

# NEONATAL INTENSIVE CARE UNIT: MATERNAL PERCEPTIONS ABOUT RELIGIOUS SYMBOLS

Larissa Gramazio Soares<sup>1</sup>, Darci Aparecida Martins Correa<sup>2</sup>, Leticia Gramazio Soares<sup>3</sup>, Leda Harumi Higarashi<sup>4</sup>

<sup>1</sup>Nurse. Master Student in Nursing. Nursing Professor at the State University of Paraná. Guarapuava, Paraná, Brazil.

<sup>2</sup>Nurse. Ph.D. in Religious Sciences. Nursing Professor at the State University of Maringá. Maringá, Paraná, Brazil.

<sup>3</sup>Nurse. Doctoral Student in Nursing. Nursing Professor at the Center-West State University. Guarapuava, Paraná, Brazil.

<sup>4</sup>Nurse. Ph.D. in Education. Nursing Professor at the State University of Maringá. Maringá, Paraná, Brazil.

**ABSTRACT:** A descriptive and exploratory study with a qualitative approach was conducted with the aim to understand the meaning of religious symbols for parents of babies in the Neonatal Intensive Care Unit and how they help them during the child's hospital stay. Field research was carried out in a hospital in the Midwest of Paraná, from August to October 2013, through semi-structured interviews with ten mothers. Data were analyzed through content analysis, according to Bardin, resulting in two thematic categories. Religiosity is found to be among the various aspects that permeate the scenario of neonatal intensive care and deserve to be recognized and considered by the multidisciplinary team, especially the nursing team. It is a family need to cope with the health problem, demanding spiritual assistance for comprehensive and quality care.

**DESCRIPTORS:** Family nursing; Religion; Neonatal intensive care unit.

## UNIDADE DE TERAPIA INTENSIVA NEONATAL: PERCEÇÕES MATEPNAS SOBRE SÍMBOLOS RELIGIOSOS

**RESUMO:** Estudo de caráter descritivo, exploratório, de abordagem qualitativa, que pretendeu conhecer e compreender o significado que os símbolos religiosos têm para os pais de bebês internados na Unidade de Terapia Intensiva Neonatal e como estes os ajudam durante o período de internação do filho. A pesquisa de campo foi realizada em um hospital do Centro-Oeste do Paraná, no período de agosto a outubro de 2013, por meio de entrevistas semi-estruturadas com dez mães. Os dados foram analisados utilizando a técnica de análise de conteúdo, conforme Bardin, originando duas categorias temáticas. Conclui-se que, entre os diversos aspectos que permeiam o cenário da atenção intensiva neonatal e merecem ser reconhecidos e considerados pela equipe multiprofissional, em especial pela enfermagem, está a religiosidade. Esta constitui uma necessidade da família para o enfrentamento do agravo de saúde, demandando a realização de um cuidado espiritual com vistas à assistência integral e qualificada.

**DESCRIPTORES:** Enfermagem familiar; Religião; Unidades de terapia intensiva neonatal.

## UNIDAD DE TERAPIA INTENSIVA NEONATAL: PERCEPCIONES MATEPNAS ACERCA DE SÍMBOLOS RELIGIOSOS

**RESUMEN:** Estudio de carácter descriptivo, exploratorio, de abordaje cualitativo, cuyo objetivo fue conocer y comprender el significado que los símbolos religiosos tienen para los padres de bebés internados en la Unidad de Terapia Intensiva Neonatal y cómo estos los ayudan durante el periodo de internación del hijo. La investigación de campo fue realizada en un hospital del Centro-Oeste de Paraná, en el periodo de agosto a octubre de 2013, por medio de entrevistas semi-estructuradas con diez madres. Los datos fueron analizados utilizando la técnica de análisis de contenido, de acuerdo a Bardin, originando dos categorías temáticas. Se concluye que, entre los diversos aspectos que permean el campo de la atención intensiva neonatal y merecen ser reconocidos y considerados por el equipo multiprofesional, en especial por la enfermería, está la religiosidad. Esta constituye una necesidad de la familia para el afrontamiento del agravo de salud, demandando la realización de un cuidado espiritual para llegar a una asistencia integral y cualificada.

**DESCRIPTORES:** Enfermería familiar; Religión; Unidades de terapia intensiva neonatal.

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### Corresponding author:

Larissa Gramazio Soares  
Universidade Estadual do Centro-Oeste  
R. Professor Amálio Pinheiro, 2059 - 85015-334 - Guarapuava, PR, Brasil  
E-mail: larissa.gramazio@gmail.com

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## INTRODUCTION

The hospitalization of a newborn in the Neonatal Intensive Care Unit (NICU) is a difficult and painful experience for parents. Not rarely, resources and support strategies available in this reality are restricted, hampering its coping process. This process is fraught with anxieties and expectations, especially regarding the diagnosis and length of stay, because the longer the hospital stay, the higher the threats to the baby's health, due to the predisposition for infections and other clinical complications<sup>(1-3)</sup>.

In this scenario, parents seek strategies to help them cope with this period of fear, suffering and anguish. Among them, religiosity and spirituality appear in a very important way, as family support elements in this difficult moment.

Religiosity and spirituality stand out as the most commonly used ways through which people express and face all the feelings arising from the illness. When facing times of illness or loss of a loved one, the family's appeal to religion is remarkable, through promises and prayers that help as a source of hope for the patient's survival and as a way of coping with the situation<sup>(4)</sup>.

The sacred, as a transcendent reality, shows the human being, reflected in an object or a person of sacredness, a chance to communicate with the transcendent, with the sacred. This bridge or connection can become visible and palpable, being considered by many the materialized symbol of the divine. In this perspective, the religious symbol is located firstly "between" the Other and the human subject who experiences it<sup>(5)</sup>. Likewise, "the symbol, the myth and the rite are the first and the most spontaneous manifestations of the experience in the human encounter with the Absolute"<sup>(5:397)</sup>.

Such considerations about the importance of symbols in the relationship between human beings and the sacred must be perceived and valued in the NICU environment whenever parents express the need to appeal to these religious symbols.

In light of these considerations, this study is justified in a sense of (re)cognizing the meaning given to religious symbols that parents of newborns admitted to the NICU use to cope with their hospitalization. Such knowledge implies valuing the humanized and comprehensive nursing care, considering assisting the individual in all their needs, including spiritual needs, which

are still poorly explored and researched.

Therefore, the aim of this study was to understand the meaning that religious symbols have for parents of babies admitted to the NICU and how these symbols help them during their child's hospital stay.

## METHOD

The choice of a descriptive and exploratory study with a qualitative approach was due to the interaction between researchers and research subjects it provides, which is necessary to achieve the established goal of understanding the significance of religious symbols for parents in the coping process of their child's hospitalization in the NICU.

The study was conducted in the NICU of a small hospital in the city of Guarapuava, in the state of Paraná, Brazil. The hospital is a philanthropic organization founded in 1913 and currently has 154 beds. The NICU, the location of the study, was opened in October 2012 and currently has 7 neonatal beds. It has a multidisciplinary team consisting of four nurses, nine nursing technicians, six physicians, one physiotherapist, one nutritionist, one speech therapist and one psychologist.

The only inclusion criteria was to be the mother of a newborn with length of hospital stay over or equal to 15 days. This required length of stay is due to the need for the participating subjects to have had a minimal experience in the context under study.

Regarding the number of participants, a qualitative study is not concerned with numerical criteria, it values, instead, a broad and dense understanding of certain groups. In qualitative studies, the sample consists of social subjects that have the information that responds to the question of the researcher<sup>(6)</sup>. The observance of these aspects resulted in the performance of ten interviews.

Data were collected from August to October 2013, through recorded interviews, using a semi-structured script consisting of a section for sociodemographic characterization of the participants and another containing the guiding question. The interviews were conducted in the hospital, with no private room, according to the mothers' preferences and after visiting hours. The audio recordings were then transcribed verbatim and subjected to successive readings.

For data analysis, the content analysis technique was used<sup>(7)</sup>, following these steps: pre-analysis, material exploration, analysis and referential interpretation. This process led to two central categories and six subcategories that make up the corpus for the study discussion.

The research was conducted according to ethical principles and data collection was only carried out after the project's analysis and approval by the Permanent Committee on Human Research Ethics of the State University of Maringá, under protocol no. 370.185. To ensure the anonymity of the subjects, fictitious names were attributed to the mothers participating in the research.

## RESULTS

For the characterization of the interviewees, data were collected with regard to the mothers and aspects related to the hospitalization of their babies. These aspects were raised aiming to contextualize the subjective reality of the participants, in order to guide the individualized analysis of the reports.

### Characterization of the participants and hospitalization

The study universe was composed of mothers of newborns admitted to the NICU, being a total of ten interviewees. The age of the participants ranged from 18 to 44 years. Seven of them lived in the city of Guarapuava, and the others, in surrounding towns. Concerning schooling, five of them had completed elementary school and the others had finished high school. The monthly family income ranged from R\$350.00 to R\$2,034.00; with regard to marital status, five of them were married, and the others were either single or divorced; as to the profession, five were housewives, two were cooks, two were self-employed and one was a public servant. When questioned about religion, eight reported being Catholics, and two, evangelicals.

Regarding the type of delivery, the distribution between caesareans and normal births was equal, with five deliveries of each type, and records of two twin pregnancies, totaling 12 hospitalized newborns, being three male and nine female. As for the length of hospitalization, six newborns were hospitalized for more than 30 days. Reasons for hospitalization vary and include: low birth weight, respiratory insufficiency, heart disease and neonatal infection. The most frequent reason of admissions was prematurity, verified in 9 hospitalizations. The gestational age of the babies

ranged between 28 and 37 weeks, and birth weight fluctuated between 945g and 3,900kg. Only one newborn presented adequate birth weight.

Regarding the approach of the study's central theme, the analysis process of the reports derived from the guiding question "Do you make use of religious symbols to face the hospitalization of your child in the NICU and how do these symbols help in this situation?". Two thematic categories emerged: religious symbols; importance and influence of religious symbols in the sick newborn's recovery process. The subcategories that, along with the central thematic categories, make up the corpus of the analytical process are discussed below.

### Religious symbols

Human beings seek answers to the unknown. Unable to find it, they attribute these unanswered questions to a divine character, a transcendent and mysterious origin. Religious symbols arise in this context, as the representation of the belief in the superior, in the sacred.

Thus, it must be noted that symbols are representative elements (visible reality) placed instead of something (invisible reality) that can be an object or idea. The symbol is an essential element in the communication process, it is broadcasted on a daily basis and by the most various aspects of human knowledge. Although there are symbols that are internationally recognized, others are only understood within a particular group or religious context, intensifying the relationship with the transcendent, with the sacred.

Various religious symbols were mentioned by mothers. However, the discussion was delimited around the ones most cited in the statements, namely: the images of saints, the rosary and the Bible.

### Images of saints

Many saints were pointed out by the mothers as religious symbols, among them, the most cited were: Our Lady of Aparecida; Our Lady of Grace; Our Lady of Labor and Saint Rita of Cascia.

*I got this medal of Our Lady of Grace from my baby's grandmother [...] so that, whenever I entered the ICU, I'd put it in his little hand so he could have strength; so he could react and leave the hospital soon. It seems to be working. I put it in his hand and then take it with me when I leave [...].(PAULA)*

*I have this medal of Saint Rita of Cascia I always carry*

*with me [...] symbols are things from God [...] I got it from my mother, who is a devoted [...].(SANDRA)*

These statements express the attachment to the divine symbolism hoping for the clinical improvement of the child. These mothers place their recovery expectations in the holy images of the referred saints.

### **The rosary**

Considering that humans are endowed with the need for symbols to become closer to the real, religious events use symbols for rapprochement with the sacred. The same symbol can have different meanings according to the existing cultural varieties. In this sense, another religious symbol mentioned by the mothers was the rosary, always present in these visits to the NICU.

*I always carry a rosary with me [...] I got it as a gift and it came blessed from Aparecida. I hold it inside my pocket every time I come here [...].(ANA)*

*I keep the rosary in my pocket throughout every visit and, when I'm by her side, I hold it tight and I hand her to our Lord Jesus Christ. I feel that He is there, close [...]. (CAROLINA)*

The reports attribute to this symbol the power to provide strength to face the situation of pain, anguish and fear of losing a child. The need to touch it and the attachment to the symbol is also worth mentioning, as a way of materialization of the sacred.

### **The Bible**

Another important symbol for the mothers in the study, as a source of aid, was the Bible, based on promises of cure present in it, thus strengthening hope in the recovery of their children, as expressed in the following words:

*I read the Bible a lot. I understand that it is like a manual for life which we have to follow. It's everything in our lives. Not the Bible itself, you know? The word, all the teachings, is what most matters to us [...].(MARIA)*

*For us, there is just the power of prayer and the Bible, the word. Faith and prayer are everything in the life of an evangelical, it represents strength.(DENISE)*

For these mothers, reading the Bible is a strategy to face the adverse situation experienced at that time.

### **Importance and influence of religious symbols in the sick newborn's recovery process**

In the quest for religiosity in pain and suffering circumstances, the human being, in an attempt to get closer to God and the sacred, often ends up making use of religious symbols. The same symbol can have different meanings and mobilize diverse actions on people's lives.

In this study, religious symbols took on different meanings and roles for mothers, especially faith, strength and safety to support and experience the hospitalization of their children.

### **Faith**

From the perspective of some interviewees, the good prognosis and recovery of their babies were the result of all the faith placed in God. In their speeches, they reveal to believe that, if they had not prayed, the clinical status of their children might have had a different outcome:

*Without prayer, without the growing attachment to God, nothing good would have happened. All the results I'm getting now are due to that.(ANA)*

*It was important to pray because she turned out fine [...] it helped, helped her recover, and she's still fine. (ISABEL)*

Thus, the reports of the interviewees in this study show that the prayers and faith gained greater significance after the experience of hospitalization. In the situation of illness and suffering experienced, mothers have come to value the religious practices as a personal strategy of coping and strengthening.

*It's not that I did not believe, but I did not care much. Today I value it more [...] it brought me closer to God.(ANA)*

*We always say we believe and we pray, but now it's stronger, more than before. We sin in this sense, because I'm suffering a lot and then in faith I gain strength.(FLAVIA)*

The child's hospitalization itself is found to be attributed by mothers to divine providence, as an inevitable and necessary event. Therefore, in order to relieve the anguish resulting from this process, mothers seem to find strength in the search for a meaning to the experienced fact, taking as a premise the existence of a transcendent purpose for the situation faced, as presented in the speeches of Ana and Carolina:

*I think it's a life lesson. Everything you go through has a meaning. Everything. No one could have gone through this in my place [...].(ANA)*

*Testing is what I feel. God knows everything. If Eloise's life was meant to start this way, let's face it and have faith. Never give up, never lose faith, ever [...].(CAROLINA)*

### Strength

Still regarding religious symbols, maternal reports have highlighted them as being a source of strength in this time of child hospitalization. Moreover, religious practices served as spiritual stimulant for mothers to remain strong, in order to assist their children when they needed.

*I always did my prayers [...] they helped me. If I had surrendered, I wouldn't be able to be taking care of him now [...] I kept in mind that I had to have strength. I thought "How am I going to breastfeed him if I get nervous?". I prayed to God asking for strength so I could breastfeed and he could get better. It helped me a lot [...]. (ANA)*

*We always pray and have faith, but when something happens we cling more, to be strong and endure [...] now I see the power that my prayers had. It really helped her recovery and strength [...]. (SUZANA)*

Thus, the greater attachment to religion, motivated by the situation of suffering and sorrow, was considered a starting point for mothers to find strength to remain optimistic and confident about the good prognosis of their children and to be fortified for whenever their children needed them.

### Safety

Finally, maternal speeches show that the negative feelings arising from their child's hospitalization are mitigated when they "hand" their children to God. In this sense, mothers commonly put rosaries and images (pictures) of saints in incubators. For them, besides the health team and the life support technology in that context, God was present through the symbols left in their children's bed, as a protective factor, thus increasing their sense of safety in relation to the care provided:

*I leave the ICU and I feel that he is there taking care of her, guiding doctors and nurses. I feel it [...] I put her in God's hands. I see that He is there with her and will protect her because she is an angel [...].(FLAVIA)*

*God, Our Lady of Aparecida and the angels are there. Their hands keep her and guide people who take care of her. The greatest protection comes from God, because medicines and equipment are not enough; prayers and faith also heal [...] when I leave there, I feel the presence of God in that place, and that helps*

*me [...] I see Him by the incubator [...]. (CAROLINA)*

Although these concepts are still not properly disseminated in our country's healthcare reality, the presence of religious symbols can be seen in the everyday life of neonatal admissions, as coping resources used by the families in moments of sadness and anguish experienced with their children, and that should be recognized and valued by the team assisting mother and child.

### DISCUSSION

The literature refers to the importance of symbols in the relationship between humans and the sacred, and they are relevantly perceived in the narratives of the interviewees, for their deep appreciation of the symbols at the time of the religious experience. It is also noticed that each mother revealed a singular human experience with certain symbols, and that they help in this proximity with the sacred<sup>(5)</sup>.

Thus, religion is expressed through religious symbols and reflects the irrational, and has such deep roots in the human soul, that the person facing a moment of fragility and vulnerability clings to them<sup>(8)</sup>, as evidenced in the speeches of the mothers.

In this perspective, the families used religious resources to try to understand and deal with the situations of sickness, and to cope with fragile moments resulting from the illness. The literature confirms the prayers, promises, pilgrimages, ascetic exercises and ritual actions, as an attachment to objects according to each religion<sup>(9)</sup>.

Moreover, in a study called<sup>(10)</sup> "*A expressão da dimensão espiritual no cuidado de Enfermagem em Unidade de Terapia Intensiva*" (The expression of the spiritual dimension in the nursing care at Intensive Care Units), the results corroborate the findings from this study, since the author presented religious symbols such as rosaries, images of saints and the Bible as vehicles of faith for the participants of his research.

From this point of view<sup>(11)</sup>, religion is one of the "web of meanings" that make up culture, which is nothing more than the systems of meanings transmitted historically and incorporated as symbols, through which people communicate, perpetuate and develop their knowledge and activities. Therefore, these complex systems of symbols represent extrinsic sources of important information for human behavior and serve to

model the relationships between entities and social processes. Thus, the same feelings used in devotion to religious symbols are used to direct life, because they provide a sense of revelation and direction.

Corroborating the above, the study results show that, when facing the hospitalization process and all the suffering it causes, the attachment to religion was an alternative used to mitigate the negative feelings experienced at this stage.

Religiosity generally has an important role in human life and is able to help find answers to a number of adverse situations, which is the case with the diseases. This encounter between the human being and the sacred happens in times of need, through spirituality, as "a meeting with God, a personal contact with Him, humble and devout recognition of His absolute value and holiness"<sup>(12:59)</sup>.

It should also be pointed out that prayers are used by the family to establish a connection with God or an entity or higher strength, reinforcing their faith. The child's improvement is then interpreted as a fact closely related to the power of prayer and faith<sup>(13)</sup>.

Similarly, in another study<sup>(14)</sup>, also corroborating our findings, the religious daily practices implemented through prayers provided calmness, comfort and strengthening.

This experience began a phase of reflection and redefinition of religion. Families who had their children admitted to NICU narrowed their relationship with Church and religious rituals, to establish a personal connection with "something more" and, by doing this, be supported at this time of difficulty<sup>(14)</sup>.

Likewise, although faith and religiosity always seem to be present in human life, it is especially at times of vulnerability that the resumption of the sacred happens, as a personal coping strategy<sup>(15)</sup>.

It is worth highlighting that even with the NICU's currently available technological resources for the maintenance of the child's life, clinging to the sacred provides the family with a feeling of comfort, which takes them to seek in religiosity a meaning for their suffering<sup>(15)</sup>.

Some authors further establish that an adverse situation such as the hospitalization of a child in the NICU leads the family to find strength and to believe that the only way to deal with this situation is by having faith in the existence of a

Higher Being, able to give them comfort, through the implementation of devotional practices<sup>(13)</sup>.

These impressions confirm the findings of another study<sup>(16)</sup>, which sought to identify the cultural meanings that patients admitted to the Intensive Care Unit and their families attributed to the hospitalization process, and concluded that families are strengthened in faith and in the presence of God. For them, faith can bring healing, acceptance of the facts and resignation, minimizing stressor impacts of hospitalization, recognizing faith as having a positive effect in this process. The families of the study also revealed belief in the power of God in deciding about life and death.

These considerations confirm the importance of valuing the comprehensive, humanized and quality care in this and other assistance scenarios. It is essential that nurses notice the spiritual need expressed by the family of babies admitted to the NICU. To implement the spiritual care, it is essential to understand, relate, communicate, interact and to be with the other. It is also noteworthy that nursing is heading towards a new era - the era of spiritualized therapeutic care<sup>(17)</sup>.

Therefore, it is necessary to understand the coping process of the child's hospitalization by valuing the subjectivity expressed by the family. Thus, professionals should support them and identify their problems, besides developing strategies to strengthen the bond with the baby<sup>(18)</sup>.

In this sense, religiosity is practiced intensely, as a way to renew hope for the baby's full recovery and to maintain the family strong enough to face the hospitalization, and prepared to deal with the child's needs.

## FINAL CONSIDERATIONS

This study essentially falls in the areas of spirituality and religiosity with the aim to understand, from this perspective, the meaning that religious symbols have for parents of babies admitted to the NICU and how they help during their child's hospital stay.

Thinking about religiosity and recognizing it also as a need to the family inserted in the context of nursing care in an NICU is of great importance. The family that faces the process of their child's hospitalization goes through constant situations of difficulty, permeated by emotional shocks, spiritual experiences and fear of finitude, so their perception of religiosity is rich and relevant,

justifying this study.

The attachment to religious symbols in this context of coping was evident in all the reports of the study. Thus, the religious symbols were perceived by the mothers as a way to get closer to the sacred, and as a strategy to gain strength in the process of dealing with their child's hospitalization.

The symbols also led to the increase of faith, through reflection and resignificance of religiosity in the lives of these families. From this reflective process, the families concluded by reaffirming their religious practice and by the strengthening of their belief about a divine determination of events.

The results also show the strength and safety provided by the symbols, which motivates mothers for optimism regarding the evolution of their children and makes them feel more confident and secure facing the situation.

The essence of nursing care is to meet all the needs of patients and their families in order to promote a comprehensive and quality care. In this sense, it is suggested that the theme of spirituality and spiritual care be better explored in the professionals' training process, so that they become more sensitive and able to perceive spiritual needs, recognizing the family as the focus of care.

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