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Construction of an action plan to insert spirituality in Primary Health Care

Construção de um plano de ação para inserção da espiritualidade na Atenção Primária à Saúde

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ABSTRACT
This study aimed to describe the process of building an action plan on the insertion of spiritual assistance in Primary Health Care. This is an experience report that involved professionals from a regional Family Health Strategy, in the district of Capão Redondo in São Paulo (SP). Workshops were used to promote reflection/action, which resulted in the sharing of knowledge and recognition of the importance of spirituality for integrality in health care. In structuring the action plan, the 5W2H model (What, Why, Where, When, Who, How e How much) was used, contemplating in its operationalization three levels of coverage: individual, collective and institutional. The participants recognized difficulties related to the general conditions of the service and the training of professionals, but they saw possibilities for implementing the proposals. The built action plan, based on the participants' reality, presents transforming perspectives for the promotion of integral health.

Keywords: Health education. Health promotion. Primary health care. Spirituality.

RESUMO
Este estudo objetivou descrever o processo de construção de um plano de ação para inserção da assistência espiritual na Atenção Primária à Saúde. Trata-se de um relato de experiência que envolveu profissionais de uma regional da Estratégia Saúde da Família (ESF) do distrito do Capão Redondo, em São Paulo (SP). Utilizaram-se oficinas para promover a reflexão/ação, as quais resultaram no compartilhamento de saberes e no reconhecimento da importância da espiritualidade para a integralidade na atenção à saúde. Na estruturação do plano de ação recorreu-se ao modelo 5W2H (*What*, *Why*, *Where*, *When*, *Who*, *How* e *How much*), contemplando em sua operacionalização três níveis de abrangência: individual, coletivo e institucional. Os participantes reconheceram dificuldades relacionadas às condições gerais do serviço e à formação dos profissionais, mas vislumbraram possibilidades para implementação das propostas. O plano de ação construído, pautado na realidade deles, apresenta perspectivas transformadoras para a promoção da saúde integral.

Palavras-chave: Atenção primária à saúde. Educação em saúde. Espiritualidade. Promoção da saúde.

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INTRODUCTION

Spiritual dimension is part of human life and contributes to giving meaning to existence. The relationship between religiosity/spirituality (R/S) and health shows the need to rethink the experienced beliefs often expressed by people to health professionals when seeking care. Understanding the nuances of R/S that emerge in this context is the basis for creating conditions that enable a fruitful debate within the scope of training and practice of healthcare professionals. In this process, searching for technical competence would be combined with the development of skills that allow to meet and understand the individual and their transcendental relationship with a superior being.[1]

The association between R/S, health and an assistance that values integrality can be even more promising when a multidisciplinary and interdisciplinary team insert this focus on Primary Health Care (PHC). It is recommended that the actions proposed in this direction be supported by an intersectoral structure with participatory decisions between the State and the population.[2]

In a psychology degree, students had the opportunity to discuss the interface between psychology and R/S in an elective proposed by the educational institution. The experience increased students' awareness and learning about this dimension in its subjectivity and experiences of internships and profession. Discussing the subject, they reported the feeling of freedom to express their faith and the search for a sacred Being without feeling embarrassed by the university environment. They suggested the continuity of this subject in the degree because they understood its relevance in the training of a psychologist, whose practice is based on the subjective reality of an integral being.[3]

In the fields of psychology, psychiatry and nursing, it is possible to find more and more investigations on the subject of R/S, pointing to greater appreciation, incorporation and questioning, since this dimension largely influences the way of life of people and their relations with health and disease. In these fields, we seek to understand its importance in existential, everyday issues and in situations of acute illness. It also highlights the possibility of this theme being a critical, practical and systemic reality in university environments so that healthcare becomes more humanized and comprehensive, promoting health and well-being.[4]

The dimension of spirituality in health is not part of the training of most doctors and professionals in the field. What is found is a high level of Organizational Religious Activity (ORA), with no focus on spirituality. Nevertheless, once involved in ORA, these actors have an easy time expressing their feelings, whether optimistic or not. Other positive associations are related to Intrinsic Religiosity (IR), in the sense that participants consider their career, family and friends relevant.[5]

Regarding the dimensions of religiosity, its classification is associated with physical, mental health and social support. The definition is linked to doctrinal aspects, traditions, practices and beliefs based on a religion, with the purpose of leading the individual to reach the Sacred Being. Spirituality, on the other hand, turns to an individualized search for a superior or sacred Being, in order to give meaning to life. In this case, there is not necessarily an association with a religious community.[6]

The spiritual dimension, as part of the human being's existence, brings a holistic view to health care. Comprehensive health is achieved when the person and the disease are seen as a whole. R/S acts as a mediator of biological, psychological and social results, weakening the reaction of physiological stress. The individual is seen as a being who needs hope and a purpose that gives meaning to life; it is a need to be connected to transcendence, to oneself and to others and to feel loved and to love. As ones experiences the basic foundations of this need, it activates the process of coping and recovering health.[7]

In view of the importance of the R/S approach to comprehensive healthcare, this article aimed to

describe the process of building an action plan on the insertion of spiritual assistance in Primary Health Care.

METHODOLOGY

The method used in this study was descriptive, experience report. The empirical material was obtained from experiences in two workshops, whose program - with stages, duration, content, activities, strategies and materials used - is described in Tables 1 and 2. Meetings took place in June 2015, with the participation of four nurses, two nursing technicians, two physiotherapists and a psychologist. The Informed Consent Form (ICF) was previously signed, considering the recommendations of research involving human beings.

These professionals were linked to a regional administrative area of the Family Health Strategy (FHS) in the district of Capão Redondo, south of the municipality of São Paulo (SP), covering 14 Basic Health Units (UBS). They had participated in the first stage of the research, in which this study is inserted, entitled "Perception of health professionals in the Family Health Strategy regarding spiritual assistance to users", [5,8,9] developed in an action research proposal.[10]

The first reflective workshop (Chart 1) worked with a focus on issues related to "R/S and Integrality in Health Care". The objectives were: to reflect on the expanded concept of health, considering the dimension of spirituality for comprehensive care; describe the spiritual needs of the FHS user perceived by health professionals; and reflect on its potential as an intervention tool for Integrality.

Chart 1. Schedule of the first workshop - R/S and Integrality in Health Care

Stages	Content/actities	Strategies/material
Reception (10 min)	Identification and signature on the attendance list. Badge hand out with flower identification. Posters with phrases from the Collective Subject Discourse (CSD) hung on the wall.	Attendance list, four-color maker, pen, basket with badges with names of flowers to choose according to the preference of each one. Posters stimulating the ideas extracted from the CSD. At the end, collecting the identification sheet and badges to use in other meetings.
Introduction (10 min)	Presentation of the workshop: purposes, objectives and explanation of activities, clarifying the individual interviews carried out in the previous stage of the research with nurses, doctors, professionals of the Family Health Support Center (NASF). Reading and signing the consent form.	Welcoming participants and collecting ICF.
Warm-up (20 min)	Group dynamics of participants integration.	Group dynamics "The ball game". Colored adhesive tape to mark the floor.
Development (60 min)	Theme: Integrality and Spirituality in Health Care. Individual moment: Each participant reflects upon the thematic sentences from CSD	Thematic sentences are arranged according to the following themes: • Integrality and spirituality in health care • Perception of users' spiritual needs • Potential of R/S as an intervention tool for Integrality
	Group moment: Division in three groups: • Hand out of colored brochures containing different thematic sentences, so that each group makes a poster with their own reflections and approach to the theme. • Observation of the work of each group making the poster.	Making the posters with DSC in three multidisciplinary groups. A person from the group was chosen to present the production. Glue, bond paper flyers, cardboard. They must be collected.
	Plenary: Exposition and discussion of each group's representations.	Exposition of posters.
Summary (15 min)	Summary: "The construction process of integrality in Health Care".	Dialogue exposition: resumption of the CSD presentations of each group.
Closing (5 min)	Partial evaluation of the workshop. Moment open to the speeches of the participants.	Individual statements regarding the impressions about the session.

Source: created by the authors.

In the second workshop (Table 2), the action plan was built. Proposed interventions to integrate the spiritual dimension in the assistance to FHS users (e.g. hypertensive patients) were presented. The objectives were: to develop general guidelines (support) to guide interventions aimed at spiritual assistance, integrated with health promotion actions; and structure the plan, considering the spiritual dimension as an object of intervention for health promotion.

Chart 2. Second workshop schedule - construction of the action plan

Stages	Content/activities	Strategies/material
Reception (5 min)	Identification and signature on the attendance list. Hand out of the badge with the flower chosen in the previous session. Checking posters with CSD sentences hung on the wall.	Attendance list, four-color marker, pen, basket with badges with flower names. Posters with stimuli on the wall, as in the previous session. At the end, collecting the identification sheet and badges.
Introduction (5 min)	Information about the activities of the day.	Welcoming participants.
Warm-up (10 min)	Group dynamics coordinated body movements.	Material: song Group dynamics "walking on a tightrope".
Develpment (60 min)	Theme: How to integrate the spiritual dimension for a comprehensive care. Individual moment: Brief introduction of the summary carried out in the previous session. Participants' reading of the questions proposed in the summary of the previous session that are hanging on the clothesline.	Clothesline to hang the questions proposed in the summary of the first workshop. Presentation of the following CSD: What suggestions would you give for the use of R/S as a resource to enhance the results of the assistance to be provided to PHC users, which is independent of their own beliefs and, at the same time, respects their religious option.
	Group moment: Division in three groups, organized according to the first session: • Identification of the bases and perspectives for the construction of spiritual assistance to FHS users (e.g. hypertensives) • Listing of suggestions based on the CSD • Construction of proposals for interventions to integrate the spiritual dimension in assistance to FHS users (e.g. hypertensive patients)	Presentation of the petals of a blank daisy for the participants to write suggestions for strategies for the use of R/S in PHC (respecting each one's religious option). The suggestions listed on the daisy petals should be placed on the flower structure, stuck to the wall, completing it.
	Plenary: Exposition and discussion of each group's representation.	As each group presents, relevant comments are made.
Summary (30 min)	Interventions to integrate the spiritual dimension in the assistance to FHS users considering the Guidelines.	Summary of group work and intervention proposals.
Closing (10 min)	General evaluation of workshops.	Voluntary participation.

Source: created by the authors.

The choice of workshops for conducting the process of building the action plan aimed to promote and facilitate interaction between researchers and participants. In addition, it was expected to identify signs that could be reflected in conceptual and behavioral changes related to improving the health of PHC users.[11]

Both workshops lasted four hours, two hours each. They were conducted by a nurse and a psychologist, who have skills in group work and who acted as facilitators, and two nurses, as observers. To give consistency and representativeness to the construction of the action plan, fragments of statements from the discursive material of the interviews conducted in the first stage of the research, mentioned above, were used, in which nurses, doctors and professionals from the Center for Health Support of Family (NASF) participated.[5,8,9] The excerpts of the statements used as themes that triggered the debate in the workshops were based on the analysis technique of CSD[12] based on the Social Representation Theory (SRT)[13]. This theory enables a broad understanding of the externalization of beliefs and values with the potential to influence behaviors and attitudes that, in some way, are determinants of people's everyday practice.[13]

The research met all ethical norms and obtained approval from the institution's Research Ethics Committee - Centro Universitário Adventista de São Paulo - under nº 688.878, on 06/05/2014 and from the Municipal Health Department of São Paulo, under nº 818,071, on 11/05/2014.

RESULTS

The workshops were held in the auditorium of the FHS administrative building on two consecutive days; the first, reflective, and the second, aimed at the construction of the action plan. They were divided into two moments: individual and group. In the individual moment of the reflective workshop, the representations of health professionals about the insertion of spirituality in the assistance to the PHC user, from the research mentioned, in which the experience reported here is inserted, were presented. In the group one, the participants organized themselves into three groups to work on the themes extracted from the CSD. In the second workshop, a summary of the material worked on in the previous meeting was made and it was proposed to elaborate a plan.

The first workshop was a space for the production of knowledge, in which group dynamics were used as an educational and interaction method. Health professionals were encouraged and guided during these moments, so that they could reflect on the proposed themes. Due to administrative problems, it was not possible to count on the participation of all professional categories in the work in workshops; however, the content explored to elaborate the action plan contained the representation of all those involved in the previous stage.

Previously, badges with flower names were made so that each one perceived oneself on an equal level, regardless of the professional category. The room was prepared with support materials and thematic posters hung on the wall, containing images alluding to the content of the CSD, aiming to stimulate ideas and socialize the representation of all workmates, expressing their experiences in the daily life of the FHS.

Participants were welcomed and received badges. It started with a presentation on the research, in order to guide the group as to the steps and purposes, followed by explanations about the activities that would be carried out during the meeting. Then, the psychologist coordinated the dynamics of warm-up, relaxation and integration, aiming to promote lightness and, at the same time, focus.

Subsequently, the stage of development of the workshop started. At the individual moment, participants were asked to read the thematic posters hung on the wall, enabling inspiration for a critical

reflection on the expanded concept of health from the spiritual dimension.

The team was divided into three groups to work with thematic phrases extracted from the CSD. Inside a box, colored paper flyers containing three different themes were made available: integrality and spirituality in health care (green); perception of users' spiritual needs (blue); and potential of religiosity and spirituality as an intervention tool for integrality (pink). The objective was for each group to choose a theme to make posters that would express the role of spirituality in comprehensive health care.

After finishing the task, the groups exposed each poster and discussed the contents through a representative. At the end of the expositions, there was a moment of consolidation of their work. The facilitating nurse summarized all the presentations and included some questions for the professionals to consider and bring the next meeting. The closing happened with a moment of socialization between participants and researchers through a coffee break.

For the second workshop, the thematic posters were kept in the auditorium, and a "clothesline" in which issues arising from the summary produced by the groups in the previous session was included. The purpose of this activity was to encourage participants to think about building an action plan focused on spiritual assistance. The questions were: a) Normally, in PHC interventions, physical pain is prioritized, but who cares for spiritual and emotional pain? Who perceives it?; b) What is our role as professionals in supporting the patient in spiritual matters?; c) How to approach them on these issues?; d) Why are we afraid to act on spiritual issues with the patient?; e) What is behind our patients?; and f) How to bring hope to the hearts of patients?

From these inquiries, the groups began to draft the action plan. In a playful way, the structure of a daisy (stem, leaves and a space for the central bud) was hung on the wall, giving visibility to the construction. On the petals, the participants wrote the actions of the plan, and on the central bud, the word "faith", which in their view meant the human dimension of the practice of spirituality.

The groups, when inserting the petals, commented on their views on the proposed actions and the possible implications for the daily life of the PHC user. When mounting the image of the flower on the wall, each one left a significant space between the petals and its central bud. The gap between the daily practice of health professionals and the expanded sense of doing health was perceived by the psychologist at the time of assembling the flower, and this was pointed out as a reflection. At the end of the expositions, there was the group summary and the moment of socialization through a coffee break.

The built action plan was subsequently structured by the researchers and sent by email for each participant to validate it, as agreed at the end of the meeting. They had the opportunity to propose any corrections or adjustments, with the content being returned in one week. After validation, the document was presented to components of the continuing education service and the FHS regional administration, who validated it for further developments.

STRUCTURING THE ACTION PLAN

The action plan (Tables 3, 4 and 5) was built considering the levels of coverage of care within the scope of the FHS - individual (consultation, reception and home care), collective (Hiperdia - National Program of Hypertension and Diabetes Mellitus, pregnant woman and childcare) and institutional (professionals, users, management and scientific research) - and respect for the beliefs, values and limitations of each individual were its basic premises. The strategy that guided its construction, to insert the dimension of spirituality in assistance to users, took into account the "doctrinal" principles of SUS (Brazilian Unified Health System) - universality, equity and integrality.[14]

To structure the plan, the 5W2H method was used in order to describe the proposed solutions for educational intervention in health care through workshops. The method consists of a management

tool aimed at implementing actions and determining what will be accomplished to achieve the objective. It starts with a problem that will be answered with seven main questions that correspond to the initials of the words: What, Why, Where, When, Who, How and How much.[15]

Chart 3. Action plan 5W2H for spiritual assistance in FHS –individual level

Coverage		*What*	*Why*	*Where*	*Who*	*When*	*How*	*How uch*
Individual	In consultation	Value the spiritual dimension; active listening	To establish bond and empathy	Basic Health Unit - UBS	Doctors, NASF professionals, Nurses	Always	Observation Caution Incentive Balance	No cost
	At reception	Value the spiritual dimension; active listening	To establish bond and empathy	Basic Health Unit - UBS	Doctors, NASF professionals, Nurses	Always	Observation Caution Incentive Balance	No cost
	At home visit	Pay attention to aspects that indicate emotional need linked to the spiritual dimension	Perception of spiritual needs	At home	Doctors, NASF professionals, Nurses Community Health Worker and Individual Home Care	Always	Observe indicative aspects of the person's and/or family's beliefs (e.g. clothing, devotional objects)	No cost

Source: Created by the authors.

Chart 4. Action plan 5W2H for spiritual assistance in FHS –collective level

Coverage		*What*	*Why*	*Where*	*Who*	*When*	*How*	*How much*
Collective	Hiperdia group	Addressing "Eight Natural Remedies" during systematic meetings Hold special events addressing the theme of spirituality and health	Rescuing the spiritual dimension in promoting comprehensive health Check possibilities to reduce the use of medicines; Promote quality of life	Basic Health Unit - UBS	Multi-professional health team and volunteers	to be decided	Conduct behavioral intervention for eight consecutive weeks with an emphasis on healthy lifestyle, using one of the "Eight Natural Remedies" per week (via Municipal Plan for Permanent Education - Plamep).	No direct cost
	Group of pregnant women	Address the importance of spirituality and its influence on the well-being of pregnant women and fetal development	Promote emotional balance in gestational development Promote quality of life	Basic Health Unit - UBS	Multi-professional health team	to be decided	Organize lectures on the theme after training Conduct workshops on health and spirituality based on the National Program for Improving Primary Care Access and Quality (PMAQ) of PHC	No direct cost
	Childcare Group	Address the importance of spirituality in child development, in emotional, psychosocial and physical aspects	Promote the child's emotional, spiritual balance and quality of life	Basic Health Unit - UBS	Multi-professional health team	every three months	Organize lectures on the theme Conduct workshops on health and spirituality, being possible to use the "Eight Natural Remedies" to emphasize a healthy lifestyle	No direct cost

Source: Created by the authors.

Chart 5. Action plan 5W2H for spiritual assistance in FHS –institutional level

Coverage		*What*	*Why*	*Where*	*Who*	*When*	*How*	*How much*
Institutional	Professionals	Promote training	Create conditions for professionals to have a holistic view of the human being	To be defined	Manager	1 x a semester	Train professionals through lectures, seminars and distance learning Organize events or support professional participation in external events	Depending on the event
	Users	Value the spiritual dimension	Detect spiritual needs	Basic Health Unit - UBS	Manager	To be decided	Detect the spiritual dimension in health history	No cost
	Management	Create indicators for spiritual assistance.	Systematize assistance aiming at integrality	Basic Health Unit - UBS	General Administration and Managers	To be decided	Include the spiritual dimension in institutional goals and quality programs Integrate into the assistance plan Conduct opinion polls.	No cost
	Scientific research	Encourage the development of studies on spirituality and health, instituting a research group with this theme	Support actions with scientific evidence	In all instances	Research Forum	Always	Include on the agenda of Research Forum meetings Propose partnership with research groups already consolidated on the theme .	Depending on the research

Source: Created by the authors.

DISCUSSION

Due to the fact that it is a space for the construction of collective activities in a democratic and participatory way and, at the same time, for group welcoming, the workshop favors the mobilization of speeches, thoughts and emotions. In addition, it promotes reflection and criticism about experiences and expands knowledge about the reality experienced. It offers subsidies for the transmission of knowledge in the process of social reproduction and for the reframing, updating and production of new knowledge through the mediation of ideas already built. In this process, the individual captures, transforms and gives back knowledge to the group with a wide range of reality.[16,17]

In the context of the workshops, it was possible to perceive a situation that demonstrates the transforming premise of the reflective process. In the assembly of the daisy, in which the professionals positioned the petals away from the central bud, the facilitating psychologist made an intervention that provoked a reflection regarding this unconscious action, enabling a paradigm shift. In this sense, the psychology service has an important role in the deconstruction of postures and consolidated professional and technical practices; at the same time, it adds subjective transformations to the

human referential from collective experiences. This mechanism may potentially act as a well-structured, inclusive and community-based internal reform, aiming at a greater good.[18]

From a dialectical perspective, it is understood that transformation is only possible through dialogue, interaction, exchange of ideas, contradictory or not contradictory discussions, appropriation and reflection of the experienced reality, connections and meetings, building meanings and knowledge. Such aspects have their genesis in groups and can be explored in order to lead them to a configuration that equip their members for learning and transformation.[19]

Group work reveals means and facilities for interventions, as it is a consolidated method that, combined with strategies, techniques and tools, stimulates and builds results. The resources employed can lead to personal and collective transformations that influence the reality, the processes and the health environment, promoting changes.[11] In this sense, it is highlighted that the group has the potential to provide socialization, bonding, and support, helping in behavioral adaptation. In addition, it promotes feelings of belonging when subjective aspects (knowledge, affective, social and health needs, autonomy and well-being) are recognized.[19]

When proposing the "doctrinal" principles of SUS - universality, equity and integrality - as the basis for the construction of the action plan, the aim was to rescue its application in PHC with regard to the importance of inserting the spiritual dimension in assisting users. Such application is justified since the World Health Organization (WHO) recognizes the role of spirituality integrated with biopsychosocial dimensions.[20]

In the action plan referring to individual care (Chart 3), which encompassed reception and consultation, the importance of healthcare professionals to value patients' spiritual dimension is evident. This is expressed in their practical conduct, with emphasis on maintaining active listening, for the establishment of bonds and empathy, through observation, caution, encouragement and balance. What is more, in terms of home visits, attention to aspects that point to emotional needs linked to the spiritual dimension, observing indications of the person's and family's beliefs, such as devotional objects, clothing, among others.

A recent study showed the role of spirituality in cases of adverse situations with home restrictions - cases of traumatic experiences, physical limitations for locomotion, with signs of depression. Respondents showed a moderate degree of resilience related to spirituality and expressed the desire for this approach to be included during medical consultations. They also reported the value of faith and religious beliefs for health recovery. In this context, spirituality promotes hope, resilience, approximations of the contact network, reflections on vulnerability and fragility in the face of the unknown and, above all, it aims at the well-being of those involved in the treatment.[21]

The healthcare professional is constantly interacting with the patient, immersed in practices in which the disease is the central focus of care. Therefore, it becomes necessary to overcome the barriers of punctual and healthcare assistance, recognizing the individual as a holistic being that integrates the multiple dimensions that make up the expanded concept of health. In this sense, making a prayer in a moment of suffering of the patient can become an important tool to integrate spirituality in health care.[22]

With regard to the collective plan (Chart 4), the professionals suggested that in the group actions of Hiperdia, pregnant women and childcare, educational strategies should be employed on the adoption of healthy habits related to the "Eight Natural Remedies". They are: nutrition, physical exercise, water, sunlight, temperance, clean air, rest/sleep and trust in God.[23] They also recommended that during the systematic meetings of these groups, special events were held on these themes, via the Municipal Plan for Permanent Education (Plamep)[24],

which is based on the guidelines of the National Policy of Permanent Education in Health.[25] The application of this policy expands the possibilities of teaching and service interaction and is based on the premise of recognizing the health needs of each location with regard to the training of professionals for resolving action.[26]

The professionals also indicated that the influence of the mother's spirituality on fetal development was highlighted in the group of pregnant women, recommended by the National Program for Access and Quality Improvement in Primary Care (PMAQ-AB).[27,28] For the group of childcare, the importance of spirituality in child development should be focused on, considering the emotional, psychosocial and physical aspects.

At the institutional level (Chart 5), actions aimed at professionals, users, management and research were included, with the purpose of creating conditions for the development of a holistic view of patients and their needs. They proposed to promote the training of professionals, through lectures, online seminars and organization of events. For managers, they considered it important to establish indicators to assess the application of spiritual assistance in institutional goals and quality programs. To users, the proposal was to detect the spiritual needs in the health history of the record of verbal and non-verbal manifestations. In the scope of research, they suggested subsidizing the actions with scientific evidence, through a research forum or partnerships with already consolidated groups working on the theme.

Studies on spirituality in health are increasingly present in the international academic research scene. They point to the influence of this dimension in the treatment of individuals and have achieved recognition in the health field. In Brazil, investigations into spirituality and health are increasingly frequent.[29]

The approach to spirituality in health can be understood as a rescue of the authenticity and horizontality of relationships, promoting reflections and making room for a space to resignify the thinking and professional practices in PHC.[18] For integrality in health, it is necessary that the professional recognizes the role of spirituality in care. In this sense, it is recommended the adoption of a posture that integrates spiritual attention to the care process so that behaviors that add value to the integral health of the community are multiplied in the work environment.[29]

Furthermore, the consideration of the spiritual dimension allows healthcare professionals to divest themselves of pretensions of superiority and preconceived ideas in relation to peers and users of their services, based on academic titles. It is necessary to take time to exercise a holistic view of themselves, recognizing their own condition as a human being, in order to fully care for other human beings. The WHO addresses in its palliative care manuals that the professional must interact with patients and family members in order to satisfy their physical, psychological and spiritual needs throughout the care process.[20]

In the reflective path reported here, the participants considered that the workshops were an important space for debate on the theme. Some fragments of their statements illustrate it: "Now we can have a greater perception"; "I stopped, I realized that I have already acted in this way, but it was imperceptible"; "We have already worked like this, but patients are not often open to it"; and "From the moment you work spirituality, care must be taken when approaching, so as not to have another interpretation".

Collaborative work through group dynamics is an educational method that aims to train important human skills. It can mobilize reflections with a view to broadening the horizons of thought, providing opportunities for content exposure, promoting openness to new discussions, requiring group decision making and enabling the development of new behaviors.[30]

As a limitation of this study, the small number of FHS healthcare professionals who could participate

in the workshops is pointed out. Although the excerpts of the statement, used for reflection/action, contained the representation of all those who took part in the previous stage, it is recommended that the interaction of a larger number of people could promote a more effective commitment in the structuring phase of the action plan.

FINAL CONSIDERATIONS

The action plan was constructed, using the workshops as a strategy to discuss the insertion of the spiritual dimension in PHC, and resulted, at the same time, in a reflective process that, in the professional routine, was perceived as distant from the expanded sense of doing health. Participants engaged through discussions and interpersonal involvement, appropriating the theme. In addition, they saw possibilities to integrate the proposals contained in the action plan for assistance in the regional FHS.

It is worth mentioning that all the dynamism in the works demonstrated the sharing of knowledge, which allowed to cover, in its operationalization, the levels of individual, collective and institutional assistance. The importance of the dimension of spirituality to promote integrality in health became evident. It should also be noted that the difficulties and limits for applying the action plan in the current context of the FHS were recognized; however, there was a need to seek conditions to implement it due to their possible contributions to care practice.

The plan, built on the basis of a reflective process based on reality, contains the opinions and suggestions of the majority of healthcare professionals in the regional FHS, represented by the working group. It is pointed out that a space to reflect on spirituality and its role in the health environment brings out the importance of working on one's spirituality in order to better deal with human needs to promote comprehensive health.

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