

Letter to the Editor

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A commentary on “What it is like to be human”: The existential dimension of care as perceived by professionals caring for people approaching death” (Bäckersten et al., 2023)

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Dear Editor,

I carefully read the recently published article entitled “What it is like to be human”: The existential dimension of care as perceived by professionals caring for people approaching death” (Bäckersten et al. 2023). The authors state that the objective of this study was to investigate how professionals caring for people with life-threatening diseases perceive the existential dimension of care. The title immediately caught my attention, as it addresses the topic of my research.

In fact, this is a particularly relevant topic, which reminds me of the question posed by Viktor Frankl: “how is it possible to say yes to life despite everything?” (Frankl 2012), and how health professionals can help patients recognize their spiritual needs, even more so in an end-of-life situation.

The spiritual dimension is included in the definition of palliative care, which has as its main objective the improvement of the quality of life of patients and their families, in situations of potentially fatal illness, with physical, psychological, social, or spiritual needs (World Health Organization 2020).

The International Council of Nursing also mentions that nurses must promote an environment in which the human rights, values, customs, and religious and spiritual beliefs of the individual, family, or community are recognized and respected (International Council of Nurses 2021).

However, although the importance of spirituality is unquestionable in person-centered care, and it is historically very rooted in nursing, spiritual needs are often difficult to assess using scientific assessment instruments (Lalani 2020). Furthermore, some studies suggest that this difficulty may be related to a lack of clear understanding of what spirituality means, what spiritual care entails and due to poor educational preparation (Cooper et al. 2013). Therefore, the present investigation is particularly relevant, as professionals are consulted regarding their perceptions of the existential dimension.

Although, in some studies, professionals reported difficulty in defining the concept (Ross 1994; Strang et al. 2002), in this investigation, the majority of participants were familiar with it (Bäckersten et al. 2023). This may be related to the fact that these professionals have already been practicing their profession for more than 10 years and have knowledge on the subject.

Some professionals reported that communicating about existential needs implies courage on their part and the boldness to ask questions, as well as physical presence (Bäckersten et al. 2023). Resistance to this boldness may be due to professionals’ lack of understanding of their own spirituality (Govier 2000) or lack of training, which leads nurses to refer situations to other professionals (Caldeira et al. 2016).

Among the main conclusions of the study, the connection between the physical and spiritual dimensions also appears. It ends up being in the moments when we care for the patient’s body that questions about the soul often arise. And it is often in these moments that we realize how it is possible to say yes to life, despite everything, and that we realize what it is like to be human.

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References

- Bäckersten C, Molander U, Benkel I, et al. (2023) “What it is like to be human”: The existential dimension of care as perceived by professionals caring for people approaching death. *Palliative and Supportive Care*, 1–6. doi:10.1017/S1478951523001554

- Caldeira S, Simões Figueiredo A, Da Conceição AP, et al.** (2016) Spirituality in the undergraduate curricula of nursing schools in Portugal and São Paulo-Brazil. *Religions* 7(11), 134. doi:10.3390/rel7110134
- Cooper KL, Chang E, Sheehan A, et al.** (2013) The impact of spiritual care education upon preparing undergraduate nursing students to provide spiritual care. *Nurse Education Today* 33(9), 1057–1061. doi:10.1016/j.nedt.2012.04.005
- Frankl VE** (2012) *O Homem Em Busca de Um Sentido*. Alfragide: Leya.
- Govier I** (2000) Spiritual care in nursing: A systematic approach. *Nursing Standard: Official Newspaper of the Royal College of Nursing* 14(17), 32–36. doi:10.7748/ns2000.01.14.17.32.c2744
- International Council of Nurses** (2021) The ICN code of ethics for nurses. Geneva, Switzerland. https://www.icn.ch/sites/default/files/2023-04/ICN_Code-of-Ethics_EN_Web_0_0.pdf (accessed 30 January 2024).
- Lalani N** (2020) Meanings and interpretations of spirituality in nursing and health. *Religions* 11(9), 428. doi:10.3390/rel11090428
- Ross LA** (1994) Spiritual aspects of nursing. *Journal of Advanced Nursing* 19(3), 439–447. doi:10.1016/j.nedt.2022.105403
- Strang S, Strang P and Ternstedt B** (2002) Spiritual needs as defined by Swedish nursing staff. *Journal of Clinical Nursing* 11(1), 48–57. doi:10.1046/j.1365-2702.2002.00569.x
- World Health Organization** (2020) Palliative care. <https://www.who.int/news-room/fact-sheets/detail/palliative-care> (accessed 30 January 2024).