

**SPIRITUALITY: A NECESSARY DIALOGUE BETWEEN HOSPITAL PSYCHOLOGY
AND THE MULTIDISCIPLINARY HEALTH STAFF IN THE INTENSIVE THERAPY
UNIT PATIENT CARE**

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Article Received on 02/09/2019

Article Revised on 23/09/2019

Article Accepted on 13/10/2019

ABSTRACT

This study focuses on the practice of spirituality by professionals of the multidisciplinary staff in patient's care at Intensive Care Units from the perspective of hospital psychology and health support, aiming to investigate the relevance of the practice of spirituality by the patient as an agent of well-being as well as for his family, with the support of the health staff engaged in this context of the Intensive Care Unit. This research is a literature review, mainly based on Camon, Boff, Koenig and Sebastiani researches on the practice of spirituality in patient care. We concluded that spirituality practice has proven benefits through various studies and works as an escape valve for the patient's suffering period, demanding the attention of the hospital's psychologist, who need to understand patient's feels and values, with the purpose of do not interfere with patient's beliefs and affect negatively their treatment.

KEYWORDS: Spirituality, patient's beliefs, Hospital multidisciplinary staff, Hospital Psychology.

INTRODUCTION

The present study aims to contest the following question: how can the practice of spirituality in the care of patients at the Intensive Care Units, with the help of hospital psychologists and the health multidisciplinary staff, contribute to the well-being of the patient? It is expected that the practice of spirituality in patient care can provide well-being to the patient and their family.

The relevance of this study can be inferred by the social and health relevance of spirituality experienced by Intensive Care Units patients, who mostly have a religion, and how health professionals and the hospital psychologists, helping these practices, can promote well-being to these patients. From an academic point of view, the consolidation of various experiences can determine better practices and important topics to be observed by the multidisciplinary health staff to attend patients and their families in their spiritual practices.

METHOD

This research corresponds to a qualitative bibliographic review, involving the interpretation of the spirituality phenomena through their intrinsic meanings, analyzing bibliographic sources as books and scientific articles, as well as content found on online scientific databases.^[1]

DISCUSSION

Psychologists working in the hospital environment often face situations denying to the patients one of the most valuable basic rights: the health in its entirety. This, theoretically a right for all, has become an advantage for the few people. The precariousness of the population's health in some places is certainly an aggravating factor that will generate contradictions, and will almost always require the psychologists to rethink their values.^[2]

Hospital Psychology has as its primary scope the attenuation of suffering caused by hospitalization. When other goals are achieved with the help of the psychologist's role interacting with the hospitalized patient, such as leading the patient to self-knowledge, self-growth, and cure of certain symptoms, they are supplementary to the process itself.^[3]

The psychologist involved in the hospital environment intends to guide the patient to search for ways of reducing and fight negative feelings that hospitalization brings. One of these channels can be found in spirituality. Spirituality is a dynamic existential dimension, which drives the conscious human being in his knowledge and vital choices, and which may (or may not) be related to religion.^[4] Puchalski^[5] describes

spirituality as: “each person's inherent pursuit of the ultimate meaning and purpose of life. This meaning can be found in religion, but it can often be larger than that, including the relationship with a divine figure or a transcendence, relationships with others, as well as the spirituality found in nature, art, and thought rational think. All of these factors can influence the way patients and health professionals perceive health and disease and how they interact with each other”.

Panzini and Bandeira^[6] defines spirituality as a sense of life, based on individual beliefs and values in the mark of a subjective view that influences personal behaviour and way of life. This way, spirituality is an individual search for answer existential questions, and may be or not related to the sacred.

Attributing a deeper meaning to spirituality, Boff^[7], considers it able to seize totalities and direct people through transcendental points of view which give meaning to life.

Hospital Psychology has defined spirituality as a collaborative way of fighting the diseases, as well helping to improve quality of life and in disease prevention by emphasizing healthy dimensions of human development.^[8]

Camon^[9] alleges that the hospital psychologists sometimes come across to his routine with spirituality and should not ignore it. The author asserts: “To deny such premises is to deny that we can reach levels of consciousness and transcendental evolution levels, regardless of the way we conceptualize such phenomena”.

Koenig^[10] addresses the following reasons for including spirituality in health care and explains the patients' spiritual needs: many patients are religious and their spiritual values assist in striking various life issues; Such values interfere with medical decisions, especially in the most serious situations. Spiritual beliefs and values are related to better health and quality of life; Many patients turn happy when talking about their spirituality. This author also affirms that some patients trust a God who is control of the situation or who may have allowed the disease for some reason. This belief brings support and comfort to the patient, decreases anxiety and raises hope. Thus, spiritual issues and their practices help control emotion during treatment and its aftermath. Koenig^[11] argues that patients with advanced cancer who have spiritual beliefs are more satisfied with their lives, happier and with less pain when compared to those who do not have spiritual beliefs. Research by the American Pain Society showed that prayer was the second most commonly used method for pain relief, following oral medications, and was also the most common non-drug-related method used against this symptom.

According to Breitbart^[12], 80% of patients in the final stage of their lives want to talk about spirituality issues with the health professionals around them. This need is closely associated with dignity in the process of dying, the pursuit of full existence and not just survival.

About the performance of the psychologist in this context, Pessini^[13] refers to the possibility of the professional to perform a “spiritual diagnosis”, developing the listening ability. It is essential to listen and understand, showing love and solidarity. Listening not only to what is spoken, but especially to what is not spoken and need not be said. Listening is creating an ambient where people feel free to share the meaning of their lives: their fears, hopes, sufferings, disappointments, and joys. It is essential to listen with the “ear of others”, seeking a return to the needs of the patient and not only the professional. It is important to respect one's personal and spiritual values and not to impose one's spiritual values at all. Propose yes, never impose, says the author.

Giovanetti^[14] cites Jung as one of the authors in the area of Psychology and Psychoanalysis who talks about spirituality with attention, rescuing the question of the souls in the psychotherapy. He deals with the transcendent function, which can be understood as an expansion of consciousness. There is an association between psychology and spirituality, which are complementary. The author emphasizes the importance of the therapist being comprehensive to the spirituality of the patient, being alert to the manifestations of the sacred in the reports, dreams and presented associations.

For Ancona-Lopez^[15], it is indispensable that the psychologist appreciates the experience brought by the patient, considers his spiritual experience, and not interfere with his expression of values and expectations. There is a close connection between spirituality and mental health, so it is essential to pursue personal and symbolic aspects of each patient's life. Psychologists should know and search for references to deal with the spiritual issue in patient follow-up. One cannot ignore the spiritual question; an open mind is needed to understand the metaphors and symbols presented by the patients.

Spirituality has benefits, but it can also generate complex situations depending on how the individual manage it. This is a reason for the psychologist's intermediation in order to not cause injuries or affect negatively the patient and his health treatment.^[6]

Sebastiani^[16] highlights the fact that the triad patient – family – health staff is involved in the same situation and therefore needs to be assisted by the psychologist, who intermediates issues related to spirituality among these components in the Intensive Care Unit.

Intensive Care Units are health facilities intended for the care of recoverable acute patients, but are also an extremely aggressive, tense and traumatizing environment and besides the critical situation in which the patient finds himself, there are other negative factors to his psychological structure, such as lack of adequate conditions to sleep, frequent therapeutic complications, family segregation, postulation of disease severity and life risk.^[17] Patients hospitalized in the Intensive Care Units in ICU may suffer certain psychic changes resulting from emotional, pharmacological factors among many others. Regardless of their origin, patients who undergo such changes demand psychological evaluation and follow-up. Sometimes patients become disoriented and may show impaired memory, confusion, unclear speech and perception, and delirium: “disturbance of cognition accompanied by a concomitant fundamental disorder of consciousness that is not due to pre-existing or evolving dementia”.^[18]

Intensive Care Units patient's emotional issues are most easily understood when they are aware and well-oriented, yet research shows that even if the patients are in a coma or bewildered, some stimuli, mainly affective, can make patient react and often when this patient returns to consciousness, can report what was felt.^[16]

According to the Brazilian Intensive Care Association^[19], the multidisciplinary staff operating in the Intensive Care Units is formed by professionals specialized in the monitoring of severe conditions. In this context, the role of the psychologist is highlighted as the professional responsible for monitoring patients in a state of consciousness, providing psychological support for them and their family, helping them about the fear of death, loneliness, sadness, among other feelings that come from this situation, besides mediating the relationship between family and Intensive Care Unit staff.

Sebastiani^[16] concludes that the psychologist must develop his psychological listening and perform interventions in the Intensive Care Unit with patients and families, to lighten suffering, anguish, and anxiety, and help on the matter of facing the death, so common in this environment. The role of the hospital psychologist should be based on the following aspects:

I-Integral care of the patient and his family, considering the health parameters of the World Health Organization.
II-Develop activities within an interdisciplinary view (physician, nurse, social worker, physiotherapist, biomedical, nutritionist, etc.) based on the integration of health services facing the interests of the patient and his family.

III-Enable the understanding and treatment of psychological (psychogenic) aspects in various situations, such as:

- a) Psychoreactive frameworks.
- b) Psychological syndromes.
- c) Psychosomatic disorders.
- d) Changing clinical conditions.

e) Morbid fantasies and anguish of death.

f) Anxiety regarding hospitalizations (diseases, evolution, medical release)

Following these precepts with Intensive Care Units patients, it is possible to obtain satisfactory results, as corroborated by most studies by stating that spiritual involvement achieves better health, quality of life, longevity, as well as lower depression and suicidal behaviour in the Intensive Care Units environment.^[16,20]

CONCLUSION

Psychology works in health institutions to act in the health-disease process and its psychological responses, also helping to manage the emotional demands for the patient – family – health staff triad. Thus, the psychologist has unquestionable importance on the sustenance of a patient's health, being a fundamental part of the interdisciplinary staff.

The hospital psychologist, analyzing individuals in their entirety, get along with the component of spirituality. Therefore, its presence between patients and family members cannot be ignored in the hospital environment, and the psychologist should act in this way to understand this question and work on it to alleviate the suffering of those involved. An appropriated relationship between the hospital psychologist, patient, patient's family and the health staff involving the various aspects of the patient's spirituality lead to a better quality of life of the hospitalized patient, as well as a better health evolution, quality of life, longevity, lower depression, and suicidal behaviour. Respect and a psychological help on the patient's spirituality must be a part of the palliative medical care, reinforcing the determination to face the disease and the most difficult times, greater security and hope, offering a better quality of life, even during the process of illness and hospitalization.

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