

Espiritualidad y cuidado de enfermería

Spirituality and nursing care

Espiritualidade e cuidados de enfermagem

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Resumen

El ser humano a lo largo de su vida tiene necesidades que repercuten en su bienestar espiritual, estabilidad interna y, por lo tanto, el cuidado de su salud. El objetivo del presente estudio fue analizar el concepto de espiritualidad como característica esencial del cuidado de enfermería mediante la revisión de literatura. En dicho análisis se identificaron múltiples definiciones que fueron agrupadas en tres perspectivas: la perspectiva de origen intrínseco, la perspectiva religiosa y la perspectiva existencial. En conclusión, para otorgar el cuidado apropiado es necesario comprender a la persona como un ser que tiene una mente, un cuerpo y un espíritu, y percibir a la salud como la unidad armónica de estos tres.

Palabras clave: espiritualidad, cuidado, bienestar espiritual.

Abstract

The human being throughout his life has needs that affect their spiritual well-being, internal stability and, therefore, its health care. The objective of the present study was to analyze the concept of spirituality as an essential characteristic of nursing care through the review of literature. In such analyses identified multiple definitions that were grouped into three perspectives: the perspective of intrinsic origin, religious perspective, and the existential perspective. In conclusion, to give proper care it is necessary to understand the person as a being that it has a mind, body, and spirit, and perceive health as the harmonious unity of these three.

Key words: spirituality, care, spiritual well-being.

Resumo

Homem ao longo de sua vida tem necessidades que afetam seu bem-estar espiritual, a estabilidade interna e, portanto, seus cuidados de saúde. O objetivo deste estudo foi analisar o conceito de espiritualidade como uma característica essencial dos cuidados de enfermagem através da revisão da literatura. A perspectiva de origem intrínseca, a perspectiva religiosa e a perspectiva existencial: Esta análise várias definições foram agrupados em três perspectivas foram identificados. Em conclusão, para fornecer o cuidado adequado é necessário compreender a pessoa como um ser que tem uma mente, corpo e espírito, e perceber a saúde como a unidade harmoniosa desses três.

Palavras-chave: espiritualidade, de cuidados, bem-estar espiritual.

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Introduction

The term spirituality is defined as the spiritual quality, synonymous of piety really possessed, the science that studies and teaches the principles and practices of this piety (Ansilli, 1983). According to Watson (1985), spirituality is the essential aspect of the human being that guides his physical and mental state; the term is derived from the latin *espíritu*, which means breath, air, wind. In the article "Spirituality and chronic illness" is referred the definition of Domberck (1995), who raises that the spirit is what encourages or gives life to a person (O'Neill, 1988).

Spirituality means etymologically substantivity in the air (Duque, 1991). On the other hand, Breker says that it consists of beliefs or values that provide forces, hope and meaning to life. Also, Hoase (1992) designates it as a creative energy and integration which is based on beliefs and in the sense of being interconnected with one force greater than self; a source of inner strength and peace that helps to express the views of the individual and their behavior while it seeks to have hope and give meaning to life. The dictionary of the Spanish language defines the spirit as the rational soul, natural vigour and virtue that encourages and fortifies the body to act; spirituality is a religious belief or a relationship with a superior force, creative force, or a divine being or source of infinite energy (Burkhardt, 1993). Being internal, spirituality is everything that gives meaning to the lives of human beings (MacRae, 1995). On the other hand, Espeland (1999) in his article "Achieving spiritual wellness", mentions that, according to Wright (1998), spirituality is the dimension of the person who involves his relationship with himself/herself, with others, with a natural order and a being or superior force which manifests itself through creative expressions and involving religious practices (Esplend, 1999).

Spirituality includes creativity and choice, is present in the attachment and love, and is a quality or essence that integrates or transcends the individual bio-psychosocial nature (Craven, 1996); It implies a transcendent quality, a force that guides, something out of self (Espeland, 1999). Spirituality is the belief in relation to a being superior, creative force, divinity or infinite source of energy (Kozier, 1999). Spirituality has a great influence over the lives of the people, which is what produces the interior transformation in the human being, and from the depth of inner change triggers a network of transformations in community, society and their relations with nature and the universe (Boff, 2002). According to the Dalai Lama, spirituality is related to those qualities of the human spirit, such as love, compassion, patience, tolerance, the ability to forgive, joy, notions of responsibility and harmony, which provide happiness people (Devi, 2002).

Spirituality is being discovered as a profound dimension of the human being, as an area of peace in times of conflict and desolation (Boff, 2001). The inner transformation is a spiritual quality (Herder, 2003); also, nature and spiritual condition are the set of ideas concerning the spiritual life (Royal Spanish Academy, 2005). It means nothing other than what is not material and does not depend intrinsically on the matter in his being or act without specific causal course of matter (Derisi, 2006). It is the condition and nature of the spirit, the opposition between matter and spirit (Definition of spirituality, 2008), an etymological derivation of the verb breathing (Abraham, 2008).

In general, spirituality is the understanding of the existence of an unlimited absolute state uncreated, eternal, and absolute process of absolute consciousness of self. Everything that exists imaginable and unimaginable comes from "is"; and from this definition comes another definition of human spirituality, which it claims is the understanding and absolutely all the consequences of it (New Age, 2008).

The word spirituality comes from the Latin word *spiritus*, whose original meaning was "breath", "breath" (Olleta, 2012), and refers to the spirit. In a broad sense, it means spiritual condition. With respect to a person, refers to the provision (mainly moral, psychological or cultural) that owns who tends to research and develop the characteristics of his spirit, that is, a set of ideas concerning the spiritual life (Real Academia de la Lengua, 2016).

The Encyclopedia Britannica defines spirituality as a philosophy, a feature of any system of thought that affirms the existence of an immaterial reality imperceptible to the senses. Because of this spirituality was identified, according to Herder, using various classifications: the doctrinal, ascetical practice, anthropological or psychological-geographical ethnic states and professions, historical-chronological and great founders of religious orders or congregations, all spiritual classifications them with specific characteristics, but with a common goal it is to reach the spiritual welfare (Herder, 2003). On the subject of spirituality should be considered that not all the invisible must be unreal; many phenomena of the soul as "the love of truth" or "goodwill" are also invisible.

The various definitions of spirituality are three perspectives: the intrinsic, which originates within the individual; religious, which is not limited to religious rules, but allows transcend, with a feeling of being connected with one other and the universe. Thus, spirituality is the inner search for meaning, regardless of religion. The religious perspective emerges of religion or institutions,

conceived a supreme being who dictates the fate of people, have ritual rules and practices with rules of moral behavior. Thus, the spiritual dimension is based on the level of compliance of standards. The existential perspective is based on the search for meaning of life for people and for the people (<http://myslide.es/documents/definicion-espiritualidad.html>)

In the existential perspective takes singular importance value consistency between ethical and moral individual and the demands of the external environment principles. The concordance or discordance between these two aspects fosters constant questioning about the relative contribution of the activities in which we engage because our sense of well-being and individual harmony (Krishnakumar and Neck, 2002). According to Castro (2007), human nature is indivisible, and understanding are analyzed separately the factors that compose it, including the spiritual factor, in turn composed of two parts: (1) the theological, which argues the relationship of human beings with superior, "this aspect is paramount for people, especially in situations that present themselves as life crisis" and (2) the philosophical, composed of two specifically human faculties: intelligence and will (Castro, 2007).

Spirituality, care and spiritual well-being

True spirituality involves self-knowledge and is realizing the potential of life and love in us (Sari Mata, 2002). Human spirituality comes in many important aspects of our experience: through human capabilities that transcend matter, intelligence, ability to abstract, to reason or argue, to recognize the truth and proclaim it in language, in the will, the ability to love, self determined freely, to act with a view to a known end intelligently, the ability to self-reflection so that we can know our own knowledge (metacognition) and want our own actions. As a result of these capabilities, our knowledge open to all reality unlimited (although individual knowledge is always limited), our desire tends toward the absolute good without settling for a limited good; We discover our life and we can project a sense freely into the future (Artigas, 2005).

The spiritual essence has been defined as the ethical substance; the spirit is the ethical reality. The spirit is the same substance and essence itself and permanent. The spirit is the immutable and just right for himself as well as being for itself is the essence that has dissolved, the kind essence is sacrificed. The spirit is the real and absolute essence, is consciousness in general, ethical living, the living ethical world, the spirit in its truth, in consciousness (Hegel, 2004).

Human beings throughout their life experiences spiritual needs. According Vimort (1987), Thieffrey (1992), Barber (2003), E.Payás (2003), Torralba (2004), L. Linares (2004), Bayés (2005) et al. and Maté, these are: a) need to be recognized as a person, b) the need to re-read his life, c) the need to find meaning to existence and the future: the search for meaning, d) the need to break free from guilt, to forgive, e) need for reconciliation, to feel forgiven, f) the need to establish your life beyond itself, g) the need for continuity, a beyond, h) the need for real hope, not illusions , connection time, i) need to express religious feelings and experiences j) need to love and be loved (Giro, 2006). By means of satisfying it can have a spiritual being and, therefore, greater internal stability, which ultimately affects their environment. Poletti (2009) states that the spiritual need is relational, is the need for recognition but also being in relation to others (Poletti, 2009). A spirituality without reference to "others", the rest of humanity, it is inconceivable (Iglesia Viva, 2012).

The human being has the need for welfare by comfort, relief and transcendence in the physical, psychological, spiritual, environmental and social dimensions. In the field of nursing, according to the diagnostic taxonomy NANDA I, the spiritual welfare as a diagnostic label is proposed as the willingness to improve the spiritual welfare (00068) "and is defined as the ability to experience and integrate the meaning and purpose of life, by connecting with self, others, art, music, literature, nature or superior to me own power, and can be enhanced (NANDA-I, 2008). In the Nursing Outcomes Classification (NOC) 2005, four results for the diagnostic label arrangement suggested to increase the spiritual, which are: personal well-being, quality of life, hope and spiritual health (Moorhead, 2005) . spiritual support, facilitate spiritual growth and the empowerment of self-awareness (McCloskey, 2005): For the aforementioned diagnostic label the following nursing interventions for resolution, which are, among others are suggested.

Regarding the diagnostic label analyzed in 2009-2011 NANDA International, only it identifies a change from the previous edition of the same taxonomy, which is one of the defining characteristics, concerning the connection to a higher power to I , changed from "expresses respect" to "expresses awe" (Herdman, 2010). In the nursing outcomes classification (NOC) 2009, the four results of the above classification are retained, increasing the result "coping with problems" (Moorhead, 2009). In the fifth edition of IAS, there is a section in which the interventions focus on nursing specialties. It was considered locate the diagnostic label "willingness to enhance the spiritual welfare" in holistic nursing, where we find spiritual support

interventions, increase coping and facilitate spiritual growth (Bulechek, Butcher, Dochterman y Wagner, 2009).

According to the diagnostic taxonomy of NANDA International 2012-2014, the diagnostic label states "readiness for enhanced spiritual well-being", in which a change is noted with respect to the 2009-2011 edition of this taxonomy, which located in one of the defining characteristics for connection to a power greater than I, changing "expresses awe" to "express fear" (Hermand, 2013). In the nursing outcomes classification (NOC) in 2014, the results of the above classifications are kept increasing "personal resilience" and "spiritual health" among others (Moorhead, 2014). In the sixth edition of NIC, for the diagnostic label "willingness to enhance the spiritual welfare", the following nursing interventions for resolution are suggested, which are, among others: spiritual support and facilitate spiritual growth; also it identified a change in the intervention "empowerment of self-consciousness" to "self empowerment" (McCloskey, 2005). In accordance with the result "personal resilience" intervention "fostering resilience" (Bulechek, Butcher and Dochterman, 2014) is suggested.

Address this diagnostic label is a way to promote spiritual well-being and prevent deterioration of the person as well as to prevent spiritual suffering. Each person is a new and unique being, uses his psychophysical to act and express agency, not under the dictatorship of this, as is the one in charge, but also existential, dynamic and able to transcend itself; the person is free and responsible. The intent of spiritual acts is the cognitive aspect of self-transcendence, so consider that if you opt for the theological doctrine and experience is subtracted, would have a rational intellectualism without impact spirituality in their own lives of people and if you opt for the experience without offering theological doctrine, spirituality would be reduced to an arbitrary subjectivism, to changing fashions. Thus, spirituality must integrate doctrine, life, principles and experience (Gómez, 2002).

What is opposed to disinterest and indifference of a human being as a person to another is self care and care for the other. Francisco del Rey C, et al. mention the definition of care according to the dictionary of the Spanish language: Latin *cogitatus*, thought, which according to the author involves care-thinking relationship and gives it a meaning of action mental, intellectual or volitional (Francisco del Rey, 2009). This same work quoted Maria Moliner, who care relates to "be with" and posed the definitions lies a related action, "interest and attention put on what is done (Francisco del Rey, 2009).

Care arises when someone's existence is important to me. Then desvelo care means, application, diligence, zeal, attention and delicacy. The care is carried out carefully and esprit de finesse (spirit of kindness), as befits the spiritual aspects (Boff, 2002).

Caring is more than an act, it is an attitude, and covers more than a moment of attention, zeal and watchfulness. It represents an attitude of occupation, concern, responsibility and emotional commitment to each other. "As for original structural entirety, care is existentially a priori, all touch position and behavior of being there, that is, it is always in it" (Heidegger, 2005). Care is the taproot of human beings, as do all human beings is accompanied by care and care is impregnated. Caring is a way of being essential, it is an impossible original and ontological dimension entirely rebut (Boff, 2002).

To provide care, according to Watson, one must understand that the person is a being in the world, a unity of mind-body and spirit. The environment should be conceived as an objective and external reality, besides the reference framework of subjective or phenomenological field. And we must perceive health as a unity and harmony between body and soul (spirit) (Watson, 2008).

To make care is necessary to consider altruistic humanistic values, in addition to practice love, kindness and equanimity for himself and others, allowing faith and hope are present authentically. spiritual development means sensitized with oneself and others, develop relationships based on a real reliable care, allow the expression of positive and negative feelings to hear the stories of others, with creative care based on problem solving, teaching and learning, relational, the significance and the subjective inner; creating environments have healing / be the field of caritas, perform activity assistance of basic needs; touch the mind, body and spirit and not just the physical body (Watson, 2008).

Human care is an ethical and aesthetic stance towards the world, is a commitment to the welfare, the preservation of nature, promoting the potentialities of human dignity and spirituality; It is to contribute to the construction of history, knowledge and life. The behavior and attitudes are understood as care: respect, kindness, consideration, trust, solidarity, offering support and interest, etc. (Waldow, 1998).

Care to be in relationship with spirituality has to do with moral obligations with oneself and with others. The concordance or discordance between these two aspects conducive question the relative contribution of the activities in which we engage in order to seek the welfare and individual harmony. A deeper understanding of the nature of care reflects the foundation of

spiritual care: love (Marriner, 2007). So often we think that this part of the care provided priests, pastors or clerical staff, according to the religious practices of each person (McSherry, 1998). In the article "Nurses' perception of spirituality and spirituality care" mentioned that Burnard, belonging to a religion is a fundamental part of spirituality, but spirituality is an inner search for meaning actively, given in all social contexts where they interact, for example, the community, the family, the couple and work, and can take out anyone regardless of a particular religious denomination; however, the nurse recognizes that for some patients their religious beliefs and practices can be an important part of their individual spirituality. It should be mentioned that spirituality is characterized by the absence of an institution that regulates it, while religion is characterized by a regulatory institution (living Church, 2012).

Spiritual care is concerned not only to members of religious organizations, but also part of nursing care. However, religious beliefs can influence the lifestyles, attitudes, feelings about the illness and death (Berman, 2008).

Currently, nursing recognizes the need for the person as a spiritual being, which is essential in addressing the subject as a whole being, so it is necessary to know more broadly the spiritual dimension of care.

The modern era is characterized by the proliferation of machines that can match and surpass humans in many ways, less internalizing and capabilities (intellectual, argumentative, moral, to love and be loved, etc.). Because of the need to understand human spirituality, neuroscience speaks of neurotheology to refer to the search for spirituality in the brain. Neuroscience has dabbled in a subject that traditionally belonged to theology (Blonde, 2011).

In order to better understand spirituality in humans, they have conducted several studies in different parts of the world that have demonstrated the influence of religious beliefs in the construction of meaning of difficult events. For example, when human beings feel gratitude for every good time to have lived and live, for every gesture, every opportunity they have had to give and feel valuable to someone raises your level of endorphins and improves your overall health (Arce, 2000). In Spain a study on religion and spirituality in relation to the quality of life and health indices was performed, demonstrating that spirituality and religion have a great influence on humans because it promotes their adaptation to treatments. Similarly, there have been lower levels of anxiety, social isolation, hostility and discomfort for patients, but also the family caregivers (Herrera, 2004). Therefore, the spiritual welfare carries a sense of fulfillment and

peace that allows you to enjoy life despite the pain and fatigue; also decreases depression, existential emptiness and despair. It is very important to cultivate spirituality throughout life and even at the end, because it promotes the ability to transcend as a way to mitigate the suffering and pain.

Brazil has conducted a series of studies, such as the article "Unveiling the routine of informal caregivers" (Fonseca, 2008), the results reveal that caregivers face hostile situations such as suffering and sacrifices when providing their care and how the lack of assistance to meet the needs of the elderly and the caregiver. However, they carry out their task with love, affection and dedication, and through faith and spirituality seek their biopsychosocial balance. In the study entitled "Religiosity and spirituality: the experience of families of children with chronic renal failure" identified that religion and spirituality are important to address this chronic disease, mainly in threatening forecasts (Simpionato, 2009) resource. For its part, the study "Life Stories of families of children with serious illnesses: relationship between religion, illness and death," it was noted that maintaining a connection with God through faith increased optimism (Bousso, 2010); address the spiritual aspects it favors tranquility, faith, self-acceptance, optimism and, therefore, welfare, thus strengthening self-care.

Because of this, spirituality plays a very important role in the life of human beings. Practice spirituality can see life from a more positive perspective, it increases faith and hope to continue fighting, gives a sense that everything was worth it, can see beyond and provides peace of mind to face adversity, what is called resilience.

Resilience is the ability of people to overcome the pressures and difficulties (Trujillo, 2006), to withstand challenges and bounce back from adversity (Greeff and Loubser, 2008), to deal with adverse situations, adapting and restoring balance in your personal life (Carnival, Gonzalez and Sanchez, 2007). According Raffo and Rammsy (2005), this adaptation also involves a "transformation" of the person. Resilience can be present in different forms: psychological, family, community, vicarious and spiritual. Spiritual resilience (Dugal, 2009) is the ability to respond to stressors, such as adversity and traumatic events, without impairing the vital capacities of the spirit (the ability to love, understand, forgive or generously serve others), of the mind (to think of rational, objective and balanced manner) and body (basically operate healthily), but rather they leave strengthened (Rodriguez, 2011). This generates benefits such as balance, peace, gratitude, protection and socialization, which results in better health (Vásquez, 2006).

Spiritual well-being is fundamental to humans; it is a way to behave in life with determination and optimism, looking at options for personal development (Lopez, 2008). Therefore, spiritual well-being is important for the individual to achieve their health potential. Spirituality groups philosophical ideas about life and its purpose, has the power to shape and meaning to be, know and do, that can be recognized as a unifying momentum.

Spirituality as a component of health is always present, as it relates to the essence of life. It is present to humans who are in situations of illness, whether chronic or terminal, and those who are close to the sick; the spiritual welfare is a factor of personal growth, an aspect of transcendence that about many needed to make sense of his life, everyday, pain and human suffering answers. The relationship between the spiritual quest and the historical and social roots of the shares, has always troubled people who yearn give meaning to their own existence.

Conclusion

Man is a spiritual being. But to address this area of your life and, therefore, to look after their health holistically, it should be clear what the term spirituality means, which derives from the Latin spirit, which refers to breath, air, wind, that encourages or gives life to a person. From this we can say that spirituality is a source of infinite, creative and integrative energy which is based on beliefs or a value system related to a higher power that provides meaning, purpose and mission in life, which affective states (altruism, love, forgiveness, compassion, patience, tolerance, joy, responsibility, harmony, etc.) as well as an inner transformation. Spirituality is a source of natural force, a virtue which encourages and gives strength and peace to the human being, and whose effects reach others. It also provides hope, meaning and significance of life, in addition to personal learning through resilience.

Care has always been present because it is necessary; It is part of the whole being and spirituality as it relates to moral obligations with oneself and others, with ethical principles and demands of the external environment. When the human being has spiritual well-being and resilience in all its forms, it is able to grow in unexpected ways during difficult times.

Bibliography

- Abraham, G. (2008). Espiritualidad filosofía y psiquiatría Recuperado el 16 de mayo del 2016, de http://www.webislam.com/articulos/33665-espiritualidad_filosofia_y_psiquiatria.html
- Aquichan (2015). Recuperado el 7 de julio del 2015 de <http://redalic.uaemex.mx/redalyc/pdf/741/74140402.pdf>
- Ansilli, E. (2013). Diccionario de espiritualidad. Recuperado el 16 de mayo del 2013, de <http://www.frayish-comoopcion.blogspot.mx/2007/06/el-tema-de-la-espiritualidad-en-general.html>
- Artigas, M. (2005). La espiritualidad del ser humano. Grupo de investigación y fe. Recuperado el 16 de mayo del 2012 de <http://www.unav.es/crq/espiritualidad/html>
- Berman, S. K. (2008). Fundamentos de enfermería, conceptos, proceso y práctica. España: Pearson.
- Boff, L. (2002). El cuidado esencial. Ética de lo humano compasión por la tierra. 1^a ed. Chile: Trotta.
- Boff, L. (2001). Espiritualidade. Um caminho de transformação. 6^a ed. Río de Janeiro: Sal Terrae.
- Bouso, R.S., Serafín T.S., Maira D.M. (2010). La relación entre religión, enfermedad y muerte en historias de vida de los familiares de niños con enfermedades que amenazan la vida. Revista Latino-Americana de Enfermería. 18 (2): Recuperado el 22 de julio del 2016 de http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692010000200003
- Bulechek G.M. Butcher H.K., Dochterman J.M., Wagner C.M. (2014). Clasificación de Intervenciones de Enfermería (NIC). España: Elsevier.
- Bulechek G.M., Butcher H.K., Dochterman J.M. (2009) Clasificación de Intervenciones de Enfermería (NIC). España: Elsevier Mosby.
- Burkhardt M. (1993). Characteristics of spirituality in the lives of women in a rural appalanchain community. Journal of Transcultural Nursing. 4 (2): 12-18.
- Craven R.F., Hirnle C. (1996). Fundamentals of nursing, human health and function. 2^a ed. Philadelphia: Lippincott.
- Derisi (2006). La doctrina de la inteligencia de Aristóteles. A.S. Tomás. Recuperado el 16 de mayo del 2014, de http://www.documentacatholicaomnia.eu/03d/sine-data,_Derisi._Octavio_Nicolas,_La_Doctrina_de_La_Inteligencia_de_Aristoteles_A_S_Tomas,_ES.pdf

- Devis, S M. (2011). El despertar de la maternidad universal. Discurso pronunciado en el palacio de las naciones de Ginebra. Ginebra. Recuperado el 28 de enero del 2014 de <Http://www.amritapuri.org>.
- Duque, B J. (2014). Humanidades y ciencia. Espiritualidad y espiritualidades Recuperado el 16 de mayo del 2014, de http://www.mercaba.org/Rialp/E/espiritualidad_y_espiritualidades1.htm
- Espeland, K. (1999). Achieving spiritual wellness: using reflective questions. *Journal of Psychosocial Nursing*. 37 (7): 36-40.
- Francisco del Rey C., Ferrer F. E, Benavent G.M.A. (2009). 2^a ed. Fundamentos de Enfermería. Lenguaje de los cuidados. Valencia: DAE.
- Fonseca M.P., Rocha M.A. (2008). Desvelando o cotidiano dos cuidadores informais de idosos. Recuperado el 7 de junio del 2016. 61 (6): 801-8, de <http://www.scielo.br/pdf/reben/v61n6/a02v61n6.pdf>
- Gómez, P.M.B. (2002). La espiritualidad en el hombre. Desde la perspectiva logoterapéutica de Víktor Frankl. Psicología y Psicopedagogía. Instituto de Investigaciones Psicológicas, Facultad de Psicología y Psicopedagogía. Universidad de El Salvador. Vol.3 No.10, de <http://p3.usal.edu.ar/index.php/psico/article/view/1244/1580>
- Herder Diccionario de Espiritualidad (2003). Recuperado el 15 de mayo del 2014 de <http://www.msperu.org/consultas/1espiritualidad.definicion.htm>
- Hegel, W.F. (2004). Fenomenología del espíritu. El espíritu. Décimo quinta reimpresión. México: Fondo de Cultura Económica.
- Heidegger, M. (2005) Naturaleza del cuidado. El ser y el tiempo. 4^a ed. Chile: Universitas. 203-246
- Herdman, T.H. (2010). Nanda Internacional. Diagnósticos enfermeros: Definiciones y clasificación 2009-2011. España: Elsevier.
- Herdman, T.H. (2013). Nanda Internacional, edición hispanoamericana. Diagnósticos enfermeros: Definiciones y clasificación 2012-2014. España: Elsevier.
- Herrera, B.S. (2004). Dimensión espiritual del cuidado en situaciones de cronicidad y muerte.

- Iglesia viva (2012). La diversificación de la espiritualidad. 1^a parte. La conciencia en crisis. Recuperado el 16 de mayo del 2014, de <http://www.iglesiaviva.org/222/222-12.furcades.pdf>
- Julián P.P., María M. (2014). Definición de espiritualidad. Recuperado el 12 de mayo del 2016, de <http://definicion.de/espiritualidad/>
- Kozier (1999). Fundamentos de Enfermería. Conceptos, procesos y prácticas. México: Mc. Graw-Hill.
- Krishnakumar S, Neck C. (2002). The what, why and how of spirituality in the workplace. *Journal of Managerial Psychology*. 17:153-164.
- Marriner A, Tomey M.R. (2007). Modelos y teorías de enfermería. España: Elsevier.
- McCloskey Dochterman J, Bulechek G.M. (2005). 4^a ed. Clasificación de intervenciones de enfermería (NIC). España: Elsevier Mosby.
- Moorhead S., Johnson M, Maas M. (2005).3ra ed. Clasificación de resultados de enfermería (NOC). España: Elsevier Mosby.
- Moorhead S., Johnson M., Maas M.L., Swanson (2009). Clasificación de resultados de enfermería (NOC), 4^a ed., España: Elsevier Mosby.
- Moorhead S., Johnson M., Maas M.L., Swanson (2014). E. 5ta ed. Clasificación de resultados de enfermería (NOC).España: Elsevier.
- Myriam R, Fernández M.L., Pérez M.L., Noriega R. (2011). Espiritualidad variable asociada a la resiliencia. Vol. 11 No. 2, Bogotá: Cuadernos Hispanoamericanos de Psicología; 2011
- McSherry, W. (1998). Nurses' perceptions of spirituality and spiritual care. *Nursing standard*. Recuperado el 18 de noviembre del 2015. 13 (4):36-40 de <http://www.excite.com>
- Nueva Era (2008). Biblioteca espiritual de la nueva era. Hacia la 5a era., Fundamentos de la espiritualidad humana. Recuperado el 16 de mayo del 2014, de <http://www.bluetarprophecy.lacocotelera.net>
- NANDA-I (2008). Diagnósticos enfermeros: Definiciones y clasificación 2007-2008. España: Elsevier.
- O'Neill D.P., Kenny E.K. (1998). Spirituality and chronic illness. *Image*. 30 (1): 275-279.
- Vásquez C. (2006). Contando nuestros días. La espiritualidad como estilo de vida. México: Editorial Cieza. 117- 191

- Olleta, J.H. (2012). Origen de la filosofía-Presocrática-Sofistas y Sócrates. Filosofía griega. Recuperado el 15 de mayo del 2014 de <http://www.e-torredebabel.com/Historia-de-la-filosofia/Filosofiagriega/Presocraticos/Espiritu.htm>)
- Poletti, R. (2009). Ética y espiritualidad en relación con las intervenciones autónomas de las enfermeras y los enfermeros. Recuperado el 7 de julio del 2016, de <https://detotselscolors.wordpress.com/2009/12/28/%E2%80%9Cetica-y-espiritualidad-en-relacion-con-las-intervenciones-autonomas-de-las-enfermeras-y-los-enfermeros%E2%80%9D/>
- Real Academia Española (2016). Diccionario de la Lengua Española, edición del tricentenario. Recuperado el 28 de junio de 2016, de <http://dle.rae.es/?id=GcZ0jY0>
- Real Academia Española (2005). Diccionario de la Lengua Española. 5^a ed. España: Calpe España.
- Rubia, F. (2011). Sobre la fisiología del sistema nervioso. Neurociencias. Tendencias21. Obtenido de la Revolución neurocientífica. Recuperado el 17 de junio del 2016, de: <http://www.tendencias21.net/neurociencias/>
- Waldow V. (1998). Cuidado humano. El rescate necesario. Porto Alegre: Sagra Luzzato.
- Watson J. (2008). The philosophy and science of caring. Association of America University Presses. States of America: AALP.
- Ysern, J.L. (2000). La eficacia del corazón. Universidad del Bío-Bío. Recuperado el 16 de mayo del 2016, de http://apc.ubiobio.cl/noticias/view_vistas.shtml?cmd%5B18%5D=i-26-0845b7d02be8fa8f4f849c2034ae214c

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