



Research Article

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Dynamics of the Nursing Professional's Spirituality and Religiosity to Address Humanized Care in Healthcare Settings: A Systematic Review of Latin American Experiences

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Abstract

Today, institutions experience complex healthcare situations that include suffering, pain, and death. This review clarifies the various ways of fostering and motivating spirituality and religiosity to ensure humanized care in the healthcare setting. The objective of this study was to analyze the scientific evidence on the dynamics of spirituality and religiosity to address humanized care in healthcare settings. Documents were collected from the following databases: Scielo and Pubmed databases. The following words were used for the search: "spiritual wellbeing," "spiritual care," and "spirituality" in English, Spanish and Portuguese, selecting only Latin-American experiences. We found 101 scientific articles from 2014 to 2021 through inclusion and exclusion criteria such as those without open access, duplicity, articles in the pre-publication stage, and letters to the editor, and reviews. Finally, 48 were analyzed. The results show that the spiritual and religious dynamic is a hopeful element in the face of the illness and suffering experienced by the person, being necessary for the nurse to include in specialized care. We conclude that is important to include in professional training spiritual care competencies, being the essence of nursing, holistic care. The various research shows that spirituality is transcendent in the person, and it also provides inner strength to deal with pain and therapy. Finally, the nursing professional must work the aspects of spirituality in an empathic way with the patient, respecting his creed, worship, and favoring the integral well-being.

Keywords: Spirituality, spiritual care, healthcare setting, nurse, humanized care

1. Introduction

The World Health Organization (WHO) reported in 2021 that there had been more than 2 million deaths from coronaviruses since the pandemic (OMS, 2020). The case fatality rate for COVID-19 infection varied substantially in different locations, by life stage, with patients with co-morbidity being the most vulnerable and most likely to become infected or die. This pandemic situation caused a global health crisis in which health professionals are actors in the fight against an unknown, highly contagious, and deadly disease (Acosta et al., 2020; Becerra-Medina et al., 2022; González-Castro et al., 2020).

Undoubtedly, due to this situation, the health services, specifically the critical units, were overwhelmed by the high demand of patients, in addition to the lack of medical equipment to cover the vital needs of highly complex patients, putting them in a challenging and dramatic situation to give life support to the patients (González-Castro et al., 2020). Thus, the nursing staff had to rethink the model of care in a safe environment for both the patient and the health professionals. Personal protective equipment was strictly and correctly used to prevent the spread of the disease (Andreu-Periz et al., 2020).

In this sense, the care provided in critical services is primarily aimed at maintaining life support without neglecting comprehensive care to respond to basic needs, including the patient's spiritual and religious requirements. However, the pandemic made the vulnerability of human beings visible, making them live through experiences and situations such as existential crises and human, emotional and spiritual losses, not only for the patient but also for the health personnel, specifically the nursing professionals who interact with them. Thus, the various feelings experienced and expressed by patients are anguish, fear of death, fragility, vulnerability, and fear of losing contact with their family environment (De Bortoli et al., 2017).

In the case of Peru some people do (or do not) adhere to the COVID-19 prevention behaviors, and it offers concrete elements for the design and implementation of targeted, large-scale public health behavioral interventions (Zárate et al., 2020). In other words, these events led to an alteration of wellbeing and fear of illness and death caused by this situation, framed by the uncertainty of the evolution and the non-specific treatment for recovery, which was experienced by patients, family members, and health personnel. In effect, these facts have compromised their emotional wellbeing, affecting them emotionally in the face of the disease and its consequences, together with a feeling of guilt due to the lack of responsibility to comply with prevention measures, and have caused the contagion of their immediate family environment; this situation has brought a feeling of pain, fear and emotional alteration in facing the disease and death (Guerrero & Hernández-Cervantes, 2020; Suyo-Vega et al., 2022).

It should be noted that the pandemic brought with it the collapse of the health system due to the lack of human and material resources in health centers. Health professionals overwhelmed by the health crisis, particularly nurses who provide direct care to patients, were affected by the risk of being infected or dying. From this perspective, the spiritual dimension makes a transcendent care component because it supports the patient in the sense of hope, forgiveness, self-esteem, and love that maximizes responsiveness to illness. On the other hand, nurses show a dynamic spirituality and religiosity as positive experiences of the fullness of love to regain the vital energy to continue relating to others (Guerrero-Ramírez et al., 2017; Pinedo & Jiménez, 2017).

However, personal protection mechanisms for coping with illness and death. The nurse working in critical care units has cognitive, procedural, and attitudinal skills to address holistic and integrated care, emphasizing care of the body, soul, and spirit and responding to their basic spiritual needs, to support the person during their illness, suffering, and pain, trying to give them a dignified death (Silva et al., 2016).

Similarly, spiritual care should be part of the nurse's daily life; in hospitalized patients, focus on prayer and spiritual reading, considering that spirituality gives meaning to their lives. Something similar happens in older adults who have a high spiritual sense during hospitalization and can even

support the emotional state of others. Hence, it is necessary to underline the importance of nursing interventions in the care of institutionalized older adults (Monje et al., 2018).

Given this scenario, according to Pamela Reed, spirituality is a coping strategy for nurses to care for patients and reduces the impact of stressful situations that a person faces. From this perspective, it is necessary to analyze and understand how spirituality has been occurring in nurses' daily practice in critical units. Therefore, the following problem is posed: The present review aims to examine recent evidence on the nursing profession's dynamics of spirituality and religiosity to address humanized care in care areas. There is currently evidence of the development of research in this scenario.

2. Materials and Methods

The proposed study is a systematic review, where the search was conducted in Scielo and Pubmed databases. We initially found a total of 101 articles through the terms "spiritual well-being" "spiritual care" "spiritual attention" "spirituality" "spiritual care" "spirituality" "Espiritualidade". The PRISMA flowchart describes the selection of 101 articles. All articles were imported from the databases and duplicate data were removed and evaluated by title. This left 89 articles. Also, 70 articles were evaluated by abstract, of which 22 were eliminated as they did not meet the proposed objectives. This left a total of 48 articles for full-text review [Table 1]. In this process, the first and second authors select the studies and the third and fourth authors review and confirm the selection process [Figure 1].

Ethical considerations in writing the manuscript have avoided plagiarism. The analysis of the results is honest. The study is a literature review and does not include human participants.

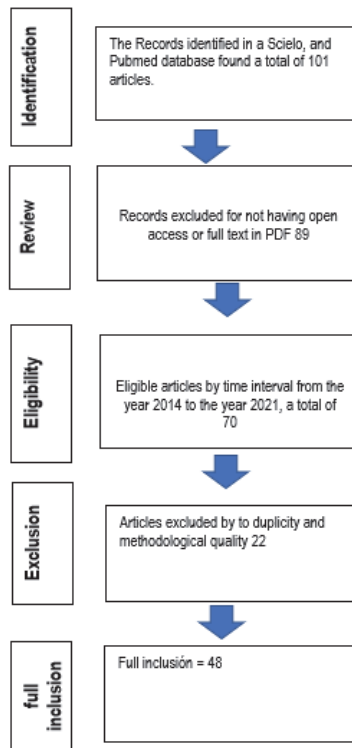


Figure 1: Prism diagram

3. Results

3.1 Procedure for the selection of articles from Scielo and Pubmed databases

Table 1: Results

Autor /year	Title	Magazine	Methodology	The purpose of the study	Results / Conclusions
(Mesquita, 2014)	Spiritual well-being and the provision of spiritual care in a nursing team	Nursing Index	Quantitative, descriptive, cross-sectional study,	To investigate the spiritual well-being of the nursing team and the provision of spiritual care by it.	People who practice their religion are more likely to provide spiritual care. Nurses need support to provide spiritual care, an essential condition for a more humanized care. Spirituality is presented to promote the mental health of the professionals of the nursing team.
(Buena Bejarano Vale De Medeiros et al., 2018)	The meaning of life as a spiritual resource for oncology care	Cuban Journal of Nursing	Study of critical, descriptive, and reflective analysis	Reflect on the meaning of life as a spiritual resource for caring for patients with cancer and for the nursing professional who cares for them.	The main benefits of the SV for the patient are the increase in spiritual well-being and obtaining a better quality of life, the SV can work as a resource for the resignification of the nursing professional's practice and self-care, since it enables not only a better sense of well-being and adaptation to their function, but also the possibility of helping in the strengthening or search for meaning of patients.
(Ferro-Rivera et al., 2018)	Meanings about the art of care from the perspective of Nursing undergraduate students	University Nursing	Qualitative phenomenological-hermeneutical	Analyze the meanings of humanized care from the humanistic approach.	Humanistic training focuses on qualifying care as holistic, with extension to the family, where feelings, sensitivity and creativity are recognized in the nursing professional's self-knowledge and providing care.
(Uribe Velázquez & Lagoueyte Gómez, 2014)	"Being there", the meaning of spiritual care: the vision of nursing professionals	Advances in Nursing	Qualitative	Understand the meaning of spiritual care for nursing professionals	Spiritual care is defined as concrete actions with soft skills, with loving presence of being there at the right time and capable of breaking the norm, with the possibility of granting well-being.
(Gómez Ramírez et al., 2019)	Spiritual well-being in the hospital setting: contributions to the humanization of health	Latin American Journal of Bioethics	Quantitative, descriptive, transversal approach.	To determine the spiritual well-being (BE) of the nursing staff and their ethical contribution to humanization in health.	If institutions and agents incorporated the four domains of spiritual well-being (personal, communal, environmental and transcendental), they would make evident one of the talents that are part of the framework of ethical and bioethical principles for the humanization of health services, since that the human and people-centered approach, indicated in the models of excellence in management, would become evident.
(Tamara Redondo-Elvira et al., 2017)	Spiritually resilient. Relationship between spirituality and resilience in palliative care	Clinic and Health	Cross-sectional correlational descriptive	Analyze the relationship between resilience and spirituality in its three dimensions (intrapersonal, interpersonal and transpersonal).	It is necessary to work in relation to spirituality from the palliative care teams, because in this way the objectives are obtained, to give meaning to the patient's experience, favor their emotional well-being and enhance their coping resources, helping to emerge stronger from this moment. Spirituality, both in its total dimension and in the intrapersonal and interpersonal, correlates positively with cultural level and personal situation.
(De Oliveira Arrieira et al., 2018)	Spirituality in palliative care: lived experience of a multidisciplinary team	Journal of the School of Enfermagem da USP	Qualitative,hermeneutical phenomenology.	Understand the experience lived in the daily life of an interdisciplinary team that works in palliative care.	The spirituality exercised by professionals with patients gives meaning to their work in palliative care, proving to be a facilitator in the formation of links between the team, the patient and their family.
(Dionizio de Sousa Matos et al., 2017)	Quality of life and religious-spiritual coping in patients under oncological palliative care	Revista Latino-Americana de Enfermagem	Transversal study	To compare the quality-of-life indicator and religious-spiritual coping in oncology patients.	The results obtained from the research participants presented high scores in quality of life and Spiritual-Religious Coping.
(de Oliveira Arrieira et al., 2018)	The meaning of spiritual care in the comprehensive care in palliative care	Gaúcha Nursing Magazine	Qualitative, phenomenological-hermeneutical	Understand the meaning of spiritual care for the comprehensive care of the person and the interdisciplinary team of palliative care.	Spiritual care provides the existential encounter between the person in palliative care and the professionals who care for them.
(Morillo Martín et al., 2017)	Attitudes of Nurses towards Spiritual and Religious Care in a General Hospital	Nursing Index	Quantitative, cross-sectional descriptive	To identify the level of knowledge of the construct of spirituality and religiosity in caregiving practices.	Emphasizes the need to promote attitudes for spiritual care. Actions that with various care interventions, applying methods that favor the comfort and comfort of the patient's families such as relaxation, meditation and guided imagery.
(Zenevitz et al., 2020)	Permission to leave: a spiritual nursing care in human finitude	Brazilian Journal of Nursing	Reflection and methodological description	To reflect on the teaching experience in the practice of spiritual nursing care called permission to leave.	Permission to leave is a spiritual care that provides an intentional therapeutic relationship of trust and security between the professional, the patient and the family, and also encourages the expression of feelings, beliefs and religious or spiritual rituals that help in the situation of death, and of dying. A structured concept has been coined with words and attitudes that reinforce the positive, that seeks a state of consciousness of peace and the promotion of dignity in the process of death and dying, as well as a time for the patient, the family and staff can experience pick-up and drop-off
(Guerrero Castañeda & Hernández-Cervantes, 2020)	Spirituality and religiosity for the transcendence of being elderly	Brazilian Journal of Nursing	Quantitative, cross-sectional descriptive	Analyze the adult's experiences of spirituality and religiosity.	The older adult lives an experience where levels of spirituality and religiosity increase, framed in the biographical aspects. They reflect on their passage through life.

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(Zerbetto et al., 2017)	Religiosidade e espiritualidade: mecanismos de influência positiva sobre a vida e tratamento do alcoolista	Esc Anna Nery	exploratory qualitative	To identify the positive influence of religiosity and spirituality from the perception of alcoholics.	Daily prayer strengthens alcoholics to continue the treatment process.
(Silva Costa et al., 2019)	Spirituality and religiosity: knowledge of medical students	Bioethics Magazine	Exploratory, descriptive, quantitative	To investigate the knowledge of medical students about spirituality and religiosity in patient care	Spirituality and religiosity is essential for ethical, professional, humanistic and healthcare training. The main reason for including spirituality/religiosity in medical training is the need to better understand the role of this aspect in patient care, to provide compassionate care, considering the interaction of biopsychosocial factors in the life and spiritual history of patients. each person
(Saucedo Soberon et al., 2020)	Perspective of neonatologist nurses on the spiritual accompaniment to the relative before the death of a neonatal patient	Science and nursing	qualitative, descriptive	To describe the perspective of neonatologist nurses on the spiritual accompaniment of the relative in the face of the death of a newborn patient.	Two categories of spiritual accompaniment were identified: a) Human treatment, empathy and religious practices, prior to death and b) Compassion and consolation during death. They are empathetic, compassionate, and provide comfort through hope in a higher being.
(Monje V. et al., 2018)	Perception of humanized nursing care from the perspective of hospitalized users	Science and Nursing	Correlational, transversal	To determine the perception that hospitalized patients have of the humanized care provided by nurses in health care institutions.	Nursing professionals promote respect for human dignity in hospital institutions by providing quality services and good treatment.
(de Fátima Silva et al., 2016)	Spirituality and religiosity in patents with systemic arterial hypertension	Bioethics magazine	Exploratory, descriptive, transversal	Evaluate spirituality and religiosity in 65 hypertensive patients of a Chronic Diseases Service Center	Religion and spirituality is gaining importance in the care of hypertensive patients, especially the elderly. Therefore, it is necessary to deepen the knowledge about religious and spiritual beliefs, since they can influence human treatment and recovery in their biopsychosocial and spiritual context.
(Souza Júnior et al., 2015)	Religion in the treatment of chronic kidney disease: a comparison between physicians and patients.	Bioethics Magazine	qualitative, descriptive	To understand the importance of spirituality and religion in health personnel and patients with renal diseases.	The spiritual and religious outlook of physicians and patients were diverse, according to the significance in their lives. The relevance of religion in the disease process stands out.
(Caldeira et al., 2014)	Entre el bienestar y el sufrimiento espirituales: posibles factores relacionados en ancianos con cáncer	Latin-American Journal of Nursing	Methodological study	Describes the evaluation of the spiritual well-being of elderly people with cancer undergoing chemotherapy and of possible predictors of the diagnosis of spiritual distress.	The evaluation of the spiritual well-being of the elderly with cancer must integrate the global evaluation of the patients made by the nurses, since spiritual suffering constitutes an identified nursing diagnosis.
(Nencetti Pereira Rocha et al., 2018)	Spiritual needs experienced by the family caregiver of the patient in oncology palliative care	Brazilian Journal of Nursing	qualitative, descriptive	To analyze the spiritual and religious needs of the primary caregiver caring for the oncology patient.	The primary caregiver takes refuge in spirituality and religiosity to cope with unexpected situations in caring for the patient.
(Flores Martínez et al., 2020)	Meaning of well-being of the institutionalized elderly in a situation of abandonment	Brazilian Journal of Nursing	qualitative phenomenological	Understand the meaning of welfare of the elderly in a situation of abandonment.	Four themes emerged: Living the everyday of daily life activities; Attention to physical needs; Coexistence and Experience of Spirituality.
(Guerrero-Castañeda et al., 2019)	Life experiences that favor the fullness and transcendence of being an older adult: a phenomenological-hermeneutical study	Journal of the School of Nursing of USP	Qualitative, phenomenological, hermenéutica	Describe the meaning of life and transcendence of the older adult.	The care of the older adult highlights the prevention and promotion of the care of their needs to ensure well-being in this stage of life.
(Benites et al., 2017)	Meanings of spirituality for cancer patients in palliative care	psychology studies	phenomenological	To analyze the experiences of cancer patients from the perspective of spirituality and religiosity in the face of suffering and pain.	It should be noted that, despite the awareness of the imminent possibility of death and his condition as a patient in palliative care, the role of the spiritual dimension in maintaining hope was highlighted.
(Cruz Noronha Silva et al., 2019)	Religious/spiritual coping is spiritual distress in people with cancer	Brazilian Journal of Nursing	Transversal study	To examine the relationship between the presence of spiritual distress and the use of religious/spiritual coping with sociodemographic, clinical, and religious/spiritual variables in individuals with cancer.	Spiritual anguish is a phenomenon present in the lives of individuals with cancer and has a significant relationship with the negative use of religion/spirituality as a way of fighting the disease.
(Maran et al., 2020)	Spirituality and practice of euphemism in the work environment: perceptions of a nursing team	Brazilian Journal of Nursing	Qualitative, exploratory, descriptive.	Analyzing spirituality and euphemism from hospital practice in nurses.	In healthcare practice, euphemism plays an important role in motivating the healthcare team to face difficulties at work and promote faith in patients.
(Rocha Magalhães et al., 2015)	Influence of spirituality, religion, and beliefs on the quality of life of people with spinal cord injury	Text and context - Enfermagem	quantitative, exploratory	Evaluate the influence of spirituality, religion, and personal beliefs on the quality of life of people with spinal cord injury	This research showed how aspects of spirituality: religion and personal beliefs influence the quality of life of people with spinal cord injury. By being present 24 hours a day during care, nursing can provide quality care, not only with regard to physical care, but also with regard to psychosocial and spiritual aspects, and therefore have the opportunity to know, identify and evaluate the needs of patients in various aspects.
(Walfrido Jordán & Fernandes	Spirituality and Training in Health Residency Programs	Brazilian Journal of Nursing	Combined, exploratory, descriptive approach	To analyze the approach to content related to spirituality in the residency programs of the Department of	It is necessary to promote a healing spirituality that integrates the different aspects that imply comprehensive health. It is about a spirituality that fosters hope, that

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Barbosa, 2019)	in a City in the Northeast of Brazil			Health of the city of Recife (Sesau-Recife).	cushions fear, shame, and stigma; a spirituality through which one learns to live day by day.
(Becerra Melo, 2018)	Spirituality in patients living with HIV	theological issues	hermeneutical	Inquire about the characteristics of spiritual experience.	Spirituality is associated with better health and quality of life, as well as a lower propensity for suicide, even in terminally ill patients. The lack of spirituality can have a profound effect on the levels of anxiety and depression in the patient, powerfully affecting the quality of life and recovery from it.
(Esperandio & Leget, 2020)/	Spirituality in palliative care: a public health issue?	Bioethics Magazine	Quantitative	Describe the spiritual dimensions as tools for patient care.	The dimensions of spirituality are intrinsic components that adequately motivate palliative care practices in patient care.
(De Oliveira Araujo et al., 2017)	The meaning of spirituality in the transience of life	Anna Nery School	Qualitative based on existentialist phenomenology	Understand the meaning of spirituality for the person in palliative care.	To obtain comprehensive care, the inclusion of spirituality in care practice is needed. Spirituality provides the existential encounter between the person in palliative care and the professionals who care for them.
(Fontes De La Longuiniere et al., 2018)	Influence of religiosity/spirituality of health professionals in critical patient care	Take Care Magazine	Quantitative, transversal	To verify if the religiosity / spirituality of health professionals influences the care provided to critical patients.	Religiosity/spirituality may be able to generate a state of calm and tranquility, improve physical and mental health, promote healthier behaviors and lifestyles, reduce stress and improve interpersonal relationships.
(Gómez Palencia et al., 2016)	Spirituality and religiosity in older adults with chronic disease	Nursing Research and Education	Cross-sectional quantitative	To explore the relationship between spirituality and religiosity in older adults with chronic disease.	There is a directly proportional relationship between spirituality and religiosity in older adults with chronic disease.
(Buena Bejarano Vale de Medeiros et al., 2020)	Spirituality and meaning of life in nursing education: report of experience in teaching	Revista Brasileira de Enfermagem	Reflective descriptive	To describe the experience of spirituality in the health field in students.	Spiritual care is relevant to incorporate in the professional training of health students so that it can be applied to patients, with the purpose of satisfying their spiritual needs.
(Marcelo Miqueleto et al., 2017)	Spirituality of families with a loved one in a situation of end of life	Take Care Magazine	Qualitative	Understand the role of spirituality in the lives of families who have a loved one nearing the end of their life.	Families do not devalue the role of health professionals but find in spirituality a unique consolation in the face of the suffering imposed by the end of life. Based on this, professionals should recognize spirituality as a valuable tool in their work to help families feel encouraged in this situation.
(de Araújo Alves et al., 2016)	Caregiver of the child with cancer: religiosity and spirituality as coping mechanisms	Take Care Magazine	Qualitative	To investigate the role of religion and spirituality as a defense mechanism used by family caregivers to deal with childhood cancer.	The search for religion and the use of spirituality was quite evident when facing cancer in children and, therefore, it is appropriate that they receive care from health professionals, who must work to offer emotional support for the free expression of religiosity and spirituality during the treatment of children with cancer.
(Castanheira Nascimento et al., 2016)	Attention to spiritual needs in the clinical practice of nurses	Aquichan	qualitative, descriptive	To analyze nurses' understanding of spiritual care and their experience in promoting this care to patients in clinical practice.	The nurses identified the need to intervene in the spiritual dimension of their patients and consider it important to attend to this need; however, mentioning that they presented difficulties in providing this care due to the lack of knowledge and organization of the work process and the prioritization of physical care.
(Braz Evangelista et al., 2016)	Spirituality in caring for patients in palliative care: A study with nurses	Anna Nery School	Qualitative	Understand, from the perspective of the nurse, the spirituality involved in caring for patients in palliative care.	The spiritual care provided by the nurse in the health care setting constitutes the strength for the patient, who should live religious experiences, framed in faith, that improve the state of health and the preparation for a good death. She emphasizes the importance of family support and anticipatory actions such as forgiveness, love and hope to promote spiritual well-being.
(Pasuch de Oliveira et al., 2020)	Spiritual care performed in an inpatient unit in addition	Gaúcha Nursing Magazine	Qualitative	To characterize spiritual care in health professionals incorporating strategies for implementation.	Spiritual care in patients with addiction involves meeting the need to respect him in his uniqueness, promoting strategies that encourage to face the difficulties of the disease.
(Ottaviani et al., 2014)	Hope and spirituality of chronic kidney patients on hemodialysis: a correlation study	Latin-American Journal of Nursing	quantitative, correlational	To analyze the relationship between hope and spirituality in chronic kidney patients undergoing hemodialysis treatment.	Health professionals who assist chronic kidney patients undergoing dialysis treatment must be committed to considering their level of hope and spirituality at the time of care, since this will be of great importance in coping with the disease. disease and treatment.
(Nicolás Viotti, 2018)	Más allá de la terapia y la religión: una aproximación relacional a la construcción espiritual del bienestar	Collective Health	Qualitative, participant observation	To understand the experience of the therapeutic and religious from the perspective of hospital management in the light of theory.	It is concluded that the religious and the therapeutic are independent in practice but require implementation for the benefit of patients.
(Gramazio Soares et al., 2015)	Neonatal intensive care unit: maternal perceptions about religious symbols	Cogitare Enfermagem	Qualitative, descriptive, exploratory	To describe the experience of the meaning of religious symbols for caregivers of institutionalized infants	Religious symbols, from the perspective of the mothers, strengthen their faith and provide a sense of hope and security in the face of the events of their child's hospitalization.
(L. M. Vargas-Escobar, 2017)	Educational intervention for nursing: spiritual care during chronic illness	Aquichan	Quantitative, quasi-experimental	To evaluate the effectiveness of the educational intervention Nursing spiritual care: integrality of the human being in the care of nursing staff who work with people with chronic illness.	The intervention was effective in modifying the perception of spirituality and spiritual care. There is evidence of the need to train nursing staff on this subject so that this care is implemented in practice in the care of people in situations of chronic disease.
(Freire et al., 2017)	Spiritual and religious assistance to patients with cancer in a hospital context	care is essential	exploratory qualitative	To analyze the oncology patient's experience of religious and spiritual support in the healthcare setting.	The transcendence of elevating religiosity and spirituality is a strategy that provides wellness especially in the hospitalized oncology patient.

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(Valderrama Sanabria et al., 2016)	Narrative: the nursing student learning the art of caring	take care magazine	Qualitative, interpretive phenomenological	To understand nursing students' perspective on spirituality in practice.	The study made it possible to visualize the expressions of spiritual care from the interaction between the health professional and the patient, becoming enriching spaces for both the recipient and the giver.
(Rute Esperandio et al., 2017)	Spiritual/religious coping in an ICU: reflections on the integration of Spirituality into health care	interactions	exploratory qualitative	Specifically understand the spiritual resources used by family members to deal with the situation of hospitalization of a family member in the ICU of an emergency and trauma hospital.	The study indicates that spirituality/religiosity is an important factor for coping with life-threatening situations, and its integration into care practices by the hospital's multidisciplinary team is relevant. Interdisciplinary collaboration is essential for the integration of spirituality in health care.
(Camilo Manchola et al., 2016)	Palliative care, spirituality, and narrative bioethics in a Specialized Health Care Unit	Bioethics Magazine	Qualitative	Build experiences of the problems faced by patients in palliative care.	Palliative care is framed in three criteria: (a) Understanding the concept of spirituality (b) Role of bioethics (c) recognizing the experiences of terminal patients.
(Loredo-Cortez et al., 2020)	Experiences of understanding spiritual care in undergraduate nursing students	Mexican Journal of Nursing	Qualitative, descriptive, phenomenological	Understand the meaning of spiritual care for nursing students	There is a lack of clarity about the meaning of spiritual care, however, it was shown that accompaniment, and management of emotions and the practice of values are possible actions of this care for students. Spiritual care should be taught during academic training to improve nursing practice.
(Joon Yoon et al., 2018)	Spiritual well-being among palliative care patients with different religious affiliations: a multicenter Korean study	Journal of Pain and Symptom Management	transversal quantitative	Understand the patient's experience of palliative care, from the perspective of religious positions.	The practices of faith in Catholics are made visible, improving their spiritual well-being. However, there is a need to investigate actions that provide spiritual support.

The findings on the 48 articles reaffirm the need to satisfy spiritual care in the care of patients and families in order to provide wellbeing and comfort. The investigation of this topic is transcendental for the humanized care in the hospital environment.

4. Discussion

The findings found in the analysis of the research articles according to the categories we have:

Spirituality and religiosity are a phenomenon that strengthens human existence, so it is necessary for the field of health to include the spiritual dimension in the different stages of life (Monje et al., 2018; R. Rocha et al., 2018) it is time for nurses to consider spiritual needs to humanize care in the different areas of care, especially in critical areas (Martínez et al., 2020) to promote quality of life and emotional well-being (Martínez et al., 2020) these spiritual and affective connections (Rute et al., 2017) . It will serve as emotional support for both the patient and the family to achieve comprehensive and qualified care (Gramazio et al., 2015). Spiritual care is of intangible value to the individual, and the methods used by health professionals help meet their spiritual, psychological, and physical demands (Simão et al., 2015; Tomaszewski-Barlem et al., 2016).

In this sense, the humanization of nursing health services includes dedication, commitment, and shifts in the biomedical paradigm toward the human (Olivé, 2015) attributes that promote sensitivity (Silva et al., 2016) creativity, value development, and spirituality to make visible the qualification of their professional identity and vocation of nursing professionals (Ferro-Rivera et al., 2018) . Undoubtedly, the incorporation in the training curriculum of health professionals the knowledge of spiritual care, which is an art of critical nursing care with love for the person that fosters a hopeful sense of life-related to humane treatment, religious practice, empathy, compassion, and comfort in the most challenging moments of life such as illness and death of a loved one, considering it as a successful experience (Bueno et al., 2020; Figueredo et al., 2019; Saucedo et al., 2020). Likewise, active listening, presence, and the demonstration of comfort with an embrace are comforting in the face of humans (Ávila et al., 2015; Benites et al., 2017; Uribe & Lagoueyte, 2014) and even the breaking of rules such as family members coming together in restricted areas to say goodbye to a loved one as part of a dignified death (Fonseca, 2016; Mesquita, 2014; Muñoz et al., 2014; S. Rocha et al., 2015).

In the practice of spirituality within the multidisciplinary team, spiritual care is strength in overcoming difficulties in care work (I. De Oliveira et al., 2017; Maran et al., 2020) training is, therefore, relevant to the care of chronically and terminally ill people (L. Vargas-Escobar, 2017) Therefore, nursing education on spirituality and spiritual support are essential (Özveren & Kırca,

2019) However, health institutions have significant implementation limitations (Moreira et al., 2020). Likewise, there is a lack of knowledge of spiritual care in the execution of nursing care, so it is not included in the organization of the work process and the prioritization of physical care (Caldeira et al., 2014; Castanheira Nascimento et al., 2016) The lack of experience of meditation, reflection, and prayer that is spiritually uplifting and therapeutic (C. Oliveira et al., 2020) religious (N. Viotti, 2018) to assess and intervene in the spiritual dimension (Olson, 2015; Ottaviani et al., 2014) of the person as a harmonious unity of mind, body, and spirit (Ortega et al., 2016).

Spirituality is a symphony of music, of love that feels, thinks, suffers, questions, questions, suffers, where the multiple diagnoses of illness take precedence over the essence of life (Morales-Ramón & Ojeda-Vargas, 2014). especially in terms of better stress coping (Do Espírito et al., 2013; Martins et al., 2015) Religious/spiritual support from nurses needs to be given promptly (Moreira Freire et al., 2017). with a favorable attitude toward strengthening spiritual competencies in practice (Arreierira et al., 2018). and being the respectful, responsible, kind, and loving encounter of the nursing professional with the patients (Morales & Palencia, 2021; Runzer-Colmenares et al., 2019).

The respectful, responsible, kind, loving encounter of the nursing professional with religious patients (Del Castillo et al., 2020). religious nurses provide spiritual care at all times (E. Taylor et al., 2014) so it is appropriate to initiate a conversation about spirituality/religion or offer a prayer (Elizabeth Taylor et al., 2018) . Spiritual care attends to the perfect triad of body, mind, and spirit and is critical in building self-esteem to cope with the diagnosis, treatment, recovery, and even death (E. Taylor et al., 2014) patients' religious practices such as bible reading, prayer, and singing praises, among others, are seen as a source of strength, going beyond emotional comfort to palliate physical symptoms. Other spiritually supportive interventions include listening to music, observing nature, meditating, and exploring the purpose of life through meditation (Pereira & Graminha, 2016; Pérez-García, 2016; Pérez-Hernandez et al., 2019).

It should be noted that the accompaniment of patients and their families is an opportunity to strengthen the bonds of closeness with their loved ones, through forgiveness, elimination of negative feelings, and hope (Braz et al., 2016; Bueno et al., 2018; M. Miqueletto et al., 2017). In this sense, attachment to faith is a source of support to face adverse situations, especially in cancer disease in vulnerable populations (De Araujo et al., 2016) showing a better confrontation of religious-spiritual (Matos et al., 2017) hope is fostered, a strategy for dealing with fears and uncertainty and the stigma of illness (Jordán & Barbosa, 2019) bringing with them mixed feelings that lead to anxiety, depression and even suicidal ideation (Becerra, 2018).

In this line, spirituality and religiosity predominate among older people (De La Longuiniere et al., 2018; I. Gómez et al., 2016). It is a positive way of coping with the disease (D'Oliveira & Marques, 2016; Delgado-Guay et al., 2016; Narayanan et al., 2020). Prayer provides an atmosphere of tranquillity and strength (Villalba, 2015; Zerbetto et al., 2017) and raises a sense of hope (O. Gómez et al., 2019; Morillo et al., 2017). Thus, humanized care strengthens interpersonal and transpersonal relationships to reinforce the nurse-patient relationship in critical situations (T. Redondo-Elvira et al., 2017; Waldow, 2014). The bonds of trust and security that allow issues related to spirituality and religiosity to be addressed are possibilities to anticipate the ritual that the patient desires in a situation of death (C. Manchola et al., 2016; Zenevicz et al., 2020) This favors the fullness of care (Guerrero-Castañeda et al., 2019; Santana et al., 2017) improving spiritual well-being (Joon Yoon et al., 2018; Kwan et al., 2016; Loredó-Cortez et al., 2020; O'Callaghan et al., 2020; Roman et al., 2020).

5. Conclusion

It is evident that spirituality is relevant actions of care in the different areas of care; it is a spiritual dynamic in nursing care, and it must be recognized as an essential part of the patient who seeks to fill existential voids and internal conflicts due to illness or a diagnosis of a terminal disease where they perceive the end of their life. It is interesting to deepen this theme further to be applied daily in healthcare practice to provide spiritual care.

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