

## Spiritual life and uncertainty in the sanitary area in oncological patients of a national hospital 2016

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### Resumen

En el campo de la salud, es esencial cuidar la dimensión espiritual en la persona diagnosticada con cáncer, porque este fenómeno en particular está directamente asociado con la idea de dolor, muerte e incertidumbre durante el proceso de la enfermedad. Por lo tanto, es inevitable fortalecer la sensación de esperanza y el deseo de paz espiritual en el cuidado del paciente y la familia. Objetivo: determinar la espiritualidad y la incertidumbre en pacientes con cáncer en un hospital nacional. Metodología: estudio cuantitativo, sección transversal conformada por una muestra poblacional de 40 pacientes hospitalizados; Se aplicaron 2 instrumentos: Escala de perspectiva espiritual y Escala de incertidumbre, que fueron sometidos a pruebas de validez y fiabilidad, respetando consideraciones éticas. Resultados: se encontró que: 87.5%, 7.5% y 5% lograron un nivel moderado, alto y bajo de espiritualidad; en las dimensiones: las prácticas espirituales encontraron que 80%, 15% y 5% obtuvieron niveles moderado, alto y bajo y en creencias espirituales, 80%, 15% y 5% tienen un nivel moderado, alto y bajo. En la variable de incertidumbre, se puede observar que 60%, 22.5% y 17.5% lograron alcanzar un nivel moderado, alto y bajo. Conclusiones: la espiritualidad y la incertidumbre deben ser valoradas en el proceso de cuidado de enfermería. El cuidado implica un contexto de respeto por las creencias y prácticas espirituales. Se debe enfatizar el cuidado en el abordaje de la muerte en la educación de la salud para ofrecer entornos hospitalarios y domésticos seguros para el paciente y la familia.

**Palabras clave:** Espiritualidad, Incertidumbre, Paciente, Cuidado.

### Abstract

In the health field it is essential to take care of the spiritual dimension in the person diagnosed with cancer, because this phenomenon in particular is directly associated with the idea of pain, death and uncertainty during the disease process. Therefore, it is inevitable to strengthen the sense of hope and the desire for spiritual peace in the care of the patient and the family. The goal was to determine the spirituality and uncertainty in cancer patients in a national hospital. The methodology was quantitative study, cross section conformed by a sample population of 40 hospitalized patients; 2 instruments were applied: Scale of spiritual perspective and Scale of uncertainty, which were subjected to tests of validity and reliability, respecting ethical considerations. Results: It was found that: 87.5%, 7.5% and 5% achieved a moderate, high and low level of spirituality; in the dimensions: Spiritual practices found that 80%, 15% and 5% obtained moderate, high and low level and in spiritual beliefs, 80%, 15% and 5% have a moderate, high and low level. In the uncertainty variable, it can be seen that 60%, 22.5% and 17.5% managed to reach a moderate, high and low level. Conclusions: Spirituality and uncertainty, need to be valued in the process of nursing care. Caring implies a context of respect for spiritual beliefs and practices. Care in the approach of death should be emphasized in health education to offer safe hospital and domestic environments for the patient and family.

**Keywords:** Spirituality, Uncertainty, Patient, Care.

## 1. Introduction

The meaning of our life can be altered when we experience the vulnerability of the patient in his health and illness process, which can affect and experience signs of pain or death; what leads to altering time and personal biography in this world, placing the patient in a situation of break between the past and the future<sup>1</sup>. The person by nature is a complex being and whose meaning of his existence is to live in a state of happiness and suffering, because this complexity is notorious in its corporeal structure, but even more so in its psychic, social or spiritual life<sup>2</sup>.

At the present time and worldwide there is a considerable increase of people living with chronic degenerative diseases, it is so that the World Health Organization (WHO) reports that cancer is one of the leading causes of mortality, since an estimated more than 700,000 people in the world<sup>3</sup>. In Peru, the Ministry of Health (MINSA) in the period 2006-2011 reports a total of 109,914 reported cases of cancer and the most frequent were those of cervix 14.9%, stomach 11.1%, breast 10.3%, skin 6.6% and prostate 5.8%<sup>4</sup>. In general, chronic degenerative terminal diseases such as cancer acquire different pathologies, for this there are different treatments that are not limited only to surgery, chemotherapy or radiotherapy, but also to the appearance emotional and social consequences of the disease, since cancer transcends beyond the biological scope, because from the moment the diagnosis is known, it is already producing significant changes in the patient's life, starting with the feeling of failure and uncertainty in front of the patient. to the incurable disease and death<sup>5</sup>.

In general, in health facilities in Peru, the increase in hospitalized oncology patients can be observed, most of them in the terminal phase, considerably affecting their daily and family life. In most of these patients have some degree of dependence and limitation to meet their basic needs by themselves, they require the accompaniment of a person who takes responsibility for their care and guarantees their quality of life. It is therefore important the role played by the nursing professional, as a health educational support, both in the hospital and domestic, ensuring that the person who assumes basic care, also support to meet the human dimensions such as spiritual care<sup>4</sup>.

The sanitary safety standards that are applied in the hospital setting generally establish restrictions to promote the safe environment and avoid intrahospital infections. However, any material that comes in contact with the user becomes a potential vehicle for the transmission of infections. Given the aforementioned contradictory patients ignore the indications of health professionals, placing them in a sense of contradiction to break the rules of biosafety and the desire of the patient in his need to raise the level of spiritual protection goes through Above all reason why, most patients have in their possession pictures, rosaries or bibles, which are taken at the time of hospitalization as a sign of protection, faith and love of God<sup>5</sup>.

Another situation to which patients are emotionally affected is the restricted schedule for the visit of their relatives, bringing with it limitations in the approach of the relative with the patient in the care and in the process of pain and suffering this phenomenon increases the path of the uncertainty, both for the patient and the family who daily experience dissimilar emotions and go through different stages of adaptation to the disease, who seek refuge in their beliefs and religious or spiritual practices to give a meaningful meaning to their lives<sup>4</sup>. Similarly, patients and relatives report that often their beliefs and customs are not respected or in some cases, health professionals are indifferent and indolent, because they express displeasure to religious practices or beliefs. The nurses in the care process, for the most part, have not taken into account the spiritual dimension of the human being, in order to prioritize the biological aspect, limiting in this sense to offering the patient the integral care that it requires. However, we know that it is not easy to understand and understand the spiritual needs during this critical process that the human being goes through, much more to describe and elucidate them. Well, that's where the interest in carrying out the present research study starts<sup>6</sup>.

The management of spiritual care involves addressing one of the multiple human dimensions that are going to be altered from the moment of suffering from the disease, as it has a negative or positive impact on their recovery, on the relief of pain and on the close approach to their families. . Likewise, when medical treatment does not favor and the process of dying approaches, it is necessary to build a final scenario of dignified death, which is based on the Basic Needs Model of the theorist Virginia Henderson. In this sense, this latent reality is a huge challenge for health professionals, who deal with emotional and spiritual care. Because the disease transits in a process of change, adaptation and human transcendence which gives the patient the possibility of finding a sense that transcends the biological, psychological and project towards the divine and transcendent. However, the patient does not always express his or her fears openly to avoid being discovered by their vulnerability of feelings, emotions seized by fear of the uncertainty of the future 1.

In the research study conducted in Peru on spirituality, presented by Antayhua A. and Meneses M. in 2015, they refer that 56.2% of patients have high spiritual experience, in the analysis by dimensions in spiritual practices over 45 % of patients prayed / meditated, read spiritual materials and commented on spiritual matters at least once / month. However, in spiritual beliefs less than 25% of patients said that they felt very close to God or a higher power, another 8% said that forgiveness was an important part of their spiritual life. Concluding the study, that the majority of patients in palliative care, had a high experience of spirituality, with expressions of religious practices, but in their beliefs they are inconsistent 6.

On the other hand, Campos, CA and Rivas SD 2017 in their qualitative research study called Meanings of spirituality in patients with oncological disease states that spiritual people, is very important acceptance of the disease process, strengthening their family ties and their healing at a psychological and physical level. It also states that it was found that the health services in which they were treated do not offer this service or do not inquire about it, focusing on the biological or solely on curing the symptoms of cancer, leaving aside transcendental aspects of the patient such as their beliefs and practices around spirituality 7.

Also, Núñez, P, Enríquez, D. and Irrázaval, M. (2012) in Chile. In his research study he states that spirituality in the oncological patient is a way of nurturing hope and encouraging a positive confrontation with the disease. Spirituality and / or religion affect decision-making in advanced stages of the disease and influence general aspects of health, such as the quality of life of patients. It should be noted that the author points out that spiritual and religious beliefs can also generate discomfort and increase the weight of cancer; dimension must be taken into account in health care. Although, the principles of the care of the spirituality must be able to be applied in all the phases of the patients, independent to the diverse cultures, religious traditions and types of spirituality. Therefore, it is important to follow the guidelines on how to achieve quality spiritual care in cancer centers and especially in palliative care 8.

In the same way, in Colombia Angulo T. and Monterrosa R. in 2016, in their research study on Uncertainty in women before the diagnosis of Breast Cancer conclude that, 60.2% of the participants presented a regular level of uncertainty, with greater incidence in the age group of 45-64 years and a medium or higher educational level. When evaluating the Stimulus Framework, 61.1% of the participants said they did not know if there would be changes in their treatment, 50.9% could not plan their future and 60.2% could not predict the course of their illness and 60.2%. % recognizes the health team as a credible authority and responsible for their care 9.

For Ross, the purpose of our existence is the will to live in faith, they are fundamental aspects within the scope of spirituality. 10. Another author, like Brady A., in 2007, raises the relationship of spirituality with the fact of being able to find Satisfactory answers about life, illness, and death 11.

On the other hand, Pamela G. Reed in her theory of self-transcendence defines spirituality as a personal and contextual factor that mediates or models relationships in the process of self-transcendence. Reed used the "deductive reformulation" strategy, reformulating the principles of life cycle theories from the perspective of nursing, but based on the conceptual model of Martha E. Roger, of the unitary human being. The author raises and bases in her theory three sources: The first is the new conceptualization of human development, the second source were the first papers on Nursing theory by M. Rogers and the third source was clinical

practice and research. A relevant and refreshing model that allows us to build a series of conceptual frameworks to guide the work of nurses and their training.<sup>1</sup>

In relation to the theory of Uncertainty supported by the theoretical Misshel, the author conceptualizes that the level of uncertainty in front of the disease as "The inability of the person to determine the meaning of events related to the disease, being unable to give values defined to the objects or events and therefore can not predict the results, all phenomenon motivated by the lack of information and knowledge ". For Misshel uncertainty can be considered as a negative aspect, causing psychological consequences such as anxiety, depression, a negative way in the quality of life and leading the patient to a self-care deficit, however, it can also be considered as a positive aspect, when the patient with chronic disease has the capacity to accept his illness as part of the reality in which he lives; that is, uncertain events evaluated as an opportunity imply positive results and confrontation strategies seek to implement uncertainty; if these are effective, adaptation<sup>1</sup>.

It should be noted when the disease appears, patients and family members are usually alarmed, are exalted, are amazed and do not accept the diagnosis of their family projecting fear of the loss of the loved one which generates much suffering in the hospital and domestic environment. The responsibility to care is to protect the patient and provide safe environments to respond to their basic needs, prioritizing the spiritual dimension and uncertainty, the therapeutic relationship nurse-patient-family becomes an opportunity for sustainability and support in the quality of life. It should be noted that it is a collaborative shared task between the health staff and the family to offer the patient well-being. This implies that the nursing staff is involved in providing educational training to the primary caregiver to achieve well-being and humanized care in the different scenarios that the patient is in<sup>1</sup>.

## 2. Methodology

Research study with a quantitative, descriptive, correlational and non-experimental approach carried out in a National Hospital in the city of Lima-Peru. The population consisted of 40 oncological patients of the Oncology Medicine and Surgery service, who voluntarily participated and accepted to be part of the study, having met the inclusion criteria: Patient hospitalized in the hospital service and exclusion: Presenting some type of mental disorder and those who declared themselves agnostics. The "SPS Spiritual Perspective Scale" designed by Pamela Reed, cited Gómez P. Isabel P. 12. For Spirituality and Uncertainty in the case of people with type 2 diabetes mellitus.

The instrument of the scale of spiritual perspective, developed by Pamela Reed, consists of 10 statements (Annex D) that are rated in a range of 1 to 4 for a total score of 60, the higher the score the greater the spirituality, the first four questions will be respond with the following criteria: 1) Never, 2) Less than once a year, 3) More or less once a year, 4) More or less once a month, 5) More or less once a week and 6) About once a day. Questions 5 through 10 follow the following criteria: 1. Extremely disagree, 2. Disagree, 3. Disagree rather than agree, 4. Agree rather than disagree, 5. Agree, and 6. Extremely agree. The scale measures a knowledge of oneself, a sense of connection with a being of a superior nature or the existence of a supreme purpose.

The instrument is based on the conceptualization of spirituality as a human experience that is particularly relevant in the later phases of the development of life and at times when awareness of mortality increases. The instrument consists of a sub-scale called spiritual practices (criteria of 1-4), and another sub-scale called spiritual beliefs (criteria of 5 to 10); both are rated in a range of 1 to 6, for a total score of 24 the first and 36 the second. The scale in this study showed approval in 98% of the questionnaire, the Cronbach alpha reliability test was also carried out, where the spirituality questionnaire had a high reliability of 0.907.

he second instrument that was used was the "Scale of uncertainty" designed by Mishell, cited Gómez P. Isabel P. 12. Spirituality and Uncertainty before the disease in people with Diabetes mellitus type 2. The instrument of the scale of uncertainty, developed by Mishell, which consists of 29 statements, consisting of 5 possibilities of questions: 1. Strongly disagree, 2. Disagree, 3. Very indifferent, 4. Agree and 5. Strongly

agree. Where the minimum score of the scale is 29 and the maximum score of 145, the level of uncertainty is classified as follows, under NI = <59, regular NI = 59-87 and high NI => 87.

Both instruments were submitted to expert test and pilot test in which it is verified that both instruments were validated and high level of reliability and the corresponding ethical aspects have been respected. In addition, it was approved by the ethics committee of the University.

### 3. Results

Table No. 1 spiritual life and uncertainty in the health field in cancer patients of a National Hospital 2016:

COEFFICIENT OF SPEARMAN CORRELATION OF THE VARIABLES: SPIRITUAL LIFE AND UNCERTAINTY

		Correlaciones		
			Espiritualidad	Incertidumbre
Rho de Spearman	Espiritualidad	Coefficiente de correlación	1,000	-,224
		Sig. (bilateral)	.	,166
		N	40	40
	Incertidumbre	Coefficiente de correlación	-,224	1,000
		Sig. (bilateral)	,166	.
		N	40	40

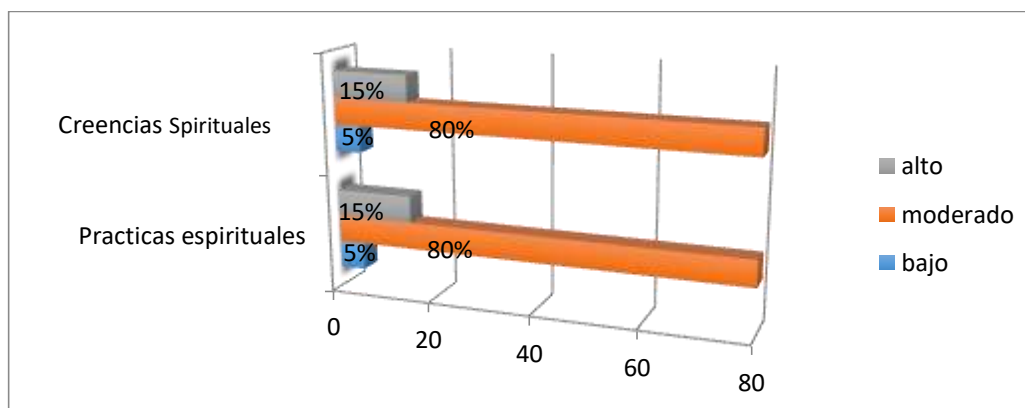
The results of the statistical analysis show the existence of a relation  $r = -0.224$  between the variables: Spirituality and uncertainty. This degree of correlation indicates that the relationship is inverse. The significance of  $p = 0.166$  shows that  $p$  is greater than 0.05.

Table No. 2 Level of spirituality in the health field in cancer patients of a National Hospital 2016.

		-Espiritualidad			
		Frecuencia	Porcentaje	Porcentaje válido	Porcentaje acumulado
Válidos	Baja	2	5,0	5,0	5,0
	Moderada	35	87,5	87,5	92,5
	Alta	3	7,5	7,5	100,0
	Total	40	100,0	100,0	

Regarding the spirituality in figure 1, it was identified that, 5% of patients show a low level of spirituality, 87.5% regular and 7.5% reach a high level, that is, the majority of oncological patients. that are attended in the Hospital have a moderate level of spirituality.

Figure N ° 1 Spirituality in the health field in cancer patients of a National Hospital according to the dimensions: Practices and Spiritual Beliefs in 2016.



From the figure we observe that, 5% of oncological patients have a low level of spiritual beliefs, 80% in the moderate level and 15% in the high level, with respect to the spiritual beliefs we observe that, 5% of cancer patients have a low level, 80% at the moderate level and 15% at the high level.

Figure N ° 2 Spirituality in the health field in cancer patients of a National Hospital according to the dimension: Spiritual Beliefs in 2016.

## CREENCIAS ESPIRITUALES

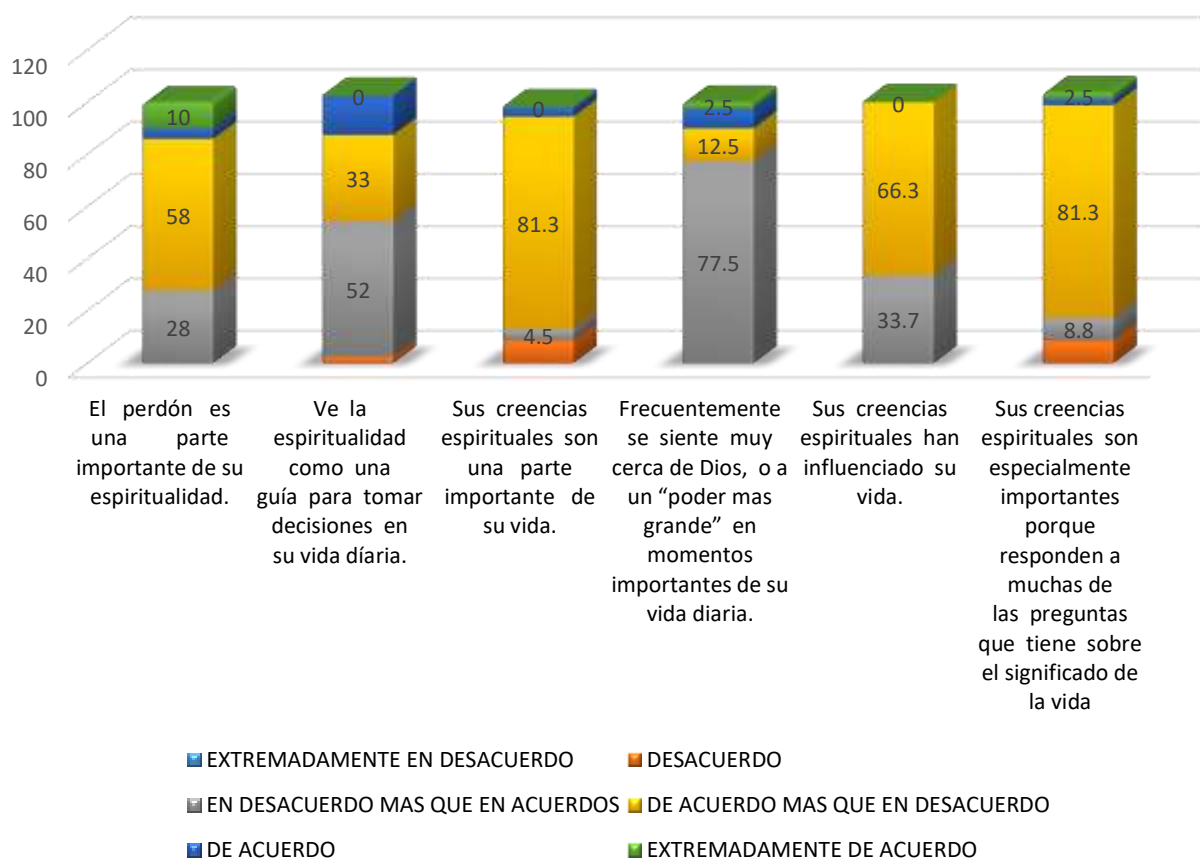


Table No. 3 Level of uncertainty in the health field in cancer patients of a National Hospital 2016.

-Incertidumbre				
	Frecuencia	Porcentaje	Porcentaje válido	Porcentaje acumulado
Válidos	Baja	7	17,5	17,5
	Moderada	24	60,0	77,5
	Alta	9	22,5	100,0
	Total	40	100,0	100,0

It is observed that, 17.5% of cancer patients have a low level of uncertainty, 60% in the moderate level and 22.5% in the high level.



#### 4. Discussions and conclusions

Spirituality and uncertainty are transcendental aspects in human life and should be addressed in a responsible way in the care of cancer patients, because situations and their needs are often multiple and complex. Nursing professionals, as experts in the science of care, must approach the sick person with care in all their human dimensions and in the hands of the family. Patients who are in a state of vulnerability, necessarily require educational support where spiritual well-being is provided in the midst of personal pain and suffering, as a consequence of events that live under a painful experience of transition to the approach of the end of life. Thus, the accompaniment of the family and health personnel must be sensitive to their unique care, implicit in the need to respect their religious beliefs and practices, as an individual heritage of all human beings and even of those who say they do not believe 5, 6.

Authors like Stoll, mentions that spirituality is a unifying force that integrates and transcends the physical, emotional and social dimension, motivating to find a purpose and a meaning for him and his family, with which he shares a life full of experiences, feelings and deep emotions. In addition, we must consider that during the disease process uncertainty is generated in the patient, which highlights the anguish of not being able to control the stress situation, thus generating a need to rethink the need to value the opportunity to live in time limited in fullness favoring the quality of life. Therefore, it is necessary to strengthen spirituality and face uncertainty through communication and health education 14.

In relation to determine the spirituality and uncertainty in the health field in the oncological patients of a National Hospital 2016, the results found were that there is a relationship  $r = -0.224$  between the variables: Spirituality and uncertainty. This degree of correlation indicates that the relationship is inverse. The significance of  $p = 0.166$  shows that  $p$  is greater than 0.05, concluding that there is an inverse relationship between spirituality and uncertainty in oncological patients. These results have no similarity or contradiction with any study, since there is no antecedent or study that relates these two variables having oncological patients as a unit of analysis.

However, we can theorize that the human being has basic needs, which have to be satisfied to achieve well-being of both the patient and the family. It is important to emphasize that professional care must be emphasized to maintain effective communication in health in a context of quality of the services provided to the patient and the family; Likewise, interpersonal therapeutic relationships with listening, speaking and physical contact must be strengthened, making a difference in the process of nursing care in their work to control and mitigate the uncertainty in the disease process 15.

All this can be seen in the research studies carried out, both nationally and internationally, which conclude that the level of spirituality in these cases increases in the course of the evolution of the disease in a favorable or unfavorable way in its deterioration. physical, mental and social, which affects the behavior of the person before the disease. Generally the experience of health-disease, revives spirituality in an inverse way, facilitating that the person adopts two well-defined paths: The rejection or acceptance of the disease. Events that stimulate the need to compensate for pain and the possibility of loss of life, to take refuge in a hopeful sense of something superior and divine that makes sense to continue living 6,7,8.

The aforementioned is corroborated by Reed, who says that people at the end of life have a greater spiritual need, determined by life events, illness or any other experience that causes an increase in the awareness of mortality. That is why, spirituality and uncertainty will always be present in the disease process and the nursing professional has the responsibility to care for the person in all their human dimensions, that is, to address a unique, holistic care and facing painful situations, where often the accompaniment of the patient and the family is vital in this long process that will finally guarantee a dignified death. Therefore, the professional must be able to recognize that care is to protect human dignity through joint actions that improve the quality of life of the cancer patient that goes through a series of processes and treatments<sup>1</sup>.



Finally, the following results were obtained in the research study: Regarding spirituality and beliefs, results were found to coincide as 5% of patients show a low level of spirituality, 87.5% regular and 7.5% reach a high level, that is, the majority of oncological patients who are hospitalized in the sanitary field of a National Hospital, have a moderate level of spirituality. These results coincide with the study of Núñez P, in 2011, where it was identified that 58% of cancer patients perform spiritual and religious practices and 53% have spiritual beliefs 8.

Spirituality is a human dimension that is ennobled in experiences of vulnerability, leading to the need to intervene responsibly with Nursing care, for this, it is necessary to promote interpersonal and transpersonal relationships, active listening, presence and human contact with the patient and the family, to achieve an effective and human accompaniment, in the health field, providing educational support with the aim of achieving understanding of the person suffering, especially during the imbalance that afflicts the disease 5.

In his study Muñoz D. Aarón, Morales M. Isabel, Bermejo H. José and Galán GS José, in 2014 he concludes that the person is a bio-psycho-social-spiritual unit, which has to be respected, recognizing its dignity, for this, it is necessary to humanize the health areas to provide global and comprehensive nursing care under a total quality approach while preserving cultural care. From there, we can point out that spirituality is one of the factors that can influence the well-being of the person or the time of recovery or the end of life 13.

With respect to the uncertainty variable, 60% of the surveyed population reported that there is a moderate level of uncertainty, these results coincide with Angulo, T. and Monterrosa R, in their study of women with breast cancer, in the year 2016 where they reached the conclusion that 60.2% of the participants presented a regular level of uncertainty, with a greater incidence in the age group of 45-64 years and a medium or higher educational level 9.

That is why, when the nurse provides care in the spiritual health of the other, it transcends and even breaks established rules in the field of health; since it has to transgress the limitations and obstacles of the biomedical vision that does not contemplate the importance of caring for the person in all human dimensions, for which it is necessary to break paradigms and take timely decisions to raise the level of transcendental spiritual care, for On the other hand, uncertainty is a situation that must be addressed with a comprehensive health education of total quality that the oncological patient and the family needs. It is about accepting death as something inescapable, but taking care of the sick until the last moment and ensuring the highest possible quality of life, in a context of high ethical level and even considering physical, psychological, social and spiritual needs, both patient as of his family.

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