

Spirituality in the Pandemic Context: What has Changed?

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Abstract

Spirituality can be defined as the search for the meaning of the meaning of life, being reached by situations, beliefs and values that transcend what is tangible, abstaining from what is material, allowing the individual to experience connections with something greater than their own existence itself. This study is configured in an integrative literature review, where it allows to relate the theme of spirituality with events during professional health practices in the context of the pandemic by Covid-19. Spirituality, during assistance in the pandemic period, allowed support and reception of patients affected by COVID-19, guaranteeing to the patient comprehensive care, also regarding the valorization of their beliefs and feelings, recognizing the importance of using this theme as a resource of great relevance, but with reduced applicability due to the lack of preparation of health professionals to meet the spiritual needs of patients, which expresses the lack of knowledge and information on the subject. The spiritual needs that exist in individuals need to be protagonists during care so that health professionals can offer patients alternatives to cope with health conditions.

Keywords: Spirituality; Pandemic; Health Care; Health Care Outcome Assessment

Introduction

Spirituality has gained a relevant space within the scientific context and its definitions and understandings have been the object of research within the numerous academic discussions, being undeniable that the spiritual dimension has become an important factor within the health-disease process, defined as the search for the meaning of the meaning of life, being reached by situations, beliefs and values that transcend what is tangible, abstaining from what is material, allowing the individual to experience connections with something greater than their own existence. The practice of spirituality may be directly associated with religiosity or not [1].

The spiritual dimension has established particular relationships with the illness process, resuming paradigms of health practices and providing the individuals involved with a genuine experience, both for the person being cared for and for caregivers and health workers, arising from this relationship interpersonal, the importance of building favorable environments for dialogue involving spirituality [2].

In the health-disease process, spirituality has represented the personal search for understanding the issues that involve life, health, illness and death. The relationship that exists between the sacred and health-illness transcends what many cultures believe and practice. Therefore, the practices of spirituality may or may not lead to the development of religious practices [3].

Religion is defined as an organized system of dogmas, beliefs, practices, rituals and symbols designed to facilitate the individual's proximity to the sacred or the transcendent. Religiosity, in turn, represents the most basic level of religion, being characterized because the individual believes, follows and practices a certain religion [4].

Research shows that religious and spiritual beliefs influence the coping with different situations that involve comorbidities and other diseases. The pandemic context established a direct relationship between the individual and what cannot be understood, bringing to light the idea that it is difficult to ignore the spiritual needs of patients and family members, making it imperative that health professionals obtain a spiritual history of the patient. patients and their families [5].

During the care of patients who live with unknown infectious diseases, chronic comorbidities or palliative care, there are several aspects to be considered during health care. Spirituality manifests itself as an urgent need for health within larger contexts, such as a pandemic or palliative care, as it represents calm to the unknown. From this need, it is necessary to distinguish what is spirituality and religiosity, since they are terminologies used in daily life as synonyms and, therefore, can be confused, both by those who experience the illness process and by family members and health professionals [6].

Spirituality, at the time of the SARS COV-2 pandemic, established strong dialogues between coping with the disease and improving the well-being of patients affected by the disease. Spirituality was seen as an alternative in the treatments established in order to minimize the suffering resulting from the difficulties encountered or to obtain greater hope of cure with the treatment. The contributions of spirituality to the care provided by the multiprofessional health team include benefits such as control of body, mind, spirit and social symptoms that affect the human being who is facing an unknown infectious disease [7].

The practice of spirituality promotes, for the individuals involved, a support through what is intangible, manifested through faith, prayers and other religious practices. Confidence in something superior experienced by spirituality allows individuals to better cope with difficulties, giving meaning to life and resolving adversities. The pandemic brought to the experience of health professionals the evidence about the importance of spirituality in the lives of patients, both for guaranteeing the quality of life, recovering the clinical condition and coping with diseases during the hospitalization period [8].

The spiritual dimension integrates one of the individual's biopsychosocial aspects within the therapeutic environment. It integrates and is part of people's lives also in the search for answers, in the relief of suffering and in the search for motivation. This study discusses how spirituality has contributed and changed positively in the pre and post pandemic, and how its response influences psychological well-being, life satisfaction, longer life expectancy and better health for the individuals involved.

Materials and Methods

This study is configured in an integrative literature review, where it allows to relate the theme of spirituality with events during professional health practices in the context of the Covid virus pandemic-19. Identifying the existing conformities between the assistance offered in health services during the pandemic and the literature, discussing the questions that drive scientific research. As a methodological

trajectory, this study followed four stages: choosing the topic of interest, elaborating the research question, establishing the inclusion and exclusion criteria, reading and analyzing the information obtained through the selected studies. Descriptors and databases to be searched were selected. The descriptors were included by consulting the Health Sciences Descriptors (DeCS), available at the Virtual Health Library.

As a research question for this study, we chose: How did spirituality contribute to coping with the COVID-19 pandemic? The survey of articles was carried out in October 2020; as research strategies, the Health Sciences Descriptors (DeCS) were used: spirituality and health care. To carry out the bibliographic survey by means of electronic search, the following databases available in the Virtual Health Library were chosen: Latin American and Caribbean Literature in Health Sciences (LILACS), USA National Library of Medicine (MEDLINE/PubMed) and Bibliographic Index Español de Ciencias de la Salud (IBECS) and in the electronic library Scientific Electronic Library Online (SciELO). The descriptor (spirituality) AND (Health Care) was associated with the search, resulting in 1,735 works, then selected research filters were applied, as the main subject: Spirituality; Religious Assistance; Quality of life; Religion and Medicine; Attitude of Health Personnel; Attitude to Health; Holistic Health; Health Assistance; Caregivers; Spiritual Therapies; Health Personnel, totaling 1,350 studies. Then, time filters were applied with a publication interval between the years 2015 and 2020, resulting in 346 studies at the end.

As for the inclusion criteria, complete articles were available, available electronically, in Portuguese and Spanish, from January 2015 to October 2020, and that presented the theme proposed in the title, abstract or descriptors. Exclusion criteria were: letters to the editor, case reports, editorials, duplicate articles, published in other languages, with the exception of Portuguese, English and Spanish, prior to 2015 and those that did not directly address the proposed theme. The identified studies were pre-selected by reading the title, summary, keywords or descriptors and year of publication, totaling 21 studies at the end of the search for reading and discussion.

Results and Discussion

Spirituality is considered by many researchers as a resource for understanding oneself as a human being, being fundamental for coping with different situations, among them suffering and anguish. Spiritual practices involve a dynamic force that arises from within individuals and that helps to give meaning to personal life, history and reality. The transcendental force that governs the principles of spirituality may be related to a reality or religiosity experienced by individuals and may provide some hope for those who suffer or helping in life and in the awareness of finitude [9].

Spirituality is conceptualized as the search for meaning for life, expressed through a state of connection of the individual with himself, the intrapersonal call, the connection of the individual with others through interpersonal relationships, the connection with nature and with the meaning of the sacred through what is transpersonal. Through these conditions, spirituality becomes an important coping resource, in the face of situations considered difficult [10].

The assistance provided by the health team during the pandemic context showed great important aspects about coping with diseases within an unknown reality, some behaviors, anxieties, suffering, fear and pain, crossed the trajectory of many hospitalized individuals, in this sense, spirituality it came as a mantle, a palium, so that patients and family members would feel more loved, welcomed and received by the team, seeking in faith or in something transcendental the improvement for their health conditions [11].

Many questions about the benefits of spirituality can lead to reflections on religious behaviors, dogmas and beliefs. Religiosity and the manifestations of spirituality represent relevant aspects in the health and in the other perspectives of the individual. In the pandemic context, the experience of the practice of spirituality allowed an observation in the transformation of health care paradigms, making the pathophysiological and curative approach, still existing, in a biopsychosocial and humanized perspective, which sees the spiritual needs of patients as a complementary and of the individual's physical and psychological aspects [12].

Spirituality during assistance in the pandemic period allowed support and reception of patients affected by COVID-19, guaranteeing the patient comprehensive care, valuing their beliefs and feelings. Based on this premise, health professionals have an important role in

promoting, for the patient, comfort in coping with diseases, providing the search for meaning in their lives through spirituality. In facing the pandemic, research has shown that spiritual beliefs have influenced this process, making spiritual aspects increasingly necessary for the care of these people [13].

The integrality of health care allows the individual to be valued and assisted in its entirety, therefore, it is necessary to have a complete and holistic view of health so that it provides care in all dimensions of patients, including religious and spiritual issues, which can positively bring results to the treatment offered and coping with the health situation [14].

Spirituality practices have been associated with situations of improvement in people's health and well-being. Emotional comfort, through spirituality during the pandemic, brought to patients, family members and health teams, an improvement in health, altering the pessimistic and somber perception of the disease. The positive contributions that exist between health and spirituality bring, to the interpersonal relationship between the multidisciplinary team and patients, a strengthening of care trust, facilitating coping with the disease, reducing the adversities imposed by the pathological condition, favoring therapeutic resolution and reducing negative experiences caused by the disease [15].

The sufferings experienced by patients and family members during the pandemic context can be reduced with spiritual and religious practices, regardless of the clinical condition of the disease. Spirituality can also influence the way individuals face health problems, providing physical and mental well-being, based on the understanding of each person's spiritual being. The patient's spiritual history can develop better health care practices, supporting comprehensive, holistic and humanized health care [16].

The dilemma behind the scenario of a pandemic caused by an unknown etiologic agent is reflected, on several occasions, in professional health care. Through spirituality, the work of health professionals can bring tranquility to patients, giving new meaning to the actions provided in health services. In a pandemic, health professionals experience a tense, frightening environment, surrounded by worry, pain, anguish and questioning. Through spiritual practices the professional can establish a real meeting with the patient's needs [17].

There are many aspects that underlie health practices and the care offered by professionals can vary depending on the reflection and acceptance of spirituality. One of the greatest paradigms of health care is the spiritual dimension that undoubtedly makes up people's lives in the search for answers, in the relief of suffering and in the search for motivation. The health worker, through spiritual and religious practices, can understand that taking care of people is a human experience, and, therefore, needs to take care beyond what can be visible or palpable [18].

Health care depends on how assistance to patients and family members is being conducted, in addition to pain management and other symptoms, the provision of psychological, social and spiritual support are essential to achieve the best quality of life for individuals [19].

In this perspective, spirituality can generate what is commonly defined as resilience. This resilience, in the pandemic scenario, can promote a form of positive strategy to face the challenges of each patient in the face of their diagnosis and, at that moment, the patient himself can attribute meaning to his health-disease process, holding on to faith and spirituality to relieve suffering and pain, obtaining greater hope/expectation of healing during treatment, confrontations that are acquired in social life [20].

Religiosity and spirituality enhance human beliefs about what is intangible and what can happen in the future. As a result, they can bring, as a result, hope, strengthening and balance to patients, motivating them to a greater fight for life and time for acceptance and coping with the disease. The faith manifested in these situations, appears as a point of satisfaction and comfort for different moments in life, becoming an important ally to people who suffer [21]. The pandemic caused by COVID-19 brought humanity closer to death and to the appreciation of life. The imminent risk of acquiring a disease with a variable and unknown prognosis made life precious for individuals.

This scenario transformed health care practices, enabling the development of actions aimed at the complete and holistic individual. Spirituality appears, in this context, as an outlet and explanation for human existence and, therefore, values it [22].

Conclusion

It is important to recognize that spirituality is a therapeutic resource of great relevance in health care for patients, especially those affected by COVID-19, an extremely new and unknown disease. Its recognition, however, as well as its applicability as a therapy, continues to be neglected by health professionals, due to the lack of preparation, which expresses the lack of knowledge and information about the subject.

New research, debates and investigations need to be made on spirituality as a therapeutic strategy for different situations of coping with the disease, in order to generate subsidies so that professionals can offer comprehensive, humanized and holistic care.

The spiritual needs that exist in individuals need to be protagonists during care so that health professionals can offer patients alternatives for the hostile coping with health and living conditions. Spirituality can promote meaning for existence, hope, forgiveness, love, transcendence, connection with others, with God and with the sacred, not limited to the health-disease process, contributing to the improvement of patients' lives.

Conflict of Interest

Declare no financial interest or any conflict of interest exists.

Bibliography

1. Moreira-Almeida Alexandre and Lucchetti Giancarlo. "Overview of research in science, health and spirituality". *Science and Culture* 68.1 (2016): 54-57.
2. De Carvalho Ferreira., *et al.* "Health education and spirituality: a transversality proposal from the student's perspective". *IJHE-Interdisciplinary Journal of Health Education* 1.1 (2016).
3. Evangelista Carla Braz., *et al.* "Spirituality in patient care under palliative care: A study with nurses". *Escola Anna Nery* 20.1 (2016): 176-182.
4. Mercês Pablo Luiz Santos Couto., *et al.* "Alba Nunes (Spirituality and religiosity in health care: integrative review)". *Cogitare Sick* 24 (2019): e58692.
5. Lemos Carolina Teles. "Spirituality, religiosity and health: a literary analysis". *Caminhos-Revista de Ciências da Religião Magazine* 17.2 (2019): 688-708.
6. Evangelista Carla Braz., *et al.* "Palliative care and spirituality: integrative literature review". *Revista Brasileira de Enfermagem* 69.3 (2016): 591-601.
7. Tavares Cassia Quelho. "Dimensions of care from the perspective of spirituality during the pandemic by the new coronavirus (COVID-19)". *Journal Health Npeps* 5.1 (2020): 1-4.
8. Dos Santos., *et al.* "The process of dying and dying patients with COVID-19: A reflection in the light of spirituality". *Cogitare Nursing* 25 (2020).
9. Vilela Renata Prado Bereta. "Spirituality and nursing care: a critical analysis". *CuidArte, Aide* (2017): 147-149.

10. Inoue Martins Thais., *et al.* "Spirituality and/or religiosity and health: a literature review". *Journal of the Health Sciences Institute* 35.2 (2017): 127-130.
11. Scorsolini-Comin Fabio., *et al.* "Religiosity/spirituality as a resource in coping with COVID-19". *Nursing Journal of the Midwest Of Minas Gerais* 10 (2020).
12. Crepaldi Maria Aparecida., *et al.* "Terminality, death and mourning in the COVID-19 pandemic: emerging psychological demands and practical implications". *Psychology Studies* 37 (2020).
13. De Lima Brandão Juliana., *et al.* "Spirituality and Religiosity in the context of comprehensive care: reflections on comprehensive health care and nursing". *Research, Society and Development* 9.10 (2020): e5499108780- e5499108780.
14. Figueiredo Maria do Carmo Clemente Marques., *et al.* "Humanized care for critically ill patients: an integrative review". *Revista Saúde and Ciência Online* 7.1 (2018): 94-101.
15. Hott Miranda Cardoso Márden. "COVID-19: spirituality harmonizing mental and physical health". *Journal of Health and Biological Sciences* 8.1 (2020): 1-3.
16. Pereira Mara Dantas., *et al.* "The COVID-19 pandemic, social isolation, mental health consequences and coping strategies: an integrative review". *Research, Society and Development* 9.7 (2020): e652974548-e652974548.
17. Teixeira Carmen Fontes de Souza., *et al.* "The health of health professionals in coping with the Covid-19 pandemic". *Science and Public Health* 25 (2020): 3465-3474.
18. Santos Bianca Marques dos., *et al.* "The perception of nursing students about humanized care: integrative review". *Revista Brasileira de Enfermagem* 71 (2018): 2800-2807.
19. De Souza Carvalho Ana Luisa., *et al.* "Professional performance in the face of the COVID-19 pandemic: difficulties and possibilities". *Research, Society and Development* 9.9 (2020): e830998025-e830998025.
20. Esperandio Mary Rute Gomes., *et al.* "Religious/Spiritual Coping in the ICU Room: Reflections on the Integration of Spirituality in Health Care". *Interactions* 12.22 (2017): 303-322.
21. Soratto Maria Tereza., *et al.* "Spirituality and resilience in cancer patients". *Health and Research* 9.1 (2016): 53-63.
22. Castañeda Raúl Fernando Guerrero., *et al.* "Care of self and spirituality in times of contingency by Covid-19". *Cogitare Nursing* 25 (2020).

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