



REVIEW

Mental health and nursing based on Viktor Frankl's theory: an integrative review

Saúde mental e a enfermagem fundamentada na teoria de Viktor Frankl: revisão integrativa
Salud mental y enfermería basada en la teoría de Viktor Frankl: una revisión integradora

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ABSTRACT

Objective: analyzing the scientific production of mental health nursing based on Viktor Frankl's theory, from 2011 to 2021. **Method:** an integrative review developed with six articles that address mental health nursing using Viktor Frankl's theory. Capes portal, Virtual Health Library, PubMed and online Knowledge Library were used for the search. The studies were evaluated from the checklist proposed by the Critical Appraisal Skills Programme, and described its main characteristics, results, convergences and conclusions. **Results:** all studies analyzed have phenomenological methodology, five obtained high classification according to Casp checklist, and had approaches such as care for the old person, those with hospitalized chronic diseases, palliative care and the process of helping the family members of these people. There were convergences between studies in the aspects of spirituality, meaning of life, sacrality, faith, illness, diagnosis, suffering, possibilities of healing, family and resilience. **Conclusion:** nurses have produced knowledge from the perspective of the Franklian framework, basing their practice on theory and contributing to the mental health of the people under their responsibility; however, it is evident the need for training of this professional regarding spirituality and mental health to assist people in a varied context of care.

Descriptors: Nursing. Mental health. Humanism. Existentialism.

RESUMO

Objetivo: analisar a produção científica de enfermagem em saúde mental fundamentada na teoria de Viktor Frankl no período de 2011 a 2021. **Método:** revisão integrativa desenvolvida com seis artigos que abordam enfermagem em saúde mental com uso da teoria de Viktor Frankl. Para a busca, utilizou-se portal Capes, Biblioteca Virtual de Saúde, PubMed e Biblioteca do Conhecimento on-line. Os estudos foram avaliados a partir do checklist proposto pelo *Critical Appraisal Skills Programme*, e descritos suas principais características, resultados, convergências e conclusões. **Resultados:** todos os estudos analisados têm metodologia fenomenológica, cinco obtiveram classificação alta conforme checklist Casp, e tiveram abordagens como o cuidado a pessoa idosa, àqueles com doenças crônicas hospitalizadas, cuidado paliativo e o processo de ajuda ao familiar dessas pessoas. Houve convergências entre os estudos nos aspectos de espiritualidade, sentido de vida, sacralidade, fé, adoecimento, diagnóstico, sofrimento, possibilidades de cura, família e resiliência. **Conclusão:** o enfermeiro tem produzido conhecimento na perspectiva do referencial frankliano, fundamentando sua prática em teoria e contribuindo com a saúde mental das pessoas sob sua responsabilidade, contudo evidencia-se a necessidade de capacitação desse profissional quanto a espiritualidade e saúde mental para assistir as pessoas em contextos variados de cuidado.

Descritores: Enfermagem. Saúde mental. Humanismo. Existencialismo.

RESUMÉN

Objetivo: analizar la producción científica de la enfermería en salud mental desde la teoría de Viktor Frankl producida de 2011 hasta 2021. **Método:** revisión integradora desarrollada con basada en seis artículos que abordan la enfermería en salud mental utilizando la teoría de Viktor Frankl. Para la búsqueda se utilizó el portal Capes, la Biblioteca Virtual en Salud, PubMed y la Biblioteca del Conocimiento en línea. Los estudios fueron evaluados con base en el checklist propuesto por el *Critical Appraisal Skills Programme*, con la descripción de sus principales características, resultados, convergencias y conclusiones. **Resultados:** todos los estudios analizados presentan una metodología fenomenológica, cinco tuvieron una calificación alta según el checklist de la Casp, y tuvieron enfoques en el cuidado de los ancianos, los portadores de enfermedades crónicas hospitalizadas, los cuidados paliativos y el proceso de ayuda a los familiares de estas personas. Hubo convergencias entre los estudios en los aspectos de espiritualidad, sentido de la vida, santidad, fe, enfermedad, diagnóstico, sufrimiento, posibilidades de curación, familia y resiliencia. **Conclusión:** las enfermeras han producido conocimiento desde la perspectiva del marco frankliano, basando su práctica en la teoría y contribuyendo a la salud mental de las personas bajo su responsabilidad, sin embargo, es evidente la necesidad de formación de estos profesionales en la temática de la espiritualidad y la salud mental para la capacitación para la asistencia a las personas en diversos contextos de atención.

Descritores: Enfermería. Salud mental. Humanismo. Existencialismo.

INTRODUCTION

Nursing is the science that is present in the daily life of people in health and disease situations, from conception to death.⁽¹⁾ The action of caring is inherent to nursing and originated from the Latin 'cure' expressed in a relationship that involves esteem, love, reciprocity and care. By marking care in Franklian existential analysis, nursing recognizes the possibility of an intervention process with integral characteristics to involve the biopsychospiritual.⁽²⁻³⁻⁴⁾

The idea of mental health is far beyond just physiological diagnoses. Franklian existential analysis proposes a vision of a man that encompasses the somatic dimension that involves bodily aspects; the psychic, which contemplates psychological aspects such as sensations, feelings, instincts, desires, affections, cognitions and emotions; and the noological or spiritual that encompasses human phenomena.⁽⁵⁻⁶⁾ And it is in this dimension, suprahuman or spiritual, that the decisions that are made by people, aesthetic creation, religiosity, apprehension of values, ethical feeling and influences of social forces in health are found.^(7,10)

The spiritual dimension makes possible the connection of man with the unconscious processes of existence in the search for meaning of life, besides acting as a harmonizer in the work process of the interdisciplinary team.^(8-9,46) When chronic disease has in spirituality a way to find the meaning of life, the therapeutic relationship can become a two-way street where solidarity and affective exchanges occur between professionals and patients, which may enable beliefs that are not necessarily religious.⁽³⁻⁴⁾

The nurse, when choosing this theoretical path, proposes to elaborate in a more empathic way possibilities of welcoming people in times of suffering, being a catalyst of mental health in the form of spiritual comfort. It temporarily occupies this nucleus of the human person in its existential haughtiness, while considering the physical aspect and without spiritual reductionism.^(3,5)

Considering the literature review as a way of access to pre-existing knowledge and the

need of scholars to, from highlighted results, reflect on what has already been researched on the topic in focus, the following question was formulated: what scientific evidence has been produced in the context of mental health nursing based on Viktor Frankl's theory? Based on this question, the objective was to analyze the scientific production of mental health nursing based on Viktor Frankl's theory from 2011 to 2021.

METHODS

An integrative literature review study conducted in the Capes portal, the Virtual Health Library (VHL), PubMed and the online Knowledge Library (B-on), with data collection from January to February 2021. The POT strategy (Population, Outcome, Type of Study) was used to structure the research question and the PRISMA⁽¹¹⁾ checklist as a writing guide.

The order of identification of the theme and creation of the research question was followed; inclusion and exclusion criteria; creation of an Excel form as an instrument for collecting the information to be extracted from the selected studies in order to homogenize data to be collected; evaluation of the studies included in the sample; interpretation of the results with the identification of convergences between studies regarding spirituality, nursing and meaning of life; presentation in tables and figures of the synthesis of the seized knowledge.⁽¹¹⁾

The descriptors used in the search for articles were "nursing", "mental health", "humanism", "sense of life" and "existentialism", using the Boolean AND. Four independent examiners were collected, with double research in each database.

The inclusion criteria adopted were articles of free access in full version, published between 2011 and 2021, in the Portuguese, Spanish and English, qualitative methodology. We excluded reviews and quantitative or mixed studies, which did not address Viktor Frankl, nursing and mental health concomitantly, incomplete

methodologies and duplicates in the databases.

The "Critical Appraisal Skills Programme" (CAPS) was used, which is a checklist instrument that assists in the categorization and critical analysis of qualitative studies regarding accuracy, credibility and relevance. It consists of ten items and classifies the studies into two categories: A) Studies with small risk bias and must fill at least 9 items and; B) Studies with moderate risk bias, which should serve between 5 and 8 items.⁽¹²⁾

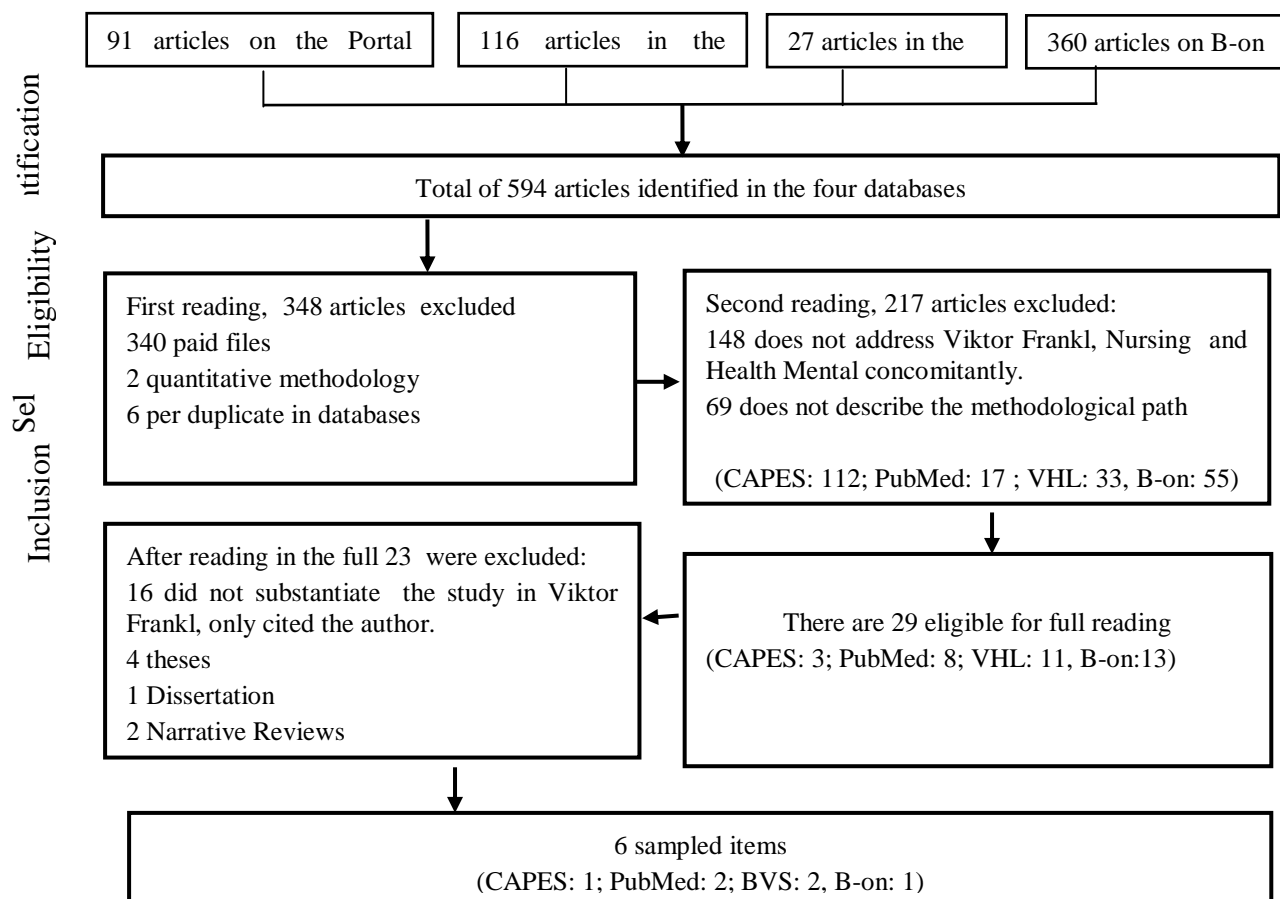
The items that make up the CAPS are: 1) Clear and justified objective; 2) Methodological design appropriate to the objectives; 3) Methodological procedures presented and discussed; 4) Intentional sample selection; 5) Data collection described, instruments and saturation process explained; 6) Relationship between

researcher and researched; 7) Ethical care; 8) Dense and reasoned analysis; 9) Results presented and discussed, pointing out the aspect of credibility and use of triangulation and; 10) Description of the contributions and implications of the knowledge generated by the research, as well as its limitations.⁽¹²⁾

After this evaluation stage, the studies were characterized regarding the profile; and summarized the main results for presentation in Tables (1 and 2). In addition, the convergences that emerged from the studies regarding the concepts of spirituality based on Franklian theory were demonstrated, with details subdivided into areas and subareas of care and presented in the form of a conceptual map (Figure 2).

Figure 1 presents the description of the articles identified, eligible and selected to make up the sample of the results.

Figure 1. Strategy for the search for articles on mental health nursing based on Viktor Frankl, Salvador, Bahia, Brazil, 2021.



Source: Own elaboration.

RESULTS

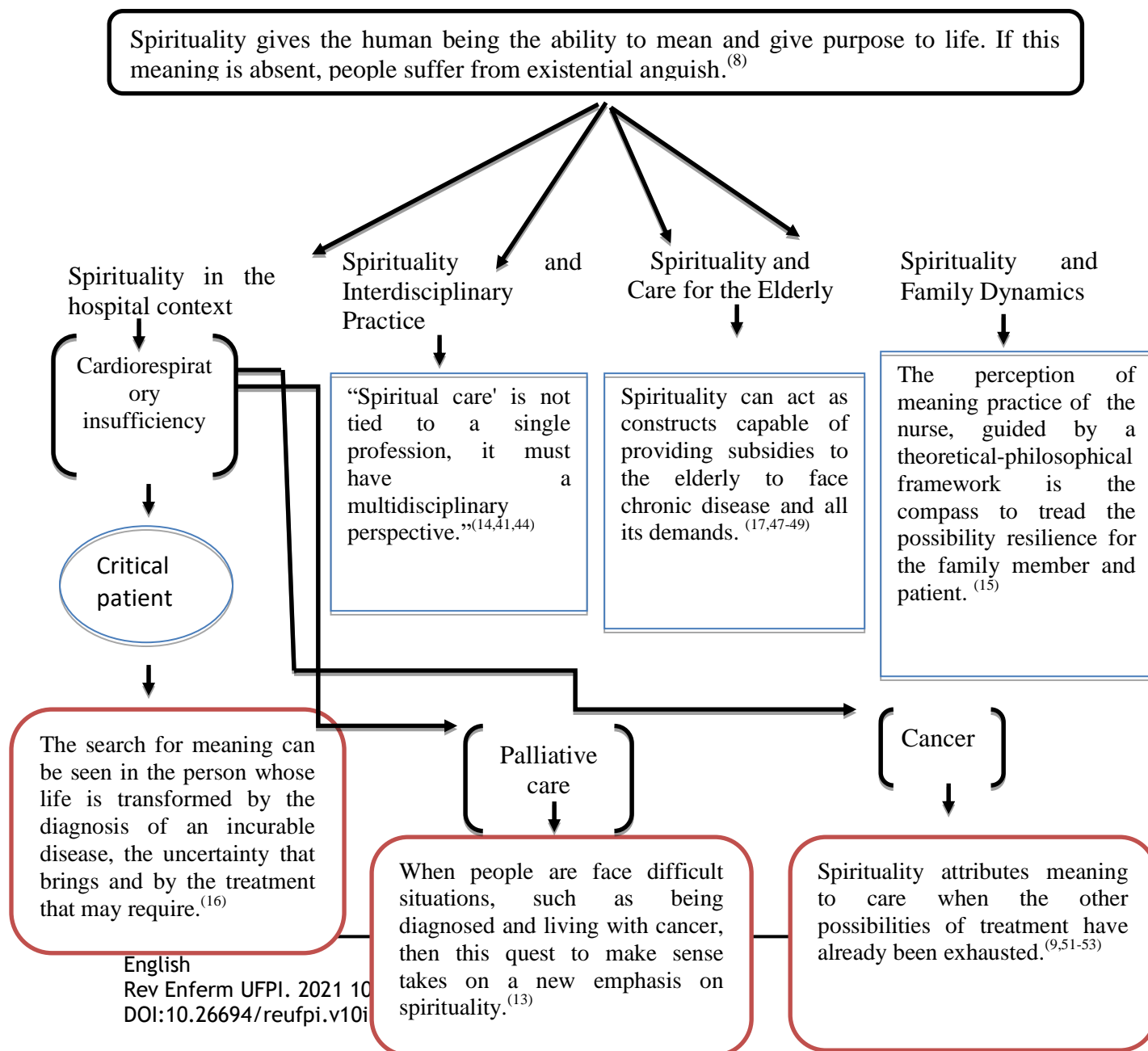
This study consists of six articles, published between 2013 and 2020 in Brazil, Germany and the United Kingdom; a total of 85 participants in the samples and all articles have methodology with phenomenological approach. In the CAPS evaluation, five articles were included with classification of small risk bias and one article with moderate risk bias.

Chart 1 presents the main characteristics of the sample studies according to authors, title, objective, method, journal, year of publication, country of realization and CAPS

classification performed of selected articles.

Below, in Figure 2, a conceptual map was organized with the objective of presenting some of the areas and sub-areas of nursing in which the spirituality construct is developed by researchers in the area according to the Franklian view. The rectangles present the concepts based on Franklian theory and unfolding in broader themes according to nursing care in the most diverse contexts.

Figure 2. Conceptual map of the network of areas and subareas of Nursing in which the concept of Spirituality is used in studies (n=6), Salvador, Bahia, Brazil, 2021.



Board 1. Characterization of the studies included in the integrative review (n=6), Salvador, Bahia, Brazil, 2021.

Code	Authors	Title	Aim	Method	Journal/Year	Country	Classif. (Casp)
E1 ⁽¹³⁾	Barry Quinn	Cancer and the treatment: Does it make sense to patients?	Explore based on Frankl's work the search for meaning in the context of living with cancer	Qualitative Hermeneutic Phenomenology	Hematology/2013	United Kingdom/Ireland	Moderate
E2 ⁽¹⁴⁾	Walker Andreas; Breitsameter Christof	The Provision of Spiritual Care in Hospices: A Study in Four Hospices in North Rhine-Westphalia	Know how the spiritual care is provided in hospitals and what spirituality means in hospitals .	Qualitative Phenomenology	J Relig Health/2017	Germany	High
E3 ⁽⁹⁾	Arrieira, Isabel Cristina de Oliveira <i>et al.</i>	Spirituality in the interdisciplinary team that works in palliative care for people with cancer.	Understanding the meaning of spiritual care for the integrality of care to the person and for the interdisciplinary palliative care team	Qualitative Phenomenological	Science Health Care/2011	Brazil	High
E4 ⁽¹⁵⁾	Braitt Lima, Adriana; Rosa, Darci de Oliveira Santa	Guide to The Process of Interpersonal Nursing To Critical Patient Nursing	Present a guide on the process of interpersonal nursing help to the family of the critical patient, based on Viktor Frankl's theory	Qualitative Phenomenological	Science and nurse/2017	Brazil	High
E5 ⁽¹⁶⁾	Moura, Halanna Carneiro Guimarães Bastos <i>et al.</i>	Faith and spirituality in the meaning of life of the elderly with Chronic Kidney Disease	Understanding faith and spirituality in the meaning of the life of the elderly with Chronic Renal Failure	Qualitative Phenomenological	Braz. Journ. Of Nurs./ 2020	Brazil	High
E6 ⁽¹⁷⁾	Freitas, Raniele Araújo de, <i>et al.</i>	Spirituality and religiosity in the experience of suffering, guilt, and death of the elderly with cancer	Understanding spirituality and religiosity in the life of suffering, guilt and death of the older person with cancer	Qualitative Phenomenological	Braz. Journ. Of Nurs./ 2020	Brazil	High

Board 2. Main results and conclusions of the studies analyzed in the review (n=6), Salvador, Bahia, Brazil, 2021.

Code	Main results	Conclusions
E1 ⁽¹³⁾	<p>The search continues to make sense of the day-to-day events. Pain and discomfort as changes caused by treatments. Participants described appropriate and inadequate care provided by family, friends and health professionals. Value the bond and support they have received, where they are able to give and receive through their shared experiences with others. They were able to find meaning for their lives.</p>	<p>People with cancer try to make sense of the experiences and treatments they are going through. Professionals with increasing workloads and demands will not always respond to the aspect of seeking meaning in treatment; Nurses and other professionals who care for cancer and hematological patients need to reflect, first, on their own experience.</p>
E2 ⁽¹⁴⁾	<p>To be able to offer the spiritual care service in the hospital institution, nurses must be trained to understand the broad meaning of the term spirituality, the many ways of living it, and its relationship with the presence of purpose of life.</p>	<p>Care in the context of spirituality can be presented in the description of rituals, symbols, and therapies such as meditation, poetry, singing, aromatherapy or music therapy. Nurses can access information about spiritual care in courses, study about religions, with the patients' families, developing sensitivity to anguish and fear of the dying person, feelings of guilt and memories. Spiritual care are associations dealing with spirituality that relate to the issues of 'what is coming, the afterlife" and the way in which the patient can say goodbye to both life for himself and for the people they are leaving behind.</p>
E3 ⁽⁹⁾	<p>Spirituality attributes meaning to care when the other possibilities of treatment have already been exhausted, meaning to suffering and death, a sense of harmony for the work of the interdisciplinary team; It gives comfort and contributes to conventional treatment, more difficult to exist in the hospital and more present in-home care. Spiritual care is a means of relieving suffering and enables the integrality of it</p>	<p>The faith and support promoted by spirituality provide better internal control in the face of terminal situations through the sense of God's presence. For professionals, through spirituality it is possible to offer comfort, recognizing it as an important therapeutic and interdisciplinary resource. To achieve comprehensive care, the inclusion of care is necessary when considering training, continuing education, attention and research.</p>
E4 ⁽¹⁵⁾	<p>The process of interpersonal help to the family member of the critical patient is based on Viktor Frankl's theory and formed by 4 stages. It consists of behaviors and actions that enable the encounter between person-person for the establishment of a bond of respect</p>	<p>The triadic diagnosis aims to obtain data to know the existential situation. Divided into: Planning of nursing help from the understanding of the concrete life experienced by the family member establishes strategies. The implementation of aid strategies is a daily roadmap of psychophysiological, social and spiritual needs; Evaluation of the help</p>

	and trust	process is daily report of the changes that occur under the care provided; Knowing the contents of meaning can help nurses develop their actions, in humanistic and existential dimensions.
E5 ⁽¹⁶⁾	Faith is one of the triggering resources of the encounter of the meaning of life for the old person with kidney disease who begins to face a process of acceptance and resignification of their existence. “In the scenarios of spiritual experiences, faith is seen as a direction, a trust of the human being placed in the sacred, which can lead to resignify the meaning of their lives.”	The results and the basis of this study may awaken in health professionals, especially nurses, the reflection on their clinical practice in the care of the healthy person who experiences kidney disease. Considers faith and spirituality are an important resilience strategy of the healthy person with Chronic Renal Failure, who could resignify the meaning of life.
E6 ⁽¹⁷⁾	The diagnosis of cancer leads to guilt and together with the incapacities for day-to-day activities and adverse reactions of chemotherapy drugs, reveal the existential void. In the face of fear of the unknown, he turns to God and asks for help to move on. Spirituality and faith delineate territory in the lived with cancer, and emerge spiritual beliefs/convictions about the passage from the material world to the spiritual world;	The results of the study contribute to reflections on the need for nurses to act in the spiritual dimension of the old person, in various scenarios, and seek to improve not only biological and technical aspects, but also in spiritual aspects. It is intended to stimulate the insertion of needs focused on spirituality and religiosity in the Systematization of Nursing Care.

Source: Own elaboration.

In the selected texts, it was verified that the results and their conclusions coincide in several points, always starting from the premise that it cannot be lost in view that nursing concerns a orientation for the care of the human being. According to what has been raised, there is a convergence as to the approach to the spiritual that promotes support for the family and the patient; spirituality and faith promote better control in terminal clinical contexts and the spiritual approach is a resource for the relief of difficult moments and emotional impacts as a possibility to act in the process of resignification of the meaning of life, in the face of what cannot be modified and focus on an improvement in the patient's well-being.

It was also identified as convergence, the proximity of death and the unknown that can cause a reconfiguration of the meaning of life and a change of attitude towards it and include a search for spirituality and religiosity. The orientation to spirituality in the patient helps in conventional treatment and works with an effective palliative, provides relief to physical and psychic suffering, attributes meaning to the context of the health/disease process and offers a purpose to life.

It also converges the thought that health professionals, especially nurses, should first reflect on their own experience before thinking about the patient's condition, but professionals with work overload cannot think properly about the search for meaning in treatment.

It was observed in the authors' discourse that spirituality is present to a greater or lesser extent in all individuals and can manifest itself in the form of inner peace and/or a transcendent relationship of the individual with the surrounding universe and reflect directly on their attitudes and in the sense of life, and spiritual care should be included in the scope of health work to achieve the integrality of care.

The triadic diagnosis lights up as an initial stage of the process of help of the family member and the patient in order to know their existential situation by aiming at strengthening psychic resilience and, finally, the knowledge of the contents of meaning of life helps the health professional in the assembly of their strategies and in the implementation of effective actions in the scope of care, considering a multidimensional care, based on biological, psychological, social and spiritual aspects.

DISCUSSION

By producing knowledge based on Viktor Frankl's theory and his existential analysis, studies indicate that nursing finds more human forms of care and takes not only the biological meaning of life, but also the search for spiritual meaning to be realized in its care the sick person. It can thus better understand situations of suffering and death from spirituality.⁽¹⁷⁻¹⁸⁾

It was verified, as a highlight, the scientific production in the context of care the old person, those with hospitalized chronic diseases, palliative

care and the process of helping the family members of these people. The results indicate that nursing has sought to produce knowledge that shows Franklian theoretical potential to guide their care work.

The analyzed articles derive from studies conducted in countries with quite diverse cultures and traditions. All of them have used research with a phenomenological approach that is certainly the most indicated to access the person's consciousness and apprehend what this consciousness can reveal about a phenomenon experienced by them.^(13,19)

When evaluating the influence of spirituality in the treatment of cancer users from the nursing point of view, the relationship between spirituality and the suffering seen by nurses in daily work is evidenced and evidences the strength of the person's spiritual care to face the disease.^(1,9,29)

Authors in contrasting times and contexts also point out that the production of health knowledge with emphasis on Franklian existential analysis values nursing care, because they capture the meaning of the present situation, in the singularity that is proper to it in the most diverse contexts of falling ill.^(4,14,20)

Researchers focused on seeking meaning presented results that argue that the search for a meaning for negative and stressful events is a facilitator of adaptive responses. These events can be the most diverse experiences such as: change in the work context^(15,21), the experience of a cancerous disease⁽¹⁾, a situation of family mourning⁽²²⁾ and marital conflicts.⁽¹³⁾

Nursing seeks to adapt from models of humanization paradigms worldwide.^(14,24) These changes are in the sense of changing mechanistic paradigms, by integralizing therapeutic spaces, by acting in an interdisciplinary way and, in a more global sense, associating care by doing dignified, with respect, quality, welcoming and formed of bonds through the biopsychosocial and spiritual perspective.^(16,25-26)

By choosing Franklian existential analysis as a theoretical framework for knowledge production, nursing can increase its capacity to care in the name of a more sensitive therapeutic relationship in the face of inevitable suffering. By welcoming more fully the nurse can help the patient to find a meaning even in the face of severity in the state of health or imminent death.^(4-5-6, 21,23)

The conceptual map (Figure 1) presents the presence of the students' concern to guide spiritual care from Franklian theory in interdisciplinary practice, palliative care for the elderly in patients with incurable disease and in the presence of nursing in the care of the critical lye of the critically ill patient. It is perceived that the construct is guided from the spiritual dimension of the human being as an individual and subjective characteristic of beliefs and values that can be defined as something broad and personal.^(15,27,30,32)

As a complement to this definition, other scholars also point to values and connections with other people, with life and with nature as part of spirituality and affirm that spiritual well-being is the encounter of the meaning of life, achieved through

the encounter with one another, with a greater being, with others and with the world.^(9,31,28)

According to Franklian theory, the meaning of life is what gives the opportunity to fight for something or to have a certain behavior, that is, it is what guides and guides individuals. And it is in this perspective that the analyzed articles connect spirituality with such or such attitude towards personal circumstances or situations in a health-disease context.^(16,8,33)

By searching existential analysis for the theoretical basis for understanding the mental health phenomena present in care, the researchers used the concept of spirituality in the most diverse hospital contexts, pointed out important characteristics and forms in which nursing can come to mirror itself for a human and integral practice. In these studies, the key words spirituality and hospital context were detailed in critical patient, oncologic and palliative care at the end of life.^(16,6,33)

Spirituality was the theme that brought the whole of the work here to be compulsory. From Viktor Frankl's theory, the theme of spirituality was evoked in addition to topics related to religion, with the breadth of research and encompassing the integral dimensions that involve mental health and its relationship with the meaning of life in various contexts experienced by people with chronic, severe or old diseases.⁽⁹⁾

This theory makes possible the connection of the patient with the unconscious processes of existing in the search for meaning to life, besides acting as a harmonizer in the work process of the interdisciplinary team.^(5,9) And, when chronic disease has in spirituality a way to find the meaning of life, the therapeutic relationship can become a two-way route where solidarity and affective exchanges occur between patient professionals, enabling beliefs not necessarily religious.^(17,34-35)

Franklian thought contributes significantly to mental health care in a context for the emergence of the meaning of life and spirituality as a relevant construct for the scientific community in health. It presents the idea that each person has a specific mission in life, something that is not static, the meaning, which changes according to the person and the situation, because human existence is unique and unrepeatable.^(5-6,9)

And from this thesis, in the studies the terms: sacredness, faith and prayer are always related to the contexts of the process of illness, diagnosis and possibilities of cure, change of meaning or purpose of life. In the strategies of the help process proposed by the researchers, there is the presence of terms such as resignification, resilience to suffering and nursing work strategies.⁽¹⁶⁾

In the care of critically ill elderly patients, the authors make constant reference to welcoming culture, traditions, faith and family. By pointing out their role as a human being who cares, scholars expose their fragility before the above sense and the need for empowerment and instruction about spirituality in its cross-cultural context.^(15,35,42,45)

Identifying comorbidities in the old, understanding the conducts, attitudes and thoughts adopted at the end of life is a way to recognize the

Mental health and nursing based on Viktor Frankl's..

importance of well-being and understand life contexts so unique and individual for each person. Thus, it is possible to develop good, individualized practices in health promotion and, within the context of the elderly with severe disease. Studies indicate that it is even more important that the professionals in charge of caring understand the various difficulties imposed by the disease, isolation, and adaptation to the suffering imposed by illness.^(13,36,43)

By seeking in Viktor Frankl and his existential analysis more human forms of care, the academic production in nursing, condensed in this work, aims to transcend the biological meaning of life to achieve an understanding of mental health from the spiritual sense, and thus scan means of applying it in the concrete context of patient care. And so, by reconfiguring the meaning of life - that is, of being in the world and operating in it - seeks to better understand the situations of suffering and death from spirituality.^(9,17)

However, in a historical retrospective on spirituality researchers by outlining the trends of thought and action of nurses between the fifties and nineties, they identified that in the first two decades spirituality in the Brazilian context is strongly linked to the religious character. However, other cultural contexts this approach is broader and better discussed scientifically when opening horizons for more integrated investigations.^(16-17,37,43)

Over the years, nursing thinking has changed and has gradually been tied to the ethical, bioethical and philosophical character in a attempted way of understanding the phenomena of patients' spirituality as well as the nurse himself in mental health and their psychological arrangements to fully support sick people.⁽³⁷⁻³⁸⁾

From the point of view of mental health care, it is considered, in this sense, that the entire team of health professionals dedicated to comprehensive care should, from the first level of care to hospitalizations, seek to systematize care in protocols that reach a maximum of integrality. And thus, mental health is visualized in the problem of consultations and in the receptions at the various levels of attention and research.^(39,50)

Scholars when evaluating the opinion of nurses about the importance of offering the patient spiritual care, it was observed that, although these professionals did not receive training for this type of care, they respond affirmatively and consistently about the importance of offering the patient spiritual care to provide well-being and comfort to the patient.⁽³⁸⁾

Confrontations needed in this context are important, since the situation is configured as suffering that escapes the reach of resolution of professionals to resolve.^(16,40) It is the inevitable suffering, that is, what cannot be ended or resolved, and it is necessary to extract a meaning, a lesson to be learned from the situation, until an adaptation occurs^(15,10)

This study was limited to the temporality used in the inclusion criterion and indicates the need to deepen the theme to have a broader understanding of the state of the art and knowledge productions involving mental health in the context of Franklian

However, it contributes by presenting a current scientific discussion about nursing and the possibilities of expanding, integralizing and humanizing the professional-patient relationship under the sensitive view of human spirituality, with health actions beyond biomedical care.

CONCLUSION

We tried to demonstrate in this integrative review work the convergences of studies regarding the notion of spirituality in nursing derived from the Franklian perspective. Based on the methodological criteria analyzed by peers, of 594 articles, a set of 6 articles from various parts of the world was reached.

They point out that the production of knowledge with emphasis on Franklian existential analysis values nursing care, because they capture the meaning of the present situation, in the singularity that is proper to it in the most diverse contexts of illness.

The production of knowledge in the sub-hospital areas of nursing, such as care for the elderly critical patient, the concern with changes in the body in cancer patients and palliative care were evident in the studies.

The results of this work point to the possibility of nursing making being broader from studies that develop care processes from Franklian existential theory, more specifically when it helps the person to find the meaning of life, despite critical illness or at the end of life.

REFERENCES

1. Sampaio AD, Siqueira HCH. Influência da Espiritualidade no Tratamento do Usuário Oncológico: Olhar da Enfermagem. *Ensaios e Ciência* [Internet]. 2016 [access in 27 abr. 2021];20(3):151-8. Available from: <https://www.redalyc.org/pdf/260/2604965006.pdf>
2. Boff L. *Ecologia, grito da Terra, grito dos pobres: dignidade e direitos da Mãe Terra*. 1ª ed. Petrópolis: Vozes; 2015.
3. Nascimento LC, Santos TFM, Oliveira FCS, Pan R, Flória-Santos M, Rocha SMM. Espiritualidade e religiosidade na perspectiva de enfermeiros. *Texto & contexto enferm*. [Internet]. 2013 [access in 26 abr. 2021];22(1):52-60. DOI: <https://doi.org/10.1590/S0104-07072013000100007>
4. Oliveira PF, Queluz FNFR. A Espiritualidade no Enfrentamento do Câncer. *Rev. psicol. IMED*. [Internet]. 2016 [access in 27 abr. 2021];8(2):142-55. DOI: <https://doi.org/10.18256/2175-5027/psico-imed.v8n2p142-155>
5. Frankl VE. *O sofrimento de uma vida sem sentido: caminhos para encontrar a razão de viver*. São Paulo: É realizações; 2015.
6. Frankl VE. *A vontade de sentido: fundamentos e aplicações da logoterapia*. São Paulo: Paulus; 2017.
7. Frankl VE. *Teoria e Terapia das Neuroses*. São Paulo: É realizações; 2010.
8. Frankl VE. *A presença ignorada de Deus*. 18ª ed. Petrópolis: Vozes; 2017.
9. Frankl VE. *Em busca de sentido: um psicólogo no campo de concentração*. 4ª ed. Petrópolis: Vozes; 2016.
10. Arrieira ICO, Thofehrn MB, Porto AR, Palma JS. Espiritualidade na equipe interdisciplinar que atua em cuidados paliativos às pessoas com câncer. *Ciênc. cuid. saúde*. [Internet]. 2011 [access in 27 abr. 2021];10(2):314-21. DOI: <https://doi.org/10.4025/ciencucidsaude.v10i2.15689>
11. Mowla F, Khanjari S, Haghani S. Effect of the combination of Benson's relaxation technique and brief psychoeducational intervention on religious coping, sense of coherence, and quality of life of family caregivers. *J Educ Health Promot* [Internet]. 2020 [access in 14 out. 2021];9:117. DOI: https://doi.org/10.4103/jehp.jehp_653_19
12. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* [Internet]. 2021 [access in 14 out. 2021];372(71):1-8. DOI: <https://doi.org/10.1136/bmj.n71>
13. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. *Texto & contexto enferm*. [Internet]. 2008 [access in 23 abr. 2021];17(4):758-64. DOI: <https://doi.org/10.1590/S0104-07072008000400018>
14. Critical Appraisal Skills Programme (CASP). *CASP Checklist: 10 questions to help you make sense of a Qualitative research* [Internet]. 2002 [access in 24 abr. 2021]. Available from: https://casp-uk-b-cdn.net/wp-content/uploads/2018/03/CASP-Qualitative-Checklist-2018_fillable_form.pdf
15. Quinn B. Cancer and the treatment: does it make sense to patients? *Hematology* [Internet]. 2005 [access in 26 abr. 2020];10(Suppl 1):325-8. DOI: <https://doi.org/10.1080/10245330512331389818>
16. Walker A, Breitsameter C. The Provision of Spiritual Care in Hospices: A Study in Four Hospices in North Rhine-Westphalia. *J Relig Health* [Internet]. 2017 [access in 26 abr. 2021];56(6):2237-50. DOI: <https://doi.org/10.1007/s10943-017-0396-y>

17. Lima AB, Rosa DOS. Guia para o processo de ajuda interpessoal de enfermagem ao familiar do paciente crítico. *Cienc. enferm.* [Internet]. 2017 [access in 25 abr. 2021];23(2):159-69. DOI: <http://dx.doi.org/10.4067/S0717-95532017000200159>
18. Moura HCGB, Menezes TMO, Freitas RA, Moreira FA, Pires IB, Nunes AMPB, Sales MGS. Faith and spirituality in the meaning of life of the elderly with Chronic Kidney Disease. *Rev. bras. enferm.* [Internet]. 2020 [access in 25 abr. 2021];73(Suppl 3):e20190323. DOI: <https://doi.org/10.1590/0034-7167-2019-0323>
19. Freitas RA, Menezes TMO, Santos LB, Moura HCGB, Sales MGS, Moreira FA. Spirituality and religiosity in the experience of suffering, guilt, and death of the elderly with cancer. *Rev. bras. enferm.* [Internet]. 2020 [access in 27 abr. 2021];73(Suppl 3):e20190034. DOI: <http://dx.doi.org/10.1590/0034-7167-2019-0034>
20. Frankl VE. *Logoterapia e análise existencial: textos de seis décadas.* São Paulo: Forense Universitária. 2014.
21. Guerrero-Castañeda RF, Menezes TMO, Ojeda-Vargas MG. Características de la entrevista fenomenológica en investigación en enfermería. *Rev. gaúch. enferm.* [Internet]. 2017 [access in 23 abr. 2021];38(2):e67458. DOI: <https://doi.org/10.1590/1983-1447.2017.02.67458>
22. Swinton J, Pattison S. Moving beyond clarity: Towards a thin, vague, and useful understanding of spirituality in nursing care. *Nurs Philos* [Internet]. 2010 [access in 26 abr. 2021];11(4):226-37. DOI: <https://doi.org/10.1111/j.1466-769X.2010.00450.x>
23. Haynes C. Identity, transcendence and the true self: Insights from psychology and contemplative spirituality. *HTS Teologiese Studies/Theological Studies* [Internet]. 2016 [access in 23 abr. 2021];72(4):a3455. DOI: <https://doi.org/10.4102/hts.v72i4.3455>
24. Ferreira PD, Mendes TN. Família em UTI: importância do suporte Psicológico diante da iminência de morte. *Rev. SBPH.* [Internet]. 2013 [access in 27 abr. 2021];16(1):88-112. Available from: <http://pepsic.bvsalud.org/pdf/rsbph/v16n1/v16n1a06.pdf>
25. Feldman R, Masalha S, Derdikman-Eiron R. Conflict resolution in the parent-child, marital, and peer contexts and children's aggression in the peer group: a process-oriented cultural perspective. *Dev Psychol* [Internet]. 2010 [access in 25 abr. 2021];46(2):310-25. DOI: <https://doi.org/10.1037/a0018286>
26. Conselho Federal de Enfermagem. Relatório da OMS destaca papel da Enfermagem no mundo [Internet]. 2020 [access in 26 abr. 2021]. Available from: http://www.cofen.gov.br/relatorio-da-oms-destaca-papel-da-enfermagem-no-mundo_78751.html
27. Santa-Rosa DO. A compreensão do significado da responsabilidade profissional da enfermeira à luz da análise existencial de Viktor Frankl [Tese de Doutorado]. Ribeirão Preto: Faculdade de Enfermagem de Ribeirão Preto, Universidade de São Paulo; 1999.
28. Waldow VR, Borges RF. Cuidar e humanizar: relações e significados. *Acta paul. enferm.* [Internet]. 2011 [access in 26 abr. 2021];24(3):414-8. DOI: <https://doi.org/10.1590/S0103-21002011000300017>
29. Batista S, Mendonça ARA. Espiritualidade e qualidade de vida nos pacientes oncológicos em tratamento quimioterápico. *Rev. bioét (Impr.)* [Internet]. 2012 [access in 26 abr. 2021];20(1):175-88. Available from: https://revistabioetica.cfm.org.br/index.php/revista_bioetica/article/view/723/748
30. Caldeira S, Carvalho EC, Vieira M. Entre o bem-estar espiritual e a angústia espiritual: possíveis fatores relacionados a idosos com cancro. *Rev. latinoam. enferm.* [Internet]. 2014 [access in 25 abr. 2021];22(1):28-34. DOI: <https://doi.org/10.1590/0104-1169.3073.2382>
31. Fornazari SA, Ferreira, RER. Religiosidade/ espiritualidade em pacientes oncológicos: qualidade de vida e saúde. *Psicol. teor. pesqui.* [Internet]. 2010 [access in 27 abr. 2021];26(2):265-72. DOI: <https://doi.org/10.1590/S0102-37722010000200008>
32. Galvis-López MA, Pérez-Giraldo B. Perspectiva espiritual de la mujer con câncer. *Aquichan.* [Internet]. 2011 [access in 27 abr. 2021];11(3):256-73. DOI: <http://dx.doi.org/10.5294/2016>
33. Guerrero GP, Zago MMF, Sawada NO, Pinto MH. Relação entre espiritualidade e câncer: perspectiva do paciente. *Rev. bras. enferm.* [Internet]. 2011 [access in 23 abr. 2021];64(1):53-9. DOI: <https://doi.org/10.1590/S0034-71672011000100008>
34. Mesquita AC, Chaves ECL, Avelino CCV, Nogueira DA, Panzini RG, Carvalho EC. A utilização do enfrentamento religioso/espiritual por pacientes com câncer em tratamento quimioterápico. *Rev. latinoam. enferm.* [Internet]. 2013 [access in 27 abr. 2021];21(2):539-45. DOI: <https://doi.org/10.1590/S0104-11692013000200010>

35. Frankl VE. Logoterapia e analisi esistenziale. Brescia, Italia: Morcelliana; 6ª ed. 2005 [original Frankl VE. *Ärztliche Seelsorge*. Viena, Austria: Franz Deuticke. 1946.]
36. Corrêa DA. Fé e sentido de vida: reflexões a partir do paradigma analítico-existencial frankliano. *Revista Logos & Existência* [Internet]. 2017 [access in 24 abr. 2021];6(1):2-14. DOI: <https://doi.org/10.22478/ufpb.2316-9923.2017v6n1.29823>
37. Oliveira GR, Fittipaldi Neto J, Salvi MC, Camargo SM, Evangelista JL, Espinha DCM, Lucchetti G. Saúde, espiritualidade e ética: a percepção dos pacientes e a integralidade do cuidado. *Rev. Soc. Bras. Clín. Méd.* [Internet]. 2013 [access in 26 abr. 2021];11(2):140-4. Available from: <http://files.bvs.br/upload/S/1679-1010/2013/v11n2/a3566.pdf>
38. Pereira GA, Aquino TAA. A culpa e suas relações com a religiosidade e o sentido da vida. *Revista Logos & Existência* [Internet]. 2016 [access in 26 abr. 2021];5(2):204-19. Available from: <https://periodicos.ufpb.br/ojs/index.php/le/article/view/31974/16886>
39. Sá AC, Pereira LL. Espiritualidade na enfermagem brasileira: retrospectiva histórica. *Mundo saúde* [Internet]. 2007 [access in 23 abr. 2021];31(2):225-37. DOI: <https://doi.org/10.15343/0104-7809.200731.2.10>
40. Pedrão RB, Beresin R. Nursing and spirituality. *Einstein (São Paulo)* [Internet]. 2010 [access in 27 abr. 2021];8(1):86-91. DOI: <https://doi.org/10.1590/s1679-45082010ao1208>
41. Ramiro G. El rol del psicólogo en la atención de las salud mental desde el primer nivel de atención: una revisión sistemática. *Salud Soc* [Internet]. 2019 [access in 23 abr. 2021];10(2):146-62. DOI: <https://doi.org/10.22199/issn.0718-7475-2019-02-008>
42. Liberato RP, Macieira RC. Espiritualidade no enfrentamento do câncer. In: Carvalho, VA, Franco MHP, Kovács MJ, Liberato RP, Macieira RC, Maria Teresa Veit, et al, organizadores. *Temas em psico-oncologia*. São Paulo: Summus. 2016. p. 414-31.
43. Nowicki GJ, Ślusarska B, Tucholska K, Naylor K, Chrzan-Rodak A, Niedorys B. The Severity of Traumatic Stress Associated with COVID-19 Pandemic, Perception of Support, Sense of Security, and Sense of Meaning in Life among Nurses: Research Protocol and Preliminary Results from Poland. *Int J Environ Res Public Health* [Internet]. 2020 [access in 14 out. 2021];17(18):6491. DOI: <https://doi.org/10.3390/ijerph17186491>
- Mental health and nursing based on Viktor Frankl's..
44. Brandauer A, Berger S, Freywald N, Gnass I, Osterbrink J, Seidenspinner D, Kutschar P. Quality of life in nursing home residents with pain: pain interference, depression and multiple pain-related diseases as important determinants. *Qual Life Res* [Internet]. 2020 [access in 14 out. 2021];29:91-97. DOI: <https://doi.org/10.1007/s11136-019-02290-x>
45. Li S, Tang Y. A Simple Framework of Smart Geriatric Nursing considering Health Big Data and User Profile. *Comput Math Methods Med* [Internet]. 2020 [access in 14 out. 2021]. DOI: <https://doi.org/10.1155/2020/5013249>
46. Holland DE, Vanderboom CE, Dose AM, Moore D, Robinson KV, Wild E, et al. Death and Grieving for Family Caregivers of Loved Ones With Life-Limiting Illnesses in the Era of COVID-19: Considerations for Case Managers. *Prof Case Manag* [Internet]. 2021 [access in 14 out. 2021];26(2):53-61. DOI: <https://doi.org/10.1097/NCM.0000000000000485>
47. Ornek OK, Esin MN. Effects of a work-related stress model based mental health promotion program on job stress, stress reactions and coping profiles of women workers: a control groups study. *BMC Public Health* [Internet]. 2020 [access in 14 out. 2021];20(1):1658. DOI: <https://doi.org/10.1186/s12889-020-09769-0>
48. Predebon MP, Ramos G, Dal Pizzol FLF, Soares JV, Paskulin LMG, Rosset I. Life satisfaction and health self-assessment of older adults assisted through home care. *Rev. bras. enferm.* [Internet]. 2021 [access in 14 out. 2021];74(Suppl 2):e20200357. DOI: <https://doi.org/10.1590/0034-7167-2020-0357>
49. Baxter R, Sandman P-O, Björk S, Lood Q, Edvardsson D. Illuminating Meanings of Thriving for Persons Living in Nursing Homes. *Gerontologist* [Internet]. 2020 [access in 14 out. 2021];60(5):859-67. DOI: <https://doi.org/10.1093/geront/gnz142>
50. Laliberte S, Varcoe C. The benefits of a historical-dialectical ontology to critical mental health promotion research. *Health Promot Int* [Internet]. 2021 [access in 14 out. 2021];36(1):262-73. DOI: <https://doi.org/10.1093/heapro/daaa024>
51. Omiya T, Kutsumi M, Fukui S. Work, Leisure Time Activities, and Mental Health among Family Caregivers of the Elder People in Japan. *Healthcare (Basel)* [Internet]. 2021 [access in 14 out. 2021];9(2):129. DOI: <https://doi.org/10.3390/healthcare9020129>
52. Cui S, Zhang L, Yan H, Shi Q, Jiang Y, Wang Q, et al. Experiences and Psychological Adjustments of Nurses Who Voluntarily Supported COVID-19 Patients in Hubei Province, China. *Psychol Res Behav Manag* [Internet]. 2020 [access in 14 out. 2021];13(1):1-10. DOI: <https://doi.org/10.1155/2020/3928129>

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Silva AR *et al.*

2021];13:1135-45. DOI:

<https://doi.org/10.2147/PRBM.S283876>

53. Betke K, Basińska MA, Andruszkiewicz A. Sense of coherence and strategies for coping with stress among nurses. *BMC Nurs* [Internet]. 2021 [access in 14 out. 2021];20(107):1-10. DOI: <https://doi.org/10.1186/s12912-021-00631-1>

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