

NURSING: SPIRITUAL CARE FOR CANCER PATIENTS AN INTEGRATIVE REVIEW

ENFERMERÍA: CUIDADO ESPIRITUAL DEL PACIENTE ONCOLÓGICO REVISIÓN INTEGRADORA

ENFERMAGEM: CUIDADO ESPIRITUAL DO PACIENTE ONCOLÓGICO REVISÃO INTEGRATIVA

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Objective: to analyze the spiritual Nursing assistance provided to cancer patients, from the Palliative Care perspective. **Method:** an integrative literature review was conducted in six databases, namely: Redalyc, Science Direct, BVS, Scielo, PubMed and Google Scholar. All materials were published between 2018 and 2022. The data were collected from August to November 2022 following the PRISMA method. **Results:** a total of 14 publications were included. Their text analysis allowed elaborating four main topics: Respect for the patients' religious beliefs and spiritual needs; Spiritual Nursing care provided as comfort, companionship and communication; Promoting a search for the meaning of life and acceptance of the life-death process; and Barriers or gaps hindering the implementation of spiritual care. **Conclusion:** the study verified how important the spiritual dimension is while caring for cancer patients and that it is necessary to foster the inclusion of a spiritual approach in the everyday care practices for these patients.

Keywords: Nursing assistance. Palliative Care. Spirituality. Neoplasms. Nursing.

Objetivo: analizar el cuidado espiritual de enfermería realizado con pacientes oncológicos, desde los Cuidados Paliativos. Método: se realizó una revisión integradora de la literatura, utilizando seis bases de datos: Redalyc, Science Direct, BVS, Scielo, PubMed y Google Académico. Los textos fueron publicados entre 2018 y 2022. La recopilación de datos se realizó de agosto a noviembre de 2022, siguiendo el método PRISMA. Resultados: fueron incluidas 14 publicaciones, cuyo análisis textual permitió la elaboración de cuatro temas principales: Respeto a las creencias religiosas y necesidades espirituales del paciente. Cuidado espiritual de enfermería concretado como confort, acompañamiento, comunicación. Promover la búsqueda del significado de la vida y la aceptación del

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proceso vida-muerte y Barreras o brechas para implementar el cuidado espiritual. Conclusión: el estudio comprobó lo importante que es la dimensión espiritual durante la atención a pacientes oncológicos y que es necesario fomentar la inclusión del enfoque espiritual en las prácticas de cuidado cotidiano del paciente oncológico.

Descriptores: Atención de Enfermería. Cuidados Paliativos. Espiritualidad. Neoplasias. Enfermería

Objetivo: analisar o cuidado espiritual de enfermagem realizado com pacientes oncológicos, a partir dos Cuidados Paliativos. Método: revisão integrativa da literatura, utilizando seis bases de dados: Redalyc, Science Direct, BVS, Scielo, PubMed e Google Scholar. Os textos foram publicados entre 2018 e 2022. Os dados foram coletados de agosto a novembro de 2022, seguindo o método PRISMA. Resultados: foram incluídas 14 publicações, cuja análise textual permitiu a elaboração de quatro temas principais: Respeito às crenças religiosas e necessidades espirituais do paciente. Cuidados espirituais de enfermagem realizados como conforto, acompanhamento, comunicação. Promover a busca pelo sentido da vida e a aceitação do processo vida-morte e Barreiras ou lacunas para implementação do cuidado espiritual. Conclusão: o estudo confirmou a importância da dimensão espiritual durante o cuidado ao paciente oncológico e a necessidade de promover a inclusão da abordagem espiritual nas práticas cotidianas de cuidado do paciente oncológico.

Descritores: Cuidados de Enfermagem. Cuidados Paliativos. Espiritualidade. Neoplasias. Enfermagem

Introduction

The last few years have witnessed an increase in life expectancy and in the incidence of end-stage chronic diseases like cancer in the population⁽¹⁾. It is currently estimated that around 10 million people require end-of-life Palliative Care (PC) in the entire world, reason why it has turned into an important topic for public health^(2,3). In 2020, *Global Cancer Statistics* reported that there were 19.3 million new cases and almost 10 million deaths due to this pathology at the global level, whereas Latin America and the Caribbean had 1.4 million deaths⁽⁴⁾; in addition, the disease represents one of the main causes of death in Peru⁽⁵⁾.

PC is defined as holistic care for patients with problems associated with likely fatal diseases and includes preventing and reducing suffering through early screening, appreciation and therapy targeted at pain and at other physical, spiritual, psychological and social complications. In addition, it promotes dignity and Quality of Life (QoL) in patients affected by a disease with no therapeutic possibilities and in their family members, in an attempt to mitigate problems and symptoms to alleviate suffering^(6,7).

From the PC perspective, humanized, comprehensive and individualized care becomes essential both for the patients and for their family members^(8,9). This specialized approach

allows people to face death and highlights the importance of the care quality provided to the patients regarding their physical, psychological, social and spiritual needs⁽¹⁰⁾. In this setting, care becomes an intrinsic facet of human condition, when establishing the relevance of Nursing assistance in each life stage, even during the transition-to-death process⁽¹¹⁾.

In PC, the spiritual assistance provided to a patient is important due to their frailty when facing the proximity of death and fear of the unknown⁽¹²⁾. Human beings' spirituality is multidimensional and complex, in addition to implying several human meanings, purposes and values; it not only encompasses religiousness but also hope and a search for deep meaning in life experiences, values, attitudes, practices and feelings towards oneself, the environment and the sacred. The confluence of these factors reflects the spirit of living, or spirituality^(13,14).

Spiritual assistance is considered as one of the fundamental pillars in the provision of high-quality PC⁽¹⁵⁾ and is crucial for patients with cancer-related problems⁽¹⁶⁾. From this approach, spiritual care can help discover meanings and purposes in life, maintain hope, manage the disease symptoms and strengthen the connection "with oneself, with the others and/or with a superior being or nature" during the disease process⁽¹⁷⁾.

Nurses play a fundamental role in appreciating spiritual needs when they provide this type of care to the patients and their family members from hospitalization, diagnosis and treatment of cancer until reaching the final life stage. Various studies and publications have emphasized the relevance of spiritual assessments to acknowledge religious affiliations, spiritual strengths and possible spiritual distress sources^(17,18).

Other sources address spiritual Nursing care considering that it is grounded on a significant relationship with the patients that require PC and that they should be offered physical companionship, willingness for active listening and compassionate support during the entire process preceding death⁽¹⁹⁾. The purpose of these ways or modalities of caring is to value each patient's needs, considering their culture, beliefs and spiritual needs⁽²⁰⁾. Spiritual Nursing care is enjoying increasing recognition, and other studies have focused specifically on holistically meeting not only cancer patients' needs⁽²¹⁻³⁴⁾ but also their caregivers⁽²³⁻²⁵⁾, in order to improve QoL and face death.

In this study, and as part of their professional development, nurses should be properly trained to meet PC patients' needs in a holistic and humanized way through spiritual care measures that guarantee dignified death and effective management of the physical, psychological and social symptoms, all with the purpose of improving their quality of life^(35,36). It is there that the relevance of this integrative review lies, which seeks to analyze the spiritual Nursing assistance provided to cancer patients, from the Palliative Care perspective.

Method

An integrative review study conducted in six stages, with the following predefined protocol to delimit it: formulating the guiding question; establishing criteria for inclusion, exclusion and the bibliographic search; defining the information extracted from the studies selected; evaluating the studies included; interpreting the results; and presenting the review⁽³⁷⁾. The following guiding

question was defined for the study: How is spiritual Nursing assistance provided to cancer patients, from the Palliative Care perspective?

Descriptors in Health Sciences (*Descritores en Ciencias de Salud*, DeCS) were selected for the systematized search in this study. The bibliographic survey was conducted in 6 available databases, namely: *Biblioteca Virtual en Salud* (BVS); *USA National Medicine Library* (MEDLINE/PubMed); *Scientific Electronic Library Online* (SciELO); *Redalyc*, *Science Direct* and *Google Scholar*. The exhaustive search strategy applied to the literature was defined in all databases through the following crossings: Atención de Enfermería AND Cuidados Paliativos AND Espiritualidad; Nursing Care AND Hospice Care AND Spirituality; (Nursing Care AND Hospice Care) AND "Spirituality".

The inclusion criteria established for this review were as follows: original articles; full-texts in electronic format; published in their entirety in Portuguese, English and Spanish from August 2018 to September 2022; and including the topic proposed in their title, abstract and descriptors. The exclusion criteria were the following: letters to the editor; case reports; editorials; theses; literature reviews; duplicates; articles published in other languages; materials from before 2018; and studies not directly addressing the topic proposed with cancer patients.

The *Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA) instrument⁽³⁸⁾ was used for the process to search and select the studies, as can be seen in Figure 1. While systematizing the information collection process, a matrix Form for the registration of articles was applied, created in *Microsoft Office Excel* 2013 and comprised by the following data: title of the article; author; publication year; objective⁷ purpose; method; questionnaires/instruments; sample; measurement; analysis; results; conclusions; gaps; source; and comments. The content analysis technique was used to analyze and interpret the results.

In relation to the ethical aspects pertinent to this research, authorship of all the studies used in preparing the integrative review was preserved;

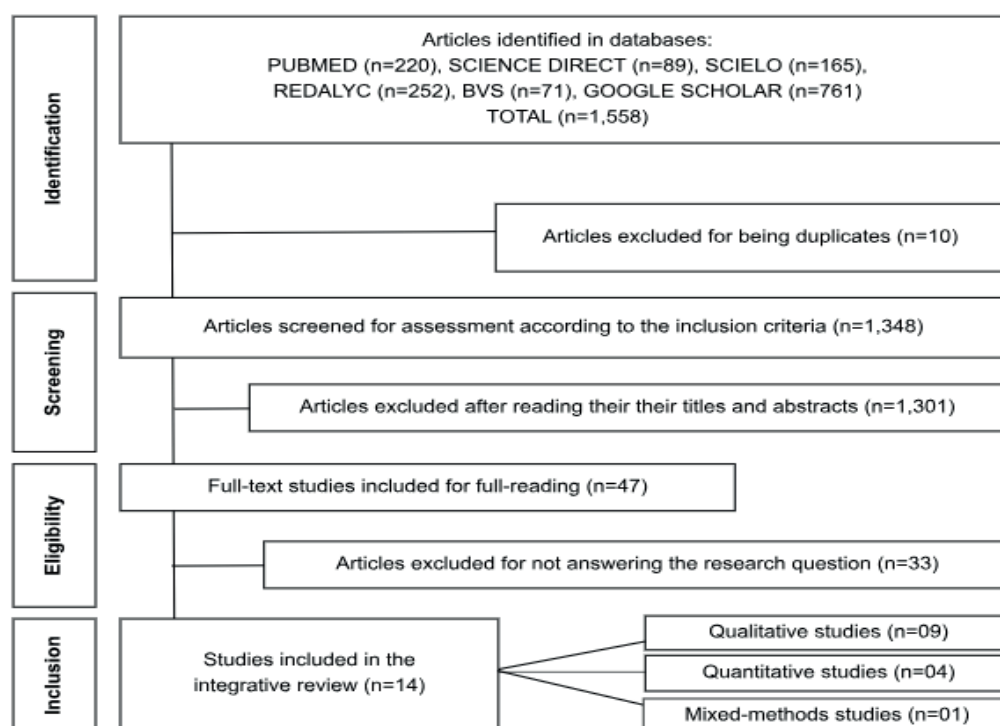
in addition, all materials can be cited. For being a review survey, it was not necessary to submit this study to any Research Ethics Committee.

Results

The result after conducting the search in various databases was 1,558 publications,

excluding 210 of them due to duplication. After analyzing their titles and abstracts, 47 studies were selected; subsequently, their content was read in full and 14 met the inclusion criteria for the current review, as presented in Figure 1.

Figure 1. Diagram showing the process to select studies for the Integrative Literature Review. Trujillo, Peru-2022.



Source: The authors.

The characteristics of the articles selected and some bibliometric indicators are presented in Table 1. A time clipping corresponding to the

last five years was delimited in the bibliographic search. The prevalent language was English (10 articles) and 04 articles were published

in Portuguese and English. Of all the articles selected, 09 follow a qualitative design, 04 are quantitative and 01 is a mixed-methods study.

The sample size found in the research studies ranged from 04 to 770 participants.

Table 1: Characteristics of the articles selected for the integrative review.

(continued)

AUTHORS/ YEAR	JOURNAL	COUNTRY	STUDY DESIGN	OBJECTIVES	RESULTS
Loza, J., 2022 ⁽²¹⁾	Revista Científica de Salud UNITEPC	Bolivia	Qualitative	To recognize nurses' perceptions regarding the spiritual needs catered for in the case of cancer patients and their repercussion on care according to how they were met.	All the Nursing professionals considered that spiritual care is relevant to preserve the cancer patients' satisfaction levels and promote a search for the intrinsic resources that will allow them to face their current reality, contribute to the treatment and optimize their ability to relate to others.
Zumstein-Shaha, M., Ferrell, B. and Economou, D., 2020 ⁽²²⁾	European Journal of Oncology Nursing	USA and Switzerland	Qualitative	To explore nurses' reports regarding the patients' spiritual needs.	The following was identified in the nurses' perspectives in relation to the patients' experiences: resorting to religion/spirituality to fight against the disease; the search for meaning; and accepting the disease. The nurses acknowledged the challenge implied in addressing spirituality and/or religion; with their experience, they developed ways to talk, provide spiritual assistance to the patients and reflect on spirituality/religion, which exerted a profound impact on their own lives and enabled their personal growth.
Nehmé, M., Desbiens, J. and Gagnon, J., 2020 ⁽²³⁾	Recherche en Soins Infirmiers (RSI)	Lebanon	Qualitative	To understand nurses' praxis in Oncology PC during the final life stages in an interdisciplinary team.	The results coincide with the importance of spiritual companionship for patients and their families, respecting their cultural and religious beliefs. Assessing the spiritual needs helps understand and respond to the needs stated by the patients.

Table 1: Characteristics of the articles selected for the integrative review.

(continued)

AUTHORS/ YEAR	JOURNAL	COUNTRY	STUDY DESIGN	OBJECTIVES	RESULTS
Ratshikana-Moloko, M., et al., 2020 ⁽²⁴⁾	Journal of Pain and Symptom Management	Soweto-South Africa	Quantitative	To identify religious and spiritual care needs in end-stage cancer patients on PC and to value the repercussions of being provided religious and spiritual assistance on the death place and on the patients' quality of life.	The patients that were provided religious and spiritual assistance reported less pain, resorted less to morphine and had more chances of dying at their homes than those who were not provided such care.
Vega, M., 2020 ⁽²⁵⁾	Revista de Enfermería y Humanidades: Cultura de los Cuidados de la Universidad de Alicante	Chiclayo-Peru	Qualitative	To elucidate care in spiritual support, the comfort measures and the kindness provided to cancer patients in advanced stages of the disease, according to the perceptions of Nursing professionals and family caregivers in a hospital from Chiclayo, Peru.	Providing spiritual support to alleviate suffering by fostering faith and religious beliefs, prayer, respect and hope stands out, summoning the participation of a religious minister or priest for the end-of-life rituals.
Bar-Sela, G., et al., 2019 ⁽²⁶⁾	Palliative & Supportive Care	14 Middle East countries	Quantitative	To study barriers that hinder the provision of spiritual assistance in a new cultural context and to analyze a new subgroup with "unrealized potential" to improve how spiritual care is provided.	The results showed that they value spiritual assistance but that they failed to provide it to their most recent patients because they consider having limited personal sense of spirituality ($p < 0.001$) and for not having undergone due training. The barriers perceived were lack of time, absence of a private space and inadequate training.

Table 1: Characteristics of the articles selected for the integrative review.

(continued)

AUTHORS/ YEAR	JOURNAL	COUNTRY	STUDY DESIGN	OBJECTIVES	RESULTS
Siler, S., Mamier, I., Winlosw, B. and Ferrell, B., 2019 ⁽²⁷⁾	Oncology Nursing Forum	California- USA	Qualitative	To explore Oncology and Palliative Care physicians' perspectives regarding the current challenges and facilitating factors to meet lung cancer patients' and family caregivers' needs.	The factors that ease addressing the spiritual needs are as follows; support from the interprofessional team; assessment of the spiritual needs; spiritual support for the interventions; and provision of culturally- respectful spiritual assistance. The challenges to meeting the patients' and family caregivers' needs were related to barriers to providing spiritual care and advocating for the patients' wishes.
Fitch, M. and Barlett, R., 2019 ⁽²⁸⁾	Asia-Pacific Journal of Oncology Nursing	Canada	Qualitative	To better understand the patients' points of view about spiritual assistance and the health professionals' role in the provision of such care.	The individuality inherent to spirituality was highlighted; spiritual distress is about separation from God and their beliefs; spiritual assistance is about connecting with the spiritual community; and the conversations about spirituality should be adapted to each patient's beliefs.
Silva, L., et al., 2019 ⁽²⁹⁾	Enfermagem Referência	Brazil	Quantitative	To verify if advanced cancer patients on PC resort to spirituality / religiousness and social help to face their disease, and to compare how they use them to improve their quality of life.	Resorting to religiousness/ spirituality and social support was unanimous. The presence of a relative as main caregiver was significant ($p=0.014$) and a predictor of better quality of life.

Table 1: Characteristics of the articles selected for the integrative review.

(continued)

AUTHORS/ YEAR	JOURNAL	COUNTRY	STUDY DESIGN	OBJECTIVES	RESULTS
Ichihara, K., et al., 2019 ⁽³⁰⁾	Palliative & Supportive Care	Japan	Quantitative	To acquire previous knowledge for designing a randomized controlled trial with the purpose of elucidating the repercussions of spiritual care using the Spiritual Pain Assessment Sheet (SpiPas) instrument.	Spiritual assistance by using SpiPas (Spiritual Pain Assessment Sheet) was helpful to improve advanced cancer patients' spiritual well-being and keep their spirit calm.
Maciel, A.M.S.B., Alexandre, A.C.S., Ferrerira, D.M.B. and Silva, F.C., 2018 ⁽³¹⁾	Journal of Nursing UFPE On Line	Brazil	Mixed-methods	To analyze the spiritual aspects of nurses that provide care for patients in the PC system.	This study shows the importance of the professionals' skills to develop spirituality in the assistance provided; the importance of spirituality as an overcoming means for the patients; the spirituality talk with the patients; the interference of spirituality in the care that was planned; and the different sensations generated by health professionals, who are questioned regarding their feelings towards patients with no cure possibility.
Crizel, L.B., Noguez, P.T., Oliveira, S. G. and Bezerra, B.D.C., 2018 ⁽³²⁾	Saluvista-Ciencias Biológicas y de la Salud	Brazil	Qualitative	To provide information about the patients' experiences and opinions regarding the spiritual assistance provided by nurses in healing cancer care.	Spirituality is expressed through faith in God, in a superior being that helps lead with the disease and face it, offering consolation and conferring meaning to life. For the patients, nurses comprise the professional group that spends the most time with them and that has the possibility of providing spiritual assistance; however, their approach is focused on the biomedical model.

Table 1: Characteristics of the articles selected for the integrative review.

(conclusion)

AUTHORS/ YEAR	JOURNAL	COUNTRY	STUDY DESIGN	OBJECTIVES	RESULTS
van Meurs, J., Smeets, W., K., Groot, M. and Engels, Y., 2018 ⁽³³⁾	Cancer Nursing	Southeastern Netherlands	Qualitative	To better understand how and to which extent nurses observe and explore the spiritual issues of patients hospitalized due to cancer during everyday care.	The barriers to exploring spiritual topics are as follows: lack of time; mindset-related conflicts; and discretion to speak about spirituality. The favorable factors for spirituality talks are as follows: suggestions from the spiritual assistance provider; observations by the spiritual assistance provider; a renewed view of the situation; and care continuity.
Arrieira, I., et al., 2018 ⁽³⁴⁾	Revista da Escola de Enfermagem da USP	Brazil	Qualitative	To understand the spirituality experience in the routine of a Palliative Care interdisciplinary team.	Activities of a spiritual nature (such as prayer and comprehensive assistance) were useful therapeutic resources to offer consolation, dignified survival and humanization of death, in addition to helping the team and the patients to understand the end-of-life process and seek meaning for the distress caused by the disease. In the professionals' experience, insufficient training for the spiritual approach is mentioned at the beginning.

Source: Database prepared from the articles reviewed.

Discussion

Four thematic approaches were elaborated after analyzing the reading process corresponding to the studies selected for this review and grouping the information, namely: Thematic approach I: Respect for the patients' religious beliefs and spiritual needs; Thematic approach II: Spiritual Nursing care provided as comfort, companionship and communication; Thematic approach III: Promoting a search for the meaning of life and acceptance of the life-death process; and

Thematic approach IV: Barriers or gaps hindering the implementation of spiritual care.

Respect for the patients' religious beliefs and spiritual needs:

The review articles on which the "Respect for the patients' religious beliefs and spiritual needs" thematic approach is based were seven^(21,22,23,24,27,31,32) and highlight the importance of meeting spiritual needs through a culture

marked by respect for the patients' religious and spiritual practices.

Holistic health care should address both spiritual needs and physical, psychological and social ones. Catering for spiritual needs is a core domain in patient care^(6,14). Not meeting spiritual needs can exert a profound impact on a patient's symptoms, social relations, QoL and well-being; it can also influence decision-making about the treatments, coping and adaptation to the disease⁽¹⁷⁾.

It is worth noting that the PC provided to a patient is based on the influence of their own spiritual and religious beliefs, regardless of the dogmas adhered to by the professionals. It is necessary to know the meanings and beliefs related to the disease and to death that are inherent to each religion to gain sensitivity while providing spiritual care⁽³⁹⁾ and offering culturally-respectful spiritual assistance⁽²⁷⁾.

Therefore, it is to be noted that "spirituality" is a complex and multidimensional term that denotes different interpretations, especially when religious and non-religious approaches are considered⁽⁴⁰⁾. Spirituality can be related to faith in God or to a superior being that is manifested as beliefs, values, traditions and practices⁽⁴¹⁾. However, "spirituality" differs from the term "religion", which is a broader concept than religiousness, as shown in the review studies^(21-25,27,28,31,32), whereas spirituality is a person's search for existential meaning and purpose in life⁽³⁵⁾. A religion is an organized systems of beliefs, practices, rituals and symbols designed to ease getting closer to a higher power or God; it is presented as one of the approaches used by people to express their spirituality⁽⁴²⁾.

Nevertheless, the different perceptions about the importance of meeting spiritual needs that were identified through instruments^(24,30) and/or semi-structured interviews^(21-23,25-29,31-34) can be seen in the results from review studies that address nurses' perspectives and emphasize that spirituality is fulfilled by practicing rituals linked to the patients' and their family members' religious beliefs^(22,23,27,28,31,32) by providing support and respecting the practices and/or rituals

inherent to the spiritual beliefs, through referrals to specialists and summoning the participation of significant people in the care provided^(21-24,27,31,32).

Spiritual Nursing care provided as comfort, companionship and communication:

The review articles on which the "Spiritual Nursing care provided as comfort, companionship and communication" thematic approach is based and that contribute to improving the patients' and their family members' quality of life were eight^(21,22,23,24,25,28,31,32). The Nursing practice involves providing comprehensive care for each person's needs in all their dimensions and, from the PC Nursing perspective, several theories and models can be applied to perform a holistic intervention, such as the Humanistic Theory, which highlights the bond that is created between nurses and patients.

Humanistic Nursing is targeted at the PC values and purposes, at the importance of providing care, at developing empathy and at the nurse-patient encounter; in this context, nurses and patients contribute their own perspectives in that meeting⁽⁴³⁾. This encounter requires Nursing professionals to leave their own expectations aside and focus on the patients' spiritual needs, on the way of expressing their spirituality⁽⁴⁴⁾. In addition, certain essential elements of spiritual care favor this encounter, namely: authenticity; respect; dignity; service; honesty; kindness; compassion; humanity; vulnerability; and empathy⁽¹⁷⁾.

However, a research study⁽⁴⁵⁾ pointed out that there were three types of spiritual Nursing care interventions for patients on Palliative Care: humanistic ones related to providing companionship, willingness to help and active listening; pragmatic ones, consisting in assessing/identifying spiritual needs by resorting to scales and/or semi-structured interviews, referrals to specialists, and summoning the participation of spiritually significant people in the care provided; in addition, there are also religious ones, aimed at easing and promoting the practices and/or rituals of a person's and family's beliefs, creating peace and calmness and not posing harms.

Therefore, these interventions coincide with those mentioned in the review studies that, when addressing how Nursing care for the needs of cancer patients on PC is provided, highlight the nurse-patient bond during the disease process and at the end of life through care as comfort^(21,22,23,24), companionship, willingness to help and communication^(21-23,25,28,31,32); which favor holism, dignity and QoL of patients and families alike^(23,25,27,32,34).

Promoting a search for the meaning of life and acceptance of the life-death process:

The “Promoting a search for the meaning of life and acceptance of the life-death process” thematic approach is based on six review articles^(22,23,24,28,31,32), with the objective of helping patients face death with acceptance and find their purpose in life.

In PC, spirituality is defined as an intrinsic aspect of humanity that comprises ultimate meaning, purpose and transcendence, experiencing the relationship with oneself, the family and others, as well as with the community, society, nature and all things significant or sacred⁽⁴¹⁾.

It is an innate characteristic of human beings that helps them discover their true potential, be more self-confident, love, forgive and transcend suffering⁽⁴⁶⁾. Spirituality is an internal dynamic force that confers meaning to the patients’ personal life, history and reality, represented as a way of conveying hope to go on living and face awareness of finitude⁽⁴⁷⁾; as shown in the results from review studies pointing out that spirituality is expressed through faith in God or in an entity that helps face the end-stage disease^(22-24,28,32) and provides comfort and meaning to life^(24,32). In addition, it is an overcoming means for the patients, which eases accepting the death and dying process^(21-24,28,31,32).

In this sense, spirituality in PC is an important resource to face and reduce the suffering, spiritual distress, despair, hopelessness and solitude caused by end-stage diseases; in addition, it serves as a shelter that allows patients to feel more appreciated and seek a way to improve their QoL in something transcendental⁽⁴⁸⁾.

Barriers or gaps hindering the implementation of spiritual care:

The review articles that ground the “Barriers or gaps hindering the implementation of spiritual care” thematic approach were eight^(22,23,26,27,28,32,33,34) and highlight that Nursing professionals face barriers to providing spiritual care.

The PC approach improves the patients’ QoL by preventing and alleviating suffering, early identification, assessment and treatments for pain and other physical, psychosocial and spiritual problems⁽⁴⁸⁾. It also emphasizes that teamwork is the basis of PC, as it helps patients live as actively as possible until their death⁽⁴⁹⁾; with a holistic approach provided by an interdisciplinary team (of which nurses, professionals playing roles targeted at improving QoL in cancer patients on PC, are part and constitute the key link for communication and coordination between patients, families and the interdisciplinary team members⁽⁵⁰⁾).

All nurses should be competent enough to apply the PC approach regardless of their performance area. This can be achieved by means of adaptable undergraduate and graduate training programs that include communication skills, assistance objectives and decision-making in spiritual care; as well as by creating an environment that favors nurses to develop their work competences⁽⁵¹⁾; as highlighted in the review studies^(22,26-28) regarding the importance of nurses having their own care philosophy, knowledge, skills, comfort and time to talk about the patients’ beliefs and needs, in order to establish a care relationship with them and help them accept the transient nature of life and death.

On the other hand, the patients offer nurses opportunities to explore the spiritual dimensions through explicit or implicit signs; however, nurses fail to recognize them due to multiple reasons, as pointed out in the review studies^(22,33). To bridge these gaps, nurses should adopt paradigms from holistic care (patient-centered), continue their training and have practical tools and a support environment (as pointed out in the studies^(22,26-28,33,34)) that allows them to explore the spiritual dimension in a natural way and in line with their job and identify the need for

specialized counseling or crisis interventions for the care and QoL of these patients, who suffer from a life-threatening disease and face uncertainty about diagnosis and death, which can cause spiritual distress.

Nurses are the health team members that are closest to and with the most contact with patients to implement the spiritual approach⁽³²⁾. However, they face barriers to do so according to the studies, namely: lack of time^(26,27,32,33); discretion not to violate the patient's privacy^(32,33); the patient's personality^(22,33); and absence of a private space^(26,27). These obstacles preclude initiating a conversation about the meaning of spirituality.

Likewise, the review studies coincide in that some nurses acknowledge that spirituality is more difficult to address than the physical needs because it is not part of the assistance provided, as their practice is based on a biomedical and paradigmatic model not commonly addressed due to lack of trust and comfort^(22,26,27,32), in addition to not being considered important in institutions^(22,28). The studies point out that it is necessary to address spirituality, a challenge which should be prioritized in care plans, in addition to improving the work done^(22,26,27).

In addition, in these review studies it is concluded that, although they make their best efforts, nurses feel insufficiently qualified due to lack of training to provide holistic care to the patients and meet their spiritual needs^(22,23,32,34); they also notice that it is important to involve religious representatives, both in spiritual care^(22,23,27,28,32) and as part of the interdisciplinary team^(23,27,34).

Therefore, the spiritual approach of patients with cancer problems represents a challenge for Nursing professionals; it is for this reason that they should improve their humanistic practice through personal growth and professional development of competences, due to their proximity to the patients to offer them an environment marked by intimacy and respect for their dignity^(22,27).

Conclusions

The papers analyzed in this study address spiritual Nursing assistance for cancer patients from the Palliative Care perspective and reveal

that this dimension is a vital component to foster improvements in the patients' quality of life and in respecting their dignity.

Spiritual Nursing care is a multifaceted concept that encompasses various meanings; it is fundamental to value and meet each patient's individual needs, recognizing that this care contributes for a sick person to find meaning, purpose and acceptance in relation to their health condition.

Nurses provide spiritual care through concrete attitudes such as comfort, companionship, willingness to help, active listening and promotion of the practices or rituals inherent to each patient's and their family's beliefs, while providing an environment marked by intimacy and respect for the person's dignity.

There are few articles published regarding the patients' spiritual needs from the PC perspective that only include end-stage cancer patients. Therefore, it is imperative to continue studying this topic in the Nursing practice context.

Collaborations:

1 – Conception and planning of the project: Karín Castañeda León, María del Pilar Gómez Luján, Amelia Marina Morillas Bulnes and Lina María Vargas Escobar.

2 – Data analysis and interpretation: Karín Castañeda León, María del Pilar Gómez Luján and Lina María Vargas Escobar.

3 – Writing and/or critical review: Karín Castañeda León, María del Pilar Gómez Luján, Amelia Marina Morillas Bulnes and Lina María Vargas Escobar.

4 – Approval of the final version: María del Pilar Gómez Luján, Amelia Marina Morillas Bulnes and Lina María Vargas Escobar.

Conflicts of interest

There are no conflicts of interest.

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