and peace as a way to face the actual sickness condition.**
  P10.

- **There are professionals who use their spirituality to recover or strengthen their patients’ faith.**
  P14.

- **Spirituality is a powerful healing resource.**
  P19.

- **Will be able to provide spiritual comfort.**
  P23.

- It is also evidenced on the speeches that the professionals use positive words and humanized posture to comfort and encourage the patients:

  - **If the professional doesn’t have a spiritual ideal related to religion/supernatural beliefs shall use others tools like the psychology, a pleasant attendant, positive thoughts.**
    P4.

  - **Search a well being to the patient trough positive words, stimulating the faith, improving the patient spirituality.**
    P5.

  - **Minimize the pain, even with encouraging words.**
    P17.

  - **Positive energy in transit is essential.**
    P21.

  - **I believe in all the aspects that if the spiritual is humanized, it passes positive energy to the patient.**
    P26.

  - Some factors can influence the practice of the professionals involved with the assistance as show those reports:

    - **[...] a respect posture makes them understand independent of anything.**
      P2.

    - **Because each opinion, each perspective present alone can generate impact on the other person’s life influencing their posterior behavior.**
      P7.

    - **[...] try to listen more and only give opinion if the patient asks for help.**
      P9.

    - **Professionals who have a spiritual link to a religion generally pass this characteristic to the attendance with the patient.**
      P11.
The patient belief needs to be respected; it is not the moment to influence the patient who is fragile to have any hope.  

(P12)

[...] helping the patient according with their life experiences and their beliefs; however, it shall be considered and respected always the patient spirituality and principles.

(P15)

[...] to make this work adequately it is necessary a spiritual equilibrium to be established [...].

(P25)

Some participants emphasized opposition to some professional postures, pointing imposing actions incoherent with the professional ethics conduct:

[...] in front of the fragile moment of the patient and the local of “Power” occupied by the professional, this influence is possible to occur and occur, but I don’t believe that this should happen.

(P13)

[...] there are professionals that don’t let their spirituality to influence in their conduct [...].

(P14)

[...] the Professional try to put their truth, as it was the truth.

(P16)

What shall prevail is the ethic and respect to the patient.

(P20)

A professional without spirituality probably won’t have so much support in this aspect to give to the patient.

(P6)

[...] a health professional who understand the human being as an integral being and the valorizes beyond the technical-scientific caring dimension, the spiritual dimension will tend to influence- in our point of view, positively the aspect of the patient to whom is provided assistance.

(P18)

The professional spirituality turns him more sensible, providing more humanized caring.

(P22)

The spirituality is reflected in all the people’s actions.

(P24)

All the medical aptitudes influence on the patient reaction to the treatments, including gestures, the fear to express them, the care while dialoguing.

(P25)

Holistic vision

(P27)

Discussion

The multi professional team perspective, at the health work, is the target of this investigation, because it represents an important resource to achieve the integrality conception, when enabling the construction of a cooperative work, through multiply technical interventions and individuals interaction with different professions. Thereby, professionals from different areas can discuss the necessities of the users and construct in team therapeutic projects. [5, 6]

It is emphasized the expressive female representation on the sample in this study, which ratify
the increment of the women participation on the health working market, justified by the economic changes occurred in Brazil, that propitiate the formation of a working market opened to the woman. [7]

The civil status of the participants share with the statistics from the last decades, in which the men and women are being married with more advanced age, emphasizing that the major participation of women in the working marked, allows new familiar configurations through the remarriages. [8]

The religious plurality observed on the participants corroborate with the research made by the IBGE in 2010, what showed the growth of religious groups diversity in Brazil and reinforced that the catholic kept majority; however there was an increasing of the evangelic population; the census data indicated also an increase of people who professes the spiritualist religion, and the ones who are declared to don’t have religion. [9]

Still in conformity to the religious practice, some participants showed to be inserted in activities that can be seen as religious ornaments, indicating spiritual necessities and shall be valuable once the religion is a system organized by beliefs, practices, rituals and symbols destined to facilitate the individual proximity to the sacred or the transcendent. [10]

Concerning the first thematic category ‘spirituality with religiosity interface, transcendence, life style and culture’, the spirituality is presented founded on the conception that the individuals are spiritual being and have, transitorily, a physical body, that is only a spirit reflex.

It is necessary to understand the religiosity and spirituality are frequently enmeshed, but are not synonym. The spirituality is an existential desire characterized in the personal search for a life sense, from the relationships and the transcendence, although being tied to religions and cultural practices. It is understood this, that, in the expression, of his religiosity, the individual searches for transcendence and through it can experience the spirituality. [11, 12, 13]

It is highlighted that the participants show a spirituality perception untied from the religious aspects, defined as belied and allusive practices to a doctrine, shared and adopted by people, evidenced through ceremonies or rituals that spread essentially the faith.

It is evidenced also a connotation to the transcendent, alluding to a fluctuation where the individual perceives that the limits that make him person expand beyond the points of view immediate and restricts, referring to the individual capacity to expand the personal bounds and advance to the perspectives, activities and objects beyond their selves, without denying the value to be in the present context. [14]

It is noticed a philosophical aspect attributed to the spirituality; however, this doesn’t mean to deny it, seen that the classical philosophy is backed in energetic values of construction and maintenance of the universe organization, turning study object alluding the health, due to the subjective aspects of the life and death meaning. [15, 11, 16]

Nowadays, the spirituality is being established on health in a life quality perspective, which is evidenced on the healthiest life style prescribed on the rules and costumes of the majorities of religions. The adepts of this way of life present less probability of risk behaviors linked to the drug, cigar and alcohol consumption, contributing especially to a more equilibrated health and longevity increasing. [17, 18, 19]

It is worthy to highlight that the spirituality, without religious connotation, can be experienced by the entire human person who searches authenticity for them, others and history, because they get the inner force necessary to unify and give sense to the existence. In this focus, the search for a holistic care takes in count the cultural influence in the being manner and acting in a way to care due to
the character of adaptation to the life style of each person conform their personal creeds. In the search for understanding of the spirituality and culture it will be possible to understand some patient and family costumes and behaviors, opening thus the possibility to a negotiation to determined therapeutic practices. [20, 21]

Still in this sense, some participants related the spirituality to the human body acceptance as energy system, at the caring action, in which the professionals become responsible observers by the evocations of probabilities to reestablish the health, through the conscientious attention and the intentionality. This evidence, corroborates with the spirituality perception as it is a comprehensive construct of the human subjective, that evolves a knowledge field really wide, what enables to each individual to have their own opinion; evidence that the health professional shall be apt to the evaluation and the patient bio psychosocial and spiritual symptoms handling. [22, 23, 24]

In the second thematic category ‘Spirituality influence on the comfort promotion to the patient and on the professional ethic posture’, the participants learn that the professional spirituality influence in their assistance activities. However, it is highlighted that the non-religious professionals can approach the spirituality theme on the clinical practice in a so adequate way as the religious.

In this vision, it is emphasized that although the health professionals recognize the spirituality influence on the daily practice, they generally don’t considerate the patient beliefs on their caring planning. There are many questioning in respect to how to access the human being spiritual dimension and that consist the spiritual good care. It is recommended the promotion of actions in which are established with the patients bonds and integral relations, through the speech that considers the individual in their totality. [25, 26, 27]

Before approaching about religiosity/spirituality with the patient, it is necessary that the professional is sensitive and prepared to this intervention. A study conducted with medicine and nursing academics, through the experience to participate in a discipline about the theme, showed the necessity of this approach and preparation, not only to be exercised on the professional field, but also to apply those knowledge in their personal lives; what certainly will make them more capable and skilled to an ethic, effective and secure approach, in a way to benefit the patient/ familiar in moments of affliction, fear and pain. [28, 29]

It is suggested the critical self-recognition development and a spiritual self evaluation to take conscience of the spiritual dimension and to feel freely when entering to a spiritual discussion, as well as to familiarize with many models and spiritual screening/evaluation approaches that can be incorporated on the assistance working process. Because there is an increasing tendency of the professions linked to health, to include the spiritual assistance in a level of their practice patterns and others professionals’ directives. [30]

In the health context, the bond between the spirituality and the religiosity can result in severe ethic problems, in case of the professionals are not aware to the limits of the faith resources utilization, as a conduct to construction of a therapeutic link with the patient and family. In this sense, the approach about the patient spirituality suggests that the professionals shall be cautious, in a way to don’t cause constraints or influences that are not well tolerated. [22, 11]

It is highlighted that, the lack of knowledge, the fear to impose religious visions or offend the patient and the belief that the knowledge about religion is not relevant to the health care or that it is not up to you to approach those subjects, are barriers pointed by the professionals approaching the spirituality with the patient. [31, 32]

In Brazil, studies point that the health professionals academic graduation don’t contemplate disciplines and/or qualification to the patients spiritual
care, not being, however, awake the spiritually vision as an important dimension to the human being health, taking the lack of ability to approach the question. In this context, is emphasized the hospital chaplaincy rule in this assistance, because it disseminate a vision to an integral care to the patient, the familiars and health professionals. [33, 34, 35, 28]

Conclusions
The assistance to health shall be ruled by the ethical professional compromise searching to attend to patient’s necessities in their bio psychosocial and spiritual dimensions. To achieve such done, it is indispensable that the professionals be conscious about the given care importance.

It was noticed in this study that the understanding of the multi professional team about the spirituality is ambiguous and permeated by fragile meanings. This remits to a reflection about the personals aspects of each professional when unfolding their own spirituality. This thematic provokes inference about empathy, humanization, and search of sense to the existence of the own professional, who acts on the health scenario.

In the integral assistance to health, it is necessary that the professional recognize the importance of the patient spiritual dimension and give it value on the caring planning, as well to manifest their spirituality in a positive way, helping them to face stress situations, promoting comfort in front of their disease condition.

It is noticed that, although the concept of spirituality is not university, there is a unanimous conviction in its importance in the patient health disease process. This denotes an imminent worriment to the insertion of spiritual care on the assistance practice. It is observed that the professionals are not prepared and comforted yet to insert this therapeutic modality in their routine, but there is a more exponential perception of this gap on the assistance plan.

It is highlighted that the attention given to the ethic posture in front of the patient spiritual dimension approach, respecting the therapeutic ambient and his autonomy. However, it was notorious that, in front of the spirituality positive evidences on the relation between professional and patient, it is inadmissible to neglect this offer and/ or ignore this human necessity.

The multi professional team’s lack of ability with questions about the spirituality and the relation of it with their health care daily practice were evidenced. This added to the thematic subjectivity, the number of participants and the choice of a unique collection place were evaluated as aspects limiting aspects on the results amplification. The time invested on the research promoted self-analyses and reflection about a theme normally ignored on the professional labor. It is highlighted yet, the multi professional team lack of information and qualification regarding the spiritual questions, the wish to receive more about the approached subject.

Studies in this thematic empower the evidences already indexed about the spiritual aspects during the assistance practice, above all elevating the scope of new biases to be investigated. It is also worthy to emphasize that through those results, is suggested the necessity of new investigations inserting innovation on the approach about spirituality and its practices based on scientific evidences.

Authors’ contributions
TNS, MFV, worked on all the phases of article elaboration, from the conception, analysis and interpretation of the data, writing of the manuscript. LAM, MM, BHSC, contributed on analysis of data. MFC, LFMN, SPLC, PSA, contributed the database; MELL and MEMF performed a critical review of the manuscript and approval of the final version to be published.
Conflict of interest
The authors declare no conflict of interest.

References


