

Spirituality in health and its practical interaction in a multiprofessional Gerontology group: a Brazilian experience

Abstract

This brief communication aims to present a discussion on spirituality in health, in Brazil, from a focus group. Spirituality is a little explored topic in the health area; however, its importance grows exponentially. The need to insert this theme is relevant to improve care practice and even more so that it can better manage your emotions, seek self-awareness and, consequently, reduce burn out. It was a focus group formed by a multidisciplinary health team that, over the course of a year, discussed the theme based on the manual of spiritual care of the Spanish Society of Palliative Care. Among the results achieved, the importance of inserting the theme as an opportunity for professional growth, with consequent improvement in assistance and even more, personal due to the help in the search for the meaning of one's life, stands out. Among the conclusions, promoting a study group on spirituality in health makes it possible to develop a more systematic care approach, focusing on the insertion of the theme in the care routine, in addition to generating intrapersonal reflections in the search for improvement in social skills.

Keywords: mesh, aging, spirituality, health care, health professionals

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Introduction

Throughout the ages, humanity has been confronted with challenges regarding relationships in society, such as: its meanings, the diversity of thoughts and cultures, the emergence of various faiths, and the questioning of different values intrinsic to relationships, such as justice, autonomy, respect, and equal rights. Sometimes these challenges are restricted to the superficiality of human conscience judgment, and the scarcity of deepening these issues can contribute to the society's current crisis of values. 2020 was marked at its beginning by the SARS-CoV-2 virus pandemic and its consequent disease, Covid-19; the whole world came to a standstill: socio-political and economic consequences of which will last for an indefinite period of time in the mental health aspect.

It is opportune, therefore, at the moment when we observe the breaking of different paradigms such as: questions about the race for health technology, the inappropriate use of information sources, the disbelief in scientific evidence, and more, the diversity of contradictory ideas and expressions of such ideas in an imposing manner, the move away from historically rooted philosophical discussions and criticism of religions, the plunge into human relationships in their various possibilities is more than necessary.

Spirituality is misunderstood because it is still misinterpreted by many as synonymous with religious activity. According to Puchalski et al,¹ spirituality can be conceptualized as the finding of meaning and purpose in life; how it connects to the self, with others and with the significant or the sacred. Religion can be a means to achieve spirituality, but spirituality is independent of religiosity, and can be secular or agnostic. So, regardless of what the person thinks or believes, even without any belief, every human being has a spiritual dimension. It may not be recognized, it may not be given due importance, however, every person is a spiritual being. There are even religions, such as Buddhism, who believe that any living being is a spiritual being.

It is important to emphasize that Spirituality is a universal human characteristic, and the relationship with the transcendent can express

itself through attitudes, habits, and practices, including religious ones. In other words, already by definition, spirituality is not about assuming a professed faith, but about what else it means, what you value most and how you feel you belong in life. Caring for the spirit and soul is also caring for health, and includes the inclusion and welcoming of the patient's biography, values, and the way they relate to themselves and others.

The World Health Organization (WHO) has included spirituality in the concept of health since 1948, and in 1984 reinforced the orientation for all member states to include this dimension in their health policies.² Meanwhile, to date, the discussion on spirituality in health care is scarce, which highlights the need to rescue this orientation in order to improve the quality of care and institutional policies. According to Tittanegro³ "spirituality appears intrinsically linked to food and the hospitality of the home. Who welcomes the visitor, welcomes the other and that is why the interest of health professionals in the theme is growing, as a search for meaning, a call for the humanization of the human."

Faced with the fact that the theme of Spirituality, for different reasons and movements in society, has been removed from daily life, some health professionals involved with aging, in the city of Rio de Janeiro, Brazil, decided to form a study group and from there, a focus group to better understand the motivation of these same people to come together for this purpose.

This short communication has the general objective of presenting the results of the discussions on spirituality in health from the point of view of a focus group formed mostly by health professionals interested in better understanding the object of study, spirituality in health, as well as the motivational factors that led these same people to group together for this purpose.

Method

Qualitative, ethnographic, focus group type study, mostly with healthcare professionals throughout 2019. In January 2019,

professionals such as geriatricians, nutritionists, physical therapists and dentists were invited to join a study group on spirituality in healthcare in order to create a cohesive discussion group on the topic of spirituality associated with palliative care and two outcomes -quality of life for the patient and their assisted family and how that professional deals personally with the topic of spirituality; monthly, the theme was discussed from the perspective of how the professional worked in the care field and, also, how he understood the theme in his own personal life. As the initial adhesion was 100%, after 2 meetings, other professionals, including psychology, social worker and a lawyer were invited in order to broaden the scope of the study

The group started with the proposal of a monthly 2-hour meeting, with rules regarding attendance (only 3 absences in the year, with justification) and distribution of tasks (reading the chapters of the palliative care manual of the Spanish society of palliative care),⁴ having as its central axis the bibliographical reference *Spirituality in the Clinic: A proposal for spiritual assessment and follow-up in Palliative Care*.⁴ From the reading of two monthly chapters and a dynamic with individual freedom of expression, each professional made the comments they wanted, relevant to the theme, trying to connect with their personal and professional experiences, always based on their professional performance - how they inserted the theme in their care activities and how they felt in this role, and more, what the outcome is in relation to the patient. Even if in an experiential way, the product that was studied was the professional's narrative.

Results

Initially six professionals agreed to participate in the group, which was started in March 2019: 3 doctors, 1 dentist, 1 nutritionist, and 1 physical therapist. However, from a meeting whose theme was: "Pain, suffering, science and spirituality: where is the link?" new professionals were incorporated into the group, with a total of 15 participants, including psychologists and social workers. From the first meeting, and throughout the first time of the new members, the question asked to each one was: what motivated you to be here? Some answers below:

Participant A

"Desire, will, need to seek knowledge and understanding of the spiritual dimension of the human being, to complement the gerontological biopsychosocial approach and palliativist performance in their therapeutic clinical practice. Be prepared to deal with the finitude of life together with the patient."

Participant B

"Meet other professionals and strengthen interpersonal relationships, be a knowledge multiplier, expand knowledge of source of interest and admiration. To increase my reading habit, thus enabling me to be in better harmony with the world, making me more confident to approach the subject in daily clinical practice with the aim of alleviating suffering."

Participant D

"Based on personal experience in the clinical practice of geriatrics and palliative care, where spirituality permeates and impacts clinical outcomes; the invitation to participate in the work group on Spirituality within a medical society provided an opportunity for a multi-professional exchange of ideas and experiences on this crucially important theme. Today, the theme of spirituality, instigates science to attempt a process of reconnecting this "driving force" that drives caregivers and patients; as well as interfering with the dynamics of

the health-disease process, facing the process of getting sick, and understanding terminality. That being the case, the working group in its first flights in 2019 has structured and grown under the gaze of science, understanding the concept of spirituality where the human being explores the power of his spiritual dimension, allowing to be led by a reality that surpasses him and captures the spiritual dynamics of his own consciousness."

Over the course of 10 months different themes emerged and were discussed, such as compassion, emotions, the work of the healthcare professional who deals directly with suffering, the meaning of human relationships and their connections, and secular morals and ethics, bioethics, religions, the role of neuroscience, purpose, happiness, professional cases, books and films. Anyway, the participants were unanimous in the affirmation that it is not easy to approach the spirituality theme in health care, often generating bodily discomfort (tremor, sour, tachycardia) but that the patients, for the most part, approve of the subject being addressed. There was no precise information in the narratives about how much improvement there was in the quality of life of any patient in whom the theme was presented, but rather about satisfaction and gratitude for the theme having been discussed.

Discussion

The group discussions contributed to the participants' connection with their own spirituality, with several examples showing how the presence of spirituality helps in the care management of patients, besides being an important stimulus to self-reflection and a protective factor against burn out. It is important to emphasize that these meetings took place before the pandemic, so the discussion about burn out did not cover the experiences in the direct care of patients with Covid 19.

In one of the meetings it was discussed, based on several personal experiences of group members, how the presence of a pet can cause changes in the way of relating to others and to oneself, how it can improve the quality of life of the professional who deals with suffering, and how it can contribute to the improvement of symptoms in patients with cancer and dementia, from the experiences of a group member in a cuddly transitional hospital; in another moment, how daily finding human suffering changes the way family members care for patients, focusing on their wishes, values, and beliefs; also, how going through borderline situations with loved ones contributed to improving working relationships, making them more empathetic, more human, and, more compassionate. On the other hand, there were talks of significant emotional distress when faced with the death of loved ones or patients due to lack of self-care; this lack was evidenced in the difficulty in dividing professional functions, of a healthier routine with the practice of physical and/or contemplative activities, such as meditation, and even by the lack of recognition by the professional of the need for psychological support as a way to elaborate his/her suffering in caring for people in an advanced stage of illness and death right after that.

So, from these results, the question that can be asked is: what brings people together to create a group and study spirituality in Health? From statements like the ones transcribed above, one can see that regardless of the area chosen, every human being seeks something that defines him, completes him, makes him motivated. Everyone wants to belong to some group, to feel useful and offer their care. In other words, it is a way of assuming that every human being has a need and when that need is not met, some form of suffering arises.⁵

Dasch et al.⁶ cites that cancer patients expect their professionals to provide information about the disease and treatment in a respectful

and truthful way, but that the spiritual dimension is often neglected. Therefore, it is necessary that professionals seek to improve their care, encompassing a theme that can help in the practice of care by involving a dimension that has been neglected until now, which is the spiritual dimension. According to the following statements, one of the roles that a study group can play is to strengthen the bonds of solidarity among its members.

Participant C

“The group seeks to better understand the role of spirituality in the well-being and health of the elders. In my view, the subject gains special relevance in view of the growing life expectancy of the population, resulting from the advancement of technology and medicine, that make it possible to artificialize and maintain man’s biological life. The group focuses on the fact that man is not only composed of biological matter, and that he possesses a soul dimension that animates this biological matter and gives meaning to the existence of that body. To study and understand the spiritual dimension of man and its consequences on his well-being and on his physical and mental health, will hopefully enable society as a whole to give new meaning to living, aging, and even dying.

Participant E

“When I joined the group, I initially felt very honored to have been invited, which made my enthusiasm for the topic bounce back. I was prompted to look for related work in order to better ground my knowledge in the area. I had the opportunity to apply it to my relationships, which we discussed several times and I felt better prepared to approach my patients about the value of spirituality in our lives. Listening, thinking, and applying knowledge such as suffering, pain, forgiveness, compassion, finitude, and other related knowledge, it allowed for greater empowerment in my daily life.

“Participating in a group on this topic was an attempt to seek treatments for my wounds. To meet people with the same concerns and more, to notice in each of the wounds, so different and at the same time so the same as mine, has been rescuing me, making me reapproach and reconnect with the human being.”

Participant F

Teixeira & Lefevre⁷ precisely discuss spirituality with a group of elderly cancer patients. When these were accompanied by a multi-professional team that was not only focused on the disease, but on the meaning of the disease and its impact on the health team itself, they perceived a more engaged team, more welcoming, but aware that their professional role goes beyond treating the disease and its aggravations. The role of the medical team gains greater prominence when it works valuing other aspects of the human being, especially spirituality.

Whether it is for love, pain, survival, or also the feeling of belonging to a community, there is a driving force behind human desires, and this can be considered a way to understand the dimension

of spirituality. According to Chuengsatiansup,⁸ the scientific world understands the social and spiritual dimensions as indescribable and non-quantifiable dimensions of health. From assumptions of this world, the investigation of the field of existential experiences was not valued and even prioritized, since it cannot be examined objectively and thus the lack of common language among scientists when approaching spiritual life is noted.

Conclusion

The topic of spirituality in health is an essential and little explored topic by health societies. From an enthusiasm, the opportunity was created to leverage a group of interest in the area that, besides the capacity to expand scientific and cultural knowledge, it is probably one more bridge for each member to have the possibility to develop their sense of belonging, to contribute and leave a legacy, i.e., it can be the concrete expression of “experiencing” their own spirituality and sharing it with society. Consequently, a chance to improve the quality of care, and more, to delve into self-knowledge and thus one’s own quality of life, by involving a relevant theme, but of little practical insertion nowadays.

Acknowledgments

None

Conflicts of interest

The authors declare that there are no conflicts of interest.

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