

Spirituality for Teaching Residence in Mental Health and Psychiatry

Espiritualidade Dirigida ao Ensino de Enfermagem da Residência em Saúde Mental e Psiquiatria

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REVISIA

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RESUMO

Objetivo: identificar a percepção dos discentes da disciplina de Espiritualidade aplicada à Enfermagem na residência de enfermagem em saúde mental e psiquiatria. **Método:** estudo descritivo-exploratório com abordagem quantitativa. A autopercepção foi medida em dois momentos, pré e pós conteúdo temático da disciplina “Espiritualidade e Religiosidade (E-R) aplicado a Enfermagem” a técnica das nuvens de palavras para análise das informações. **Resultados:** das onze discentes do sexo feminino, com idade de 27 anos (média), seis referiram ter orientação religiosa, citando o catolicismo, protestantismo, espiritismo e o sincretismo religioso, praticando além da religiosidade organizacional a não organizacional, por meio de jejum, oração, leitura das escrituras e livros religiosos, meditação e contemplação. Quanto aos significados à E-R, os mais representativos à primeira foram: algo interno, amor e autoconhecimento, e a segunda crença, dogma e oração. A partir da experiência de aprendizado nesta disciplina, a autopercepção acerca das competências ao cuidado espiritual em enfermagem demonstrou-se mais elevadas, de 37,7 para 68,8 no score total. **Conclusão:** a disciplina proporcionou um espaço dialético para um processo de ensino aprendizagem direcionado às competências ao cuidado espiritual; auxiliando em reflexões e mudanças no perfil para autopercepção acerca da E-R e suas práticas integrativas em enfermagem.

Descritores: Espiritualidade; Religiosidade; Enfermeiro; Educação em Enfermagem; Ensino

ABSTRACT

Objective: to identify the perception of students of the discipline of Spirituality applied to Nursing in nursing residence in mental health and psychiatry. **Method:** descriptive-exploratory study with quantitative approach. Self-perception was measured in two moments, pre and post thematic content of the discipline “Spirituality and Religiosity (R-R) applied to Nursing” the word cloud technique for information analysis. **Results:** of the eleven female students, aged 27 years (average), six reported having religious orientation, citing Catholicism, Protestantism, spiritualism and religious syncretism, practicing in addition to organizational to non-organizational religions, through fasting, prayer, scripture reading and religious books, meditation and contemplation. As for the meanings to E-R, the most representative of the first were: something internal, love and self-knowledge, and the second belief, dogma and prayer. From the experience of learning in this discipline, self-perception about the competences to spiritual care in nursing was higher, from 37.7 to 68.8 in the total score. **Conclusion:** the discipline provided a dialectical space for a teaching-learning process directed to the skills of spiritual care; assisting in reflections and changes in the profile for self-perception about the E-R and its integrative nursing practices.

Descriptors: Spirituality; Religiosity; Nurse; Education, Nursing, Teaching.

ORIGINAL

Introduction

The importance of spirituality and religiosity in health care practices has been investigated worldwide. The World Health Organization (WHO), reflecting the concept of health in the comprehensiveness of human beings, now includes spirituality as a fundamental element along with physical, mental and social well-being.¹⁻²

In the last decade there has been a significant scientific movement of health and social science researchers investigating the influence of spirituality and religiosity on people's quality of life. The results show a close relationship and need for improvement by health professionals, especially nurses who relate more intimately in the company of the sick.³⁻⁴

Understanding spiritual care is a form of understanding for nurses about coping with illnesses by their clients. However, efforts and investments in the care relationship are directed towards interventionist and technological measures aimed at health. Thus, with the focus on technology management and health care costs, comprehensive care has become a major challenge to be implemented.⁵⁻⁶

Because nurses spend more time with patients in direct care than any other healthcare provider in the hospital setting, nurses have a professional responsibility to take care of patients' spiritual needs. Still, many nurses are not experiencing this practice because they report barriers such as feeling uncomfortable discussing spiritual care, being unprepared to know their own spirituality, identifying the spiritual need of the patient and family, and then implementing the care of their own. holistic and integral nursing.⁷⁻¹¹

Given the above, this study aimed to identify the perception of students of the discipline of Spirituality applied to nursing in nursing residence in mental health and psychiatry.

Method

This is an exploratory and descriptive quantitative study, which took place in the second semester of 2018 during the course of Spirituality applied to nursing, with a 20-hour workload, from the Mental Health Nursing Residence, at the Psychiatry Institute in Clinics Hospital of the School of Medicine of the University of São Paulo (IPq - HCFMUSP).

The teaching-learning process, theoretical and practical, was permeated by thematic content encompassed by concepts of spirituality and religiosity, religions, nursing theories, systematization of nursing care and process, guidelines of the single health system and rights of health service users. about the completeness of care including the spiritual dimension. The practical activities were contemplated by case studies and nursing processes in relation to spirituality and health, inserted in the context of the clinical practice of students of residency in mental health, and visits to priestly leaders of different religious affiliations, in order to promote dialogues. guided by the problematization: "How can religion and the role of the religious leader help and be present to his followers who are in mental health treatments?"

For data collection an instrument was used, consisting of components: Demographic: gender and age; Spiritual and Religious: meaning attributed to

spirituality and religiosity, spiritual and / or religious beliefs and practices; Self-perception for spiritual and religious competence: self-perceived knowledge, skill and action about spirituality and religiosity applied to professional practice.

Each participant expressed the meaning (s) that added meanings to the concepts by means of one or more words / expressions described on cards and grouped in word clouds. This didactic strategy was performed on the first and last day of class, in order to promote a reflective and dialectical space about the inherence of the theme in relation to the professional practice of nurses.

Data gathering was performed in the second semester of 2018, with the signing of a free and informed consent form, as approved by the Ethics and Research Committees of the University of São Paulo School of Nursing and School of Medicine and by CAAE: 01855718.6.0000.5392, receiving favorable opinions. Data were operationalized in the Excel Program, analyzed and descriptively illustrated.

Results

A total of 11 female participants with an average age of 27 years were obtained, all attending disciplines of the 1st academic year of the mental health nursing residency.

When a religious or spiritual refers to religious affiliation, being a Catholic, a Protestant, a spiritualist, as well as the religious religious, with the practice of organizational religiosity (public, social, institutional). The others without organizational religious adherence claimed to believe in God and to live an intrinsic religiosity through practices such as fasting, prayer, meditation, contemplation, reading the scriptures and various religious books. From the total, only one mentioned being agnostic.

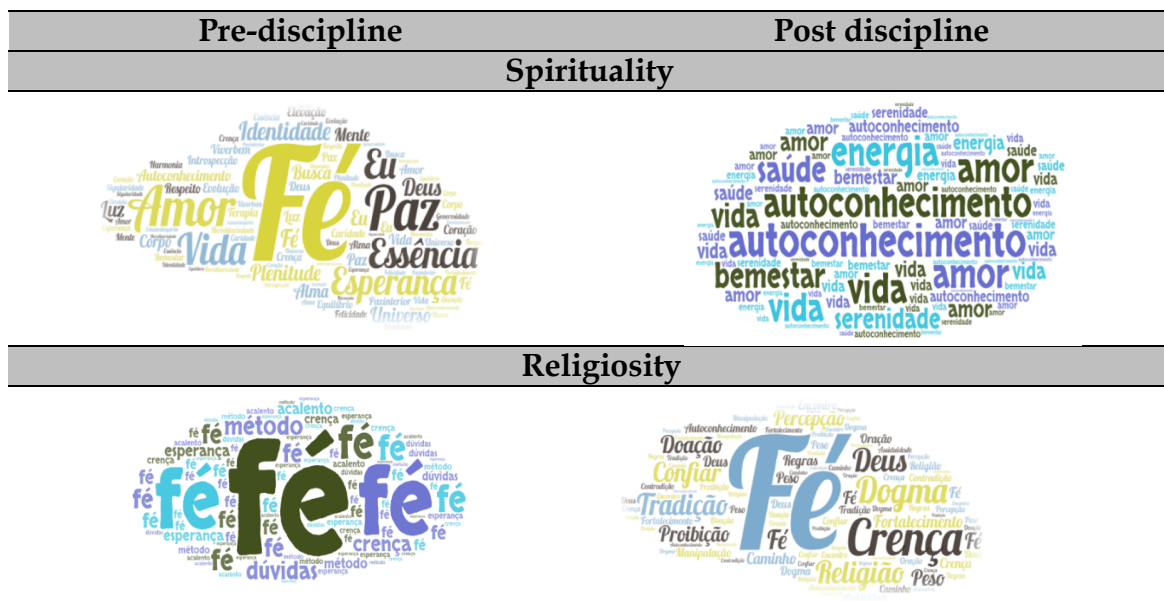
When approached about the theme, the group had been asked about the self-assigned meanings for spirituality and religiosity, according to their perceptions and life experiences. At the beginning of the discussion, all participants stated that they were “something internal” and “important”, respectively, for life and profession, but difficult to explain. Thus, it was observed an accessible environment to proceed to a dialogue in a deeper and more reflective manner, favoring clarification and coherence between the meaning of the discussion and the subject contemplated for the discipline. The different definitions attributed to the meanings of spirituality and religiosity, according to the students of the residence, can be observed in Table 1. To better reflect the change in students' perception after the discipline offered, the information was arranged through the word cloud method (Table 2).

Table 1. Definitions for the meanings of spirituality and religiosity, according to the students of the nursing residence in mental health. Sao Paulo, 2019.

Pre-discipline	Post discipline
Spirituality	
Love, self-awareness, well-being, meaning-seeking, charity, heart body, mind, soul, belief in something greater, God, elevation, energy, inner balance with outer, hope, human essence, fullness, inner self, important, faith , happiness, empowerment, generosity, harmony, heredity, identity, insight, light, inner peace, respect, health, sense, serenity, uniqueness, therapy, universe, life, live well, uniqueness, therapy, universe, life, live well	Love, self knowledge, well being, energy, respect, health, sense, serenity
Religiosity	
Attendance, Self-knowledge, Path, Confidence, Contradiction, Belief, God, Donation, Dogma, Encounter, Hope, Faith, Empowerment, Manipulation, Prayer, Perception, Regret, Rules, Religion, Tradition	Hurt, assiduity, way, belief, dogma, doubts, hope, faith, method, prayer, religion, tradition.

(*) Each student could assign more than one definition to the meanings

Table 2- Word cloud for the meanings of spirituality and religiosity, respectively, according to the students of the nursing residence in mental health. São Paulo, 2019.



In the assessment of self-perception for competence related to spirituality and religiosity (Table 3) in nursing care, this evaluation was divided into three categories (knowledge, skill, attitude / behavior) to stratify the different competences in the teaching-learning process carried out in nursing. discipline offered.

Note that in the three assessment categories, the score scores were positively changed, reflecting an impact on the acquisition of the content presented, and on the retention of learning. In this approach, the interaction with the concepts of spirituality and religiosity, as well as their relations with nursing attributions, covering factors of relevance to health, care and management of the profession in a holistic way.

When asked about the student moments about this approach, all participants reported not remembering exactly, but unanimously stressed that it was superficial; not getting focus on learning discussions. Still, they show that they understand that Spirituality is a component present and observed in patients, regardless of the different therapeutic priorities required.

Table 3- Self-perception about the competence to spirituality and religiosity. São Paulo, 2019

Competence to Spirituality and Religiosity	Discipline					
	Self-perception	1 st class day			10 th class day	
Knowledge	Self Perception Score					
	Mean	Min	Max	Mean	Min	Max
Spirituality and Religiosity Concepts	4.5	1	5	8.3	7	9.5
Beliefs in different populations	3.7	1	7	7.9	5	9
Own beliefs and their influences on the personal and professional life	5	1	10	8.7	8	10
Skill	Mean	Min	Max	Mean	Min	Max
Talking with the patient about spiritual and religious needs and the support of a religious leader / representative	3.7	1	5	8.3	6	9
Performing the patient's spiritual and religious anamnesis	2.8	1	5	7.7	5	10
Attitude/Behavior	Mean	Min	Max	Mean	Min	Max
Experience spiritual - religious practices and reflect on how they can interfere with patient care.	6.2	3	8	9.5	9	10
Respect diversity and spiritual experiences - religious express by patients	8.5	7	10	9.7	9	10
Perform the nursing process and the systematization of nursing care in the light of Spirituality - Religiosity	3.3	1	7	8.7	8	9

Self-perception assessment: score variation from 01 to 10

Discussion

The theme spirituality and religiosity, although not yet consolidated as an academic discipline in the vast majority of universities, over the years have been more present in disciplinary interfaces and promoting dialectical spaces for expansion of consciousness in line with the health phenomenon. However, this learning scenario is better elucidated in practical than in theoretical education during undergraduate.¹²⁻¹³ Resembling the findings of the present study, the authors demonstrate that nurses report feeling unprepared in relation to spiritual care, and came across the experience that requires the spiritual and religious approach demanded by the patient. In this sense, they understand that professional practice permeated by interpersonal relationships is what prepares them to deal with spiritual issues, emphasizing that this is an insufficient subject in academic education.^{9,12-13}

However, students express concerns about providing spiritual care based on insufficient knowledge and skill for such an approach, as well as fear and uncertainty about how to conduct such support and care.¹² The concerns are justified by the fact that many patients consider the approach of the meaning of spirituality and religiosity to health relevant, since the relationship with them reaffirm the meaning of life and coping with the existing challenges.⁹ In addition, in order to serve them, it is crucial to be prepared both in terms of knowledge and the sensitive skills required for spiritual care. Therefore, it is important to include disciplines that address this theme in the construction of knowledge to clinical practice.

Lenne and Pugina, when evaluating the relationship between the spirituality of nurses in relation to the care provided, verified the impossibility of dissociation between the personal self and the professional self, therefore, spiritual care takes into account the individual's personal experience.¹³

The positive variation in the self-perception assessment score in all its categories reflects the lack that many students have in relation to the theme of spirituality in the context of health care. Studies reveal that students express a lack of knowledge about spirituality¹⁴, on the other hand many authors state that there are already different ways in which nursing students can learn and understand spirituality¹⁵⁻¹⁸, such as case study analysis, self-reflective exercises on personal spirituality and nursing practices, group seminars among others.¹⁶

In fact, there are still challenges to be conquered in teaching, both the knowledge of concepts of spirituality¹⁴ and the ability to apply them in clinical practice.¹⁹⁻²⁰ are important aspects in order to support the professional in comprehensive patient care.

According to Giske, students who are self-aware of the aspects that permeate the spiritual dimension found themselves better not only in providing the spiritual care that patients needed, but were also more respectful in the nurse-patient interpersonal relationship. This particular fact shows how spirituality transcends the merits of an academic discipline and is incorporated as behavior that directly affects the quality of health care. Without scientific support for spiritual care, students tend to neglect this important aspect of holistic care, leading patients to miss the opportunity to receive full and complete care.¹²

Nardi and colleagues indicate that health care students need to receive

spiritual care education to better prepare them during care.²¹ And for students who had access to the knowledge of spiritual care, a positive impact was noted when this teaching was implemented in the clinical setting²²⁻²⁴, however, most of these studies used small samples and non-experimental designs that may influence the results reliability.

To prevent the method of teaching spiritual care from having a negative impact, students can learn the relationship of ethics associated with implementing spiritual care.²⁵ Another important aspect of spiritual care is its interaction with culture, as spirituality can produce different perspectives that manifest differently for each individual²⁶, so knowledge of different cultures, religious affiliations, customs and habits can contribute to a better care. humanized and integral.

Conclusion

Comprehensive health care that considers a more humanized and holistic approach is already a reality in some centers around the world, however, when assessing the level of knowledge of health students under the theme involving the subjective dimensions of health. human being, among them spirituality and religiosity, there is a great distance between their technical skills and their assistance application.

The inclusion of teaching in spirituality and religiosity still faces many challenges in its incorporation into the educational environment. Starting to introduce their competences and promote a dialogue between the pedagogical and health care spheres, especially nursing, is a start to think about proposals regarding implementation projects and public policy strategies aimed at population care.

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