



Spiritual care for mothers of babies with malformation in the light of Watson's theory: the nurses' understanding^a

Cuidado espiritual à mãe de bebês com malformação à luz da Teoria Watson: compreensão de enfermeiras

Cuidado espiritual para la madre de un bebé con malformación a la luz de la Teoría de Watson: comprensión de las enfermeras

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ABSTRACT

Objectives: to investigate the understanding of nursing assistants on spirituality; to analyze the spiritual care provided by nurses to the mother of a baby with a malformation in the light of Watson's Theory. **Method:** this was a qualitative approach implementing semi-structured interviews with eleven nurses from a reference maternity hospital in the city of João Pessoa (Paraíba State, northeastern Brazil). Data were analyzed using the content analysis technique proposed by Bardin. **Results:** two categories emerged: the nurses' understanding of spirituality and spiritual care and the spiritual care provided by the nurses to the mothers of malformed babies from the perspective of Watson's theory. The professionals empirically use elements of the Caritas-Veritas Clinical Process. **Conclusion and implications for the practice:** the nurses understand spirituality as something that guides and brings meaning to life, whether or not it is linked to religious practice. They recognize that the spiritual care provided to the mothers of malformed babies helps them cope with the problem.

Keywords: Congenital anomaly; Nursing care; Nurses; Spirituality; Nursing Theory.

RESUMO

Objetivos: investigar a compreensão de enfermeiras assistenciais sobre espiritualidade; analisar o cuidado espiritual prestado pelas enfermeiras à mãe de bebê com malformação, à luz da Teoria de Jean Watson. **Método:** abordagem qualitativa, implementando a entrevista semiestruturada com 11 enfermeiras de uma maternidade de referência no município de João Pessoa (PB). Os dados foram analisados a partir da técnica da análise de conteúdo proposta por Bardin. **Resultados:** emergiram duas categorias: compreensão de enfermeiras sobre espiritualidade e cuidado espiritual; cuidado espiritual prestado pelas enfermeiras às mães de bebês com malformação congênita, na perspectiva da Teoria de Jean Watson. As profissionais utilizam, empiricamente, elementos do *Processo Clínico Caritas-Veritas*. **Conclusão e implicações para a prática:** as enfermeiras compreendem espiritualidade como algo que norteia e dá sentido à vida, podendo ou não estar relacionada a uma prática religiosa. Reconhecem que o cuidado espiritual auxilia as mães no enfrentamento de problemas.

Palavras-chave: Anomalia congênita; Cuidado de enfermagem; Enfermeiros; Espiritualidade; Teoria de Enfermagem.

RESUMEN

Objetivos: Investigar la comprensión de enfermeros asistenciales sobre espiritualidad; analizar el cuidado espiritual que prestan las enfermeras a la madre de un bebé con malformación, a la luz de la Teoría de Jean Watson. **Método:** abordaje cualitativo implementando una entrevista semiestructurada con once enfermeras de una maternidad de referencia en la ciudad de João Pessoa (Estado de Paraíba, noreste de Brasil). Los datos se analizaron mediante la técnica de análisis de contenido propuesta por Bardin. **Resultados:** asomaron dos categorías: comprensión del enfermero sobre espiritualidad y cuidado espiritual y el cuidado espiritual ofrecido por los enfermeros a las madres de bebés malformados en la perspectiva de la teoría de Jean Watson. Los profesionales utilizan empíricamente elementos del Proceso Clínico Caritas-Veritas. **Conclusión e implicaciones para la práctica:** Los enfermeros comprenden espiritualidad como algo que orienta y ofrece sentido a la vida, pudiendo o no estar ligada a una práctica religiosa. Reconocen que el cuidado espiritual ofrecido a las madres de bebés malformados las auxilia en el enfrentamiento del problema.

Palabras clave: Anomalia congénita; Atención de enfermería; Enfermeros; Espiritualidad; Teoría de Enfermería.

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INTRODUCTION

In the neonatal care scenario, nursing professionals are faced with the daily challenge of focusing care on the baby and its family members - especially the mother as she is directly linked to the child¹. Nurses have sought to overcome the technoscience paradigm, which is marked by the valorization of technical components and the professional's manual dexterity. To this end, nurses have made efforts to provide care from the perspective of humanization and integrality based on an understanding of the human being as a being composed of reason, emotion, sensitivity, and spirituality².

In particular, the mothers of babies with congenital malformation tend to require health care that can consider them in their entirety, considering the probability that these women will experience feelings of fear, disappointment, guilt, and anxiety, and may even reject their child. Such feelings tend to be intensified when there is a need for the child's hospitalization in the intensive care^{3,4}.

It is known that having a child affected by congenital malformation is a painful and challenging experience. For this reason, it is primordial that the health team recognizes spirituality as an important coping strategy for parents who are shaken by their child's problem⁵. Spirituality is understood as an essential human element that allows a person to understand life and find meaning in their existence. Therefore, the meaning attributed to life is influenced by the way the individual sees the circumstances in their daily life, which tends to direct their positioning in the world and choices made⁶.

When considering spirituality as a source of comfort and hope for the individual facing a delicate health situation, it becomes understandable that parents resort to spiritual practices as a means of support to deal with the congenital anomaly of their child from the moment of diagnosis⁷. Research has shown that faith and hope may arise from spirituality; these aspects contribute to accepting the limitation presented by the baby and help parents face and overcome the difficulties related to the care of the child affected by malformation⁸. Nonetheless, for spiritual care to be considered in nursing care, it is necessary that the professionals involved in this process perceive the individual - in this case, the mother - as an integral being with needs that go beyond those valued by the biomedical model⁹.

The efforts made by health professionals to overcome the traditional model of care are well-known, which privileges disease and curative actions. Medical teams have been attempting, for instance, to rescue humanistic care with particular attention to inserting a spiritual approach to care¹⁰. Thus, the practice of nursing care that seeks to go beyond biological care and attend to the numerous needs of patients and their families has stood out¹¹.

Given this scenario, seeking support from a nursing theory that enables satisfactory results in the face of spiritual suffering of mothers of children with congenital malformations is salutary for neonatal nurses. In this logic, Jean Watson's Theory of human caring - which, more recently, by making a connection between care and love, has evolved its paradigm

into the Clinical Caritas-Veritas Process - stands out as it provides subsidies that can lead health personnel to access the spiritual dimension and direct the practice of care according to the Caritas consciousness¹².

In this third and current paradigm, the theorist mentions the elements of the Clinical Caritas-Veritas Process as being: 1) Practicing loving-kindness and equanimity, practicing loving-kindness and compassion for oneself and others; 2) Being authentically present, strengthening and supporting the deep belief system and subjective world of oneself and others; 3) Cultivating one's own spiritual practices and deepening self-awareness, moving beyond one's ego; 4) Establishing an authentic relationship of care, help, and trust; 5) Being present and supportive of the expression of positive and negative feelings as a deep connection to one's own spirit and that of the person cared for; 6) Being creative and using all forms of knowing and being as part of the caring process, engaging in artistic practices of care-reconstitution; 7) Engaging in a genuine teaching-learning experience that fully attends to the person and their meanings while attempting to stand in the referential of others; 8) Creating a healing environment on all levels that is subtle in energy and awareness, in which wholeness, beauty, comfort, dignity, and peace are enhanced; 9) Assisting in basic needs (with intentional mindfulness of care), touching and working while honoring the being in all aspects of care; 10) Giving openness and attention to the mysterious and unknown spiritual dimensions of life and death, caring for your own soul and the being being cared for.

Watson considers the moment of care as a sacred encounter between the professional and the being cared for, favoring the existence of a reconstituting environment. The author also states that care is transpersonal since it transcends time, space, and the physical dimension through a mutually shared consciousness, thereby favoring an energetic opening capable of potentiating a moment of restoration between those involved in the relationship established in the care^{13,14}. Therefore, this form of care can be considered a safe base for providing spiritual care to the mothers of babies with congenital malformations.

Hence, the relevant contributions of Watson's theory to the critical holistic thinking of nurses must be highlighted, since this theory can decisively contribute to minimizing gaps in knowledge regarding the holistic dimension in the nursing diagnostic process and nurses' clinical decision-making. Moreover, Watson's theory may also contribute to the reflection of these professionals on humanization, ethics, and solidarity associated with the act of caring¹⁵.

This being said, the value of this theory is undeniable for the nursing care practice when one seeks to provide spiritual care to women who experience becoming the mother of a child with congenital malformation. Given the considerations presented herein, this study aimed to investigate the understanding of nursing assistants about spirituality and analyze, in light of Jean Watson's Theory, the spiritual care given by nurses to mothers of babies with congenital malformations.

METHODOLOGY

This is a qualitative field study approach developed in a public maternity hospital in João Pessoa (Paraíba State, northeastern Brazil), a reference in the care of births and neonates considered to be high-risk.

The study population was composed of care nurses who work in the Neonatal Intensive Care Unit and the Neonatal Intensive Treatment Unit of that maternity. The study sample was based on accessibility and consisted of 11 nurses who met the following criteria: to be in professional practice during the data collection phase; to have worked for at least one year in the place selected for the study; to be available and interested in participating in the research. Nurses who were away from their work activities due to leave or vacation were excluded. At first, the sample size was not defined; hence, the criteria of theoretical saturation were used i.e., concluding the collection when the repetition of information obtained in the participants' statements was verified.

Data collection was carried out in June and July 2018; the semi-structured interview technique was adopted. A script was developed with questions regarding the characterization data of the participants and the study objectives, which included questions about understanding spirituality, offering spiritual care to mothers of malformed babies, and the resources used to provide this care.

Prior contact was made with the nurses, who, upon agreeing to participate, were interviewed individually in a private room within the health service during working hours and according to the participants' availability. The interviews lasted an average of 30 minutes. Notably, the assistance provided to the children was carried out by another nurse who was also on duty. The testimonies were collected using an MP4 recording system with non-systematic observations and a field diary. The anonymity of the participants was maintained by identifying them using the letter "N" (i.e., nurse), followed by the interview number (N1 to N11).

Data regarding the characterization of the participants were organized in a spreadsheet and analyzed by absolute and percentage frequency using Microsoft Office Excel 2010. The qualitative data, after audio transcription, were analyzed and discussed in light of Jean Watson's Theory^{13,14}. To this end, the content analysis technique was adopted, which presupposes the following phases: 1) organizing and transcribing the dialogues; 2) extensive reading of the interviews; 3) identifying and categorizing the significant nuclei; 4) inference of the results and interpreting the data based on the theoretical foundation adopted in the study¹⁶.

It should be noted that the research project was submitted and approved by the Research Ethics Committee of the Health Sciences Center of the Federal University of Paraíba (CCS/UFPB) on May 27, 2018 (opinion no. 2,677,642 and CAEE no. 86954218.0.0000.5188). The ethical aspects of the research were considered as recommended by Resolution No. 466/12 of the National Health Council, especially regarding the informed consent of the participants¹⁷.

RESULTS

The 11 nurses were between 30 and 39 years old, 5 of whom graduated from public educational institutions and 6 from private ones. As for their educational backgrounds, 1 has a master's degree and 10 have a specialization. Regarding the sector they work in, 7 are on duty in the Neonatal Intensive Care Unit and 4 work in the Neonatal Intensive Treatment Unit. As for the time they have been working in these sectors, 8 reported having worked for over 5 years, and 3 for less than 5 years; for religion, 8 said they were Catholic, 2 were Evangelical, and 1 was a Spiritualist.

From the analysis of the empirical data, two categories emerged, which will be presented below:

Category 1 – Nurses' understanding of spirituality and spiritual care

In their statements, the nurses revealed their understanding of spirituality, relating it to a greater Being, to God, to faith, and to religious aspects, as the following statements show:

Spirituality would be the relationship you have, whether with religion, with a saint, with God; a way of supporting yourself in difficult situations, in moments of gratitude, in the most diverse situations (N1).

For me, spirituality is something that involves faith, isn't it? It's faith! A direction! It's a direction related to religion, to religious faith even (N6).

I think it is something related to the issue of [...] I don't know if it is faith or religiosity or if I'm mixing things up, but I think it has to do with the way I deal with certain situations [...] (N7).

Recognizing spirituality as an element that guides life, being perceived and experienced personally, is important for the nurse to help the patient find meaning and self-strengthening in the face of the situation experienced. This comprehension is perceived in the following statements:

I understand spirituality as something that guides life [...]. Spirituality, for me, I understand, regardless of religion, as something that guides us in life in all aspects [...]. So that we can face the challenges and difficulties of life, we really need this "direction," this strength [...] (N5).

For me, spirituality is not tied to any religion; it is where each person identifies with a Greater Being! For some, it may be God; for others, it may be Buddha. But it is a matter of seeing life, isn't it? It's a matter of understanding the meaning of life [...] (N8).

Nurses understand spirituality without it being necessarily related to religiosity. In these excerpts, this human dimension's influence on the subject's way of being in the world and relating to others and to life events was evident. Furthermore, it became

apparent that, through spirituality, it is possible to find the strength to face difficulties in the best way possible.

The nurses' statements show that they understand that spiritual care is achieved when the assistance provided transcends physical care.

Spiritual care is exactly that: you believe in something greater than just the physical, material issue! (N4).

It's you giving assistance. It would be something like you transcend physical care, you go beyond, the way you see the state of mind in which the person presents [...] (N7).

Still on the subject of spiritual care, the nurses showed an understanding of the importance of this resource in strengthening the individual to face a particular event, as shown below:

I believe it's a support that you can give the other person [...]so that they can get stronger during that situation and react to it in a better way (N1).

I understand that spiritual care is when you try to guide and pass on comfort, peace, a word, and conversation with someone to bring well-being (N11).

With the statements, it can be observed that, even among the nurses who expressed spirituality as something linked to religious convictions, respect for the universe of belief presented by the patient prevailed. Therefore, these professionals demonstrated to care for the spiritual dimension of others without imposing any form of religion.

Category 2 - The spiritual care provided by nurses to mothers of babies with congenital malformations from the perspective of Jean Watson's theory

Category 2 allowed three subcategories to be elaborated. The first one refers to spirituality as an element of care for mothers of babies affected by congenital malformations, according to the nurses' understanding. The second subcategory refers to the strategies used by these professionals to provide spiritual care. Finally, the third subcategory deals with the difficulties pointed out by nurses providing spiritual care.

Subcategory 1 - Spirituality as an element of care for mothers of babies with congenital malformations

We noted that all the nurses who participated in this study expressed that they recognize spiritual care as an important resource for mothers dealing with the birth of their child affected by malformation. These mothers require specialized assistance in the neonatal intensive care and treatment units, as revealed by the following reports:

Yes, because initially, these mothers are very shaken. First, they are shaken when they know of the malformation during the pregnancy; then, they are shaken when they are born because, wanting it or not, they have a little hope that it was some mistake, something [...]. I see that most of them start to conform and get closer and closer to God's love, which they can feel precisely through this spiritual care (N2).

Absolutely! Because they are going through a very difficult moment of acceptance, empowerment, weakness, and fragility. So, this spiritual care will bring them comfort, peace, making them endure that difficult moment, learn to understand what is happening, to overcome and thus have a better quality of life and be able to help in the rehabilitation or improvement of their child [...] (N11).

The nurses recognize that there is a greater approximation of mothers with something divine through spiritual care. At this moment, this approach is characterized as a source of strength, help, comfort, and peace and may lead to overcoming the anxieties aroused by the baby's congenital malformation. The professionals interviewed also stated that, when spiritually cared for, these mothers are better able to help in the rehabilitation and care of their child.

The excerpt from the statement of N3, in addition to considering spirituality as an important care tool for mothers of babies with malformation, makes it clear that there is an interconnection between the nurse and the mother during the contact established between them, as well as a transpersonality in the care relationship, as described below:

Yes. Because most of the time, our will is intertwined with a mother's feeling, and we know that she is going through something incomprehensible in her eyes. And we see in the intuition of speaking, acting, and looking a different way. Through spiritual assistance, she does change her way of seeing and thinking considerably (N3).

In the understanding of these professionals, spiritual care can contribute to the strengthening of this maternal dimension, which favors acceptance and the emergence of faith and hope, reflecting on the way the mother will deal with the problem.

Subcategory 2 - Strategies used by nurses to provide spiritual care

All the nurses who comprised the sample of this study affirmed that they provide spiritual care to the mothers whose children were hospitalized in the Neonatal Intensive Care Unit and Neonatal Intensive Treatment Unit. As strategies most used in providing spiritual care, they pointed out holding hands, listening, conversing, and talking about God, as shown in the following excerpts:

I usually orient them so that within what they believe, whether in terms of religion or whatever, to say their

prayers, to talk to God. Even during the procedures that are done with the babies, that at that moment they pray, they ask God, they do it in the best way possible so that it helps both of them and the energies, helps the energy during a procedure, during surgery, during the process that that child is going through during hospitalization. Even if it is holding their hand, supporting them, talking to them, praying with them, if necessary (N1).

Yes, I do. I even have a project called "Talking to God" here in the institution that supports precisely these mothers who stay longer in the institution because of the babies with congenital malformation. [...] I look for this mother, and I go and talk to her and invite her to participate in the project. This project approaches these mothers, we talk a little, they talk a little, it is also a moment for them, they talk about their insecurities, the fear of the issue that they have in their hands and of the care that they do not know how they will provide these malformed babies. [...]. In reality, we have a conversation circle that, after their confession, I complement it, showing them God's love for them [...]. (N2).

For N5, the relationship established between the triad nurse-baby-mother helps to get closer and strengthen the bond between the parties. This seems to favor the creation of a favorable atmosphere for the offer of spiritual care, as shown in the following statement:

Usually, I talk. It is through dialogue. After we spend some time with them, we acquire greater proximity, an intimacy, a greater bond with these mothers. And then, we really have this openness to come and talk, to talk about God, to talk about positivity, to talk about how things will work out, to have faith, to have patience, to have strength, and to have courage. So, it is like this: a word of comfort, of strength, of care (N5).

It was possible to observe in this study that, despite recognizing spirituality as a critical aspect of care, some professionals are unclear about the care they provide, as can be read in the discursive examples:

I don't know if it is precisely spiritual care, but it's a conversation, even comfort through a sincere conversation making the person reflect on several life issues (N8).

I've already said, I always say that we have to cling, either to God or to something we believe in, but, well, I don't use any strategy; I just talk, I just use communication (N10).

Subcategory 3 - Difficulties pointed out by nurses in performing spiritual care

According to the data obtained in this study, there is a gap in the professional training of these nurses, since the 11 participants

reported not having received in-depth training to provide spiritual care, as revealed in the following excerpts:

I never received any kind of training to provide spiritual care (N8).

No. Not in my training, not that I remember. If there was, I think it was very superficial (N10).

Another aspect revealed was that some mothers are initially introverted when facing such a complex event, such as becoming the mother of a baby with congenital malformation, as described here:

Sometimes, the mothers are very closed off and harsh, they don't accept it [...] and sometimes they don't demonstrate any interest, because, as the mother is closed off, she is kind of harsh. I don't feel interested in getting close to her. So, I leave her at ease so that, when she shows herself as more open, I can come and talk, look, pray, say something (N3).

Some moments are difficult because it depends on each mother: some who are calmer accept what we are talking about and begin to understand. But there are others that, regardless of what it is, if they already knew or not, have more difficulty understanding, but little by little, there is an understanding of the moment that is happening (N9).

It is also noted that the difficulties in providing spiritual care to mothers of babies with congenital malformation are also associated with the nurse's work overload in the unit and the time spent on bureaucratic tasks, as these interviewees reported:

Meeting, because the dynamics of the intensive care unit is tremendous [...] you have to apply a dressing, you have to make a diet, you have to apply medication, you can't do it. It is very difficult to stop for five minutes to at least look into the eyes of a mother [...] (N4).

I think we don't always have that time, that is, that moment to talk [...]. I think that what most hinders spiritual orientation, spiritual care, at this moment, is the time we don't have to dedicate to that specific case, since we have many attributions. Besides the assistance, there are also the bureaucratic things that sometimes get in the way (N11).

It must be said that, based on the notes taken in the field diary during data collection, it was possible to observe that N11 is linked to several bureaucratic attributions within the sectors where the research took place. During the interviews in a private room, for example, there were several interruptions because the professional was asked to answer or solve some bureaucratic issue.

Even with the difficulties pointed out by the research participants, the field diary made it possible to see the satisfaction in the

nurses' faces when they reported how they could help mothers face the congenital malformation of their children through the practice of spiritual care.

DISCUSSION

In a context so permeated by particularities, caring requires nurses to provide care that goes beyond the limits of the physical dimension, and these professionals must understand the meaning of spirituality. By analyzing the results presented, it was possible to observe that, for some nurses, spirituality is something that transcends the physical aspect, constituting a source of support when faced with difficult situations.

The reach of this dimension comes from the relationship that one has with a greater Being, with God, obtained through religion, demonstrating that religious aspects guide the meaning of spirituality. Congruent results with those of this study were found by researchers who investigated the nurses' view on spirituality; the authors observed an understanding of spirituality based on aspects of theology from beliefs based on Judeo-Christian traditions¹⁸.

Other professionals have mentioned that spiritual care is caring for the soul, and it is care that is affected when one seeks to assist the other, going beyond the physical needs. Based on attitudes of respect for beliefs, one tries to identify the individual's state of mind and, from there, to give the necessary support to help him/her to reflect on the experienced situation.

As an integral part of the individual, the spiritual dimension of the human being has been highlighted as essential for providing care from the perspective of integrality, since it can influence the way events related to health are perceived and faced¹⁹. According to the ideals proposed by Watson's Theory, the psycho-spiritual yearnings of the human being must be considered as the focus of health care, especially in moments of greater fragility¹³.

Reflecting on the ten elements of the charitable factors that make up Watson's Caritas-Veritas Clinical Process, one can see the relevance attributed to spirituality in the context of health care, especially the deep connection with one's own spirit and with the spirit of the person being cared for. This allows positive and negative feelings to be expressed; a caring environment that leads to the reconstitution (healing) of all physical and non-physical dimensions; the practice of a humane care in all aspects to enhance the alignment between mind, body, and spirit; and the respect for the belief system of others and oneself^{13,14}. Thus, by analyzing the spiritual care provided by the nurses, the use of elements of the Clinical Caritas-Veritas Process could be observed, as these professionals emphasize the relevance of reconstitution (healing) of physical and non-physical aspects^{13,14}.

According to the nurses who contributed to this study, when a mother discovers the malformation during prenatal care, she tends to hope that the news will not be confirmed at birth, hoping for a miracle or an error in the diagnosis. Nonetheless, during the postpartum period, this mother receives confirmation of her child's problem, including the possibility that other problems may be detected after birth.

The tenth element of the Caritas-Veritas Process mentions the importance of allowing the possibility of miracles to be considered^{13,14}. However, it is pertinent to understand that science has limitations, especially since many congenital anomalies are not amenable to curative interventions. Therefore, by providing attention to the spiritual and soul mysteries of the being cared for (the mother), the nurse must make her understand that some life circumstances are inexplicable and simply part of the existential dimensions of life and death²⁰.

Regarding the care relationship between nurses and patients, Jean Watson recognizes transpersonal care as something that goes beyond the limits of the physical, time, and space, besides being something that causes permanent changes both in the lives of those who care and those who are cared for. Hence, this modality of care can be considered essential to the ideals of nursing, a science that seeks to preserve the dignity of the human being in all aspects^{13,14}.

According to Watson²¹, caring starts from a place, from an attitude, from the awakening of a desire and an intention that leads the professional to assume the commitment and the conscious judgment so that the action is materialized. For this, it is salutary that the caregiver understands the being cared for as a unique being that has feelings and a unique worldview.

The nurses of the Neonatal Intensive Care Unit recognize that the family of a newborn with malformation, especially the mother, requires a differentiated welcoming and care, since these people, for not knowing about the anomaly, face fright and strangeness. Given this scenario, it is pivotal to recognize that spirituality is a significant therapeutic resource for mothers of babies with congenital malformation.

It was evident that, even empirically, in the daily practice with these mothers, the nurses use some elements of the theory adopted as a theoretical reference for this study, such as the first and fifth elements. Such elements cover a) bringing love into the consciousness of care; and b) respecting and encouraging the exposure of positive and negative feelings, as it favors the patient to recognize their own emotions and, based on this recognition, accept or confront them^{13,14}.

It should be noted that the "Talking to God" project mentioned by N2 can be considered an example of going beyond technoscientific knowledge in the intention of providing a form of care aimed at relieving the non-physical symptoms of the mothers of babies with malformation, such as anguish, fear, despair, sadness, among others. In this respect, Jean Watson recommends, in the sixth element of the Clinical Caritas Process, that nurses use creativity and all the paths of knowledge in an attempt to provide healing care²⁰.

Spiritual care presents some particularities concerning other types of care aimed at the individual's health. One of these particularities refers to the resources used by the nurse to identify the spiritual suffering of the patient, with emphasis on a necessary closer bond between both. Another resource is attentive listening to the aspects described by the patient²².

Establishing a bond of trust between the mother and the nurse leads to bringing both parties closer, thereby favoring the construction of an intimate relationship, which enables the professional to approach the spiritual dimension of the being cared for and, through dialogue, try to bring a word of faith, comfort, and hope. In view of this, the authors recognize that establishing a harmonious and trusting relationship favors the development of empathic behavior, in which the professional, through a conscious process, must consider and express the real will to be concerned with the suffering of the other, a person who has the unique experience of being a patient¹¹.

Although there have been advances in recognizing spirituality in health care, caring spiritually for others may not be an easy task for some nurses since there is a gap in the knowledge of these professionals on how to provide this care in assistance²². This gap was also observed in this research because some participants did not demonstrate a clear understanding of how to provide spiritual care.

It is also noted that the work rhythm of the nurses working in the environments where this research was carried out is intense due to the attributions they have to fulfill during their shifts, which may interfere with the offer of spiritual care. Similar results were highlighted in a study that also identified the nurses' lack of time to attend to the patients' spiritual needs, mainly due to the time spent on bureaucratic and technical work and a high number of tasks to be performed by the professional⁹.

The effort of these nurses to overcome the difficulties that can weaken the provision of spiritual assistance, such as the lack of knowledge about the theme and the daily work overload, is perceptible. Moreover, it can be noticed that even though they do not use, for example, more specific artistic practices, such as art and music, these professionals contemplate several elements of the Clinical Caritas-Veritas Process in their daily care. Through the testimonials, it became evident that the care provided involves establishing an authentic relationship of care, help, and trust, the respect for the belief system, the incentive to express positive and negative feelings, providing openness and attention to spiritual dimensions, creativity, intuition, personal knowledge, as well as the knowledge that is based on their own life experiences to provide care¹²⁻¹⁴.

FINAL CONSIDERATIONS AND IMPLICATIONS FOR PRACTICE

This study demonstrated that nurses understand spirituality as guiding and giving meaning to life, which goes beyond the physical dimension and may be linked to religious practice. Nevertheless, some of these professionals reported understanding spirituality as a matter of faith and as having a relationship with a greater Being, which may be God.

The nurses recognize spiritual care as a vital tool to help mothers when facing becoming the mother of a baby with congenital malformation. It was possible to identify some of the elements of the Clinical Caritas-Veritas Process of Jean Watson

in the assistance provided. However, some difficulties in the effectiveness of this care were pointed out, with emphasis on the gaps related to professional training focused on spirituality as a component of care and on the work overload to which nurses are exposed in the units where they work.

As a limitation of the study, it was developed only in a maternity hospital, not allowing generalizations regarding the results. It is expected that this study will provide a relevant contribution for nurses working in the neonatal context, who need to be supported by a theoretical reference model capable of providing subsidies for the practice of spiritual care to mothers who are affected by the congenital malformation of their children.

Finally, we recommend developing educational activities that allow a reflection based on a theoretical framework that contributes to expanding nurses' knowledge about health care practice from the perspective of spiritual care.

AUTHOR'S CONTRIBUTIONS

Study design. Ana Cláudia Gomes Viana. Maria Emília Limeira Lopes.

Data collection or production. Ana Cláudia Gomes Viana.

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