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THE SPIRITUAL NEEDS OF PALLIATIVE CARE PATIENTS: SCOPING REVIEW

AS NECESSIDADES ESPIRITUAIS DA PESSOA EM SITUAÇÃO PALIATIVA: SCOPING REVIEW

LAS NECESIDADES ESPIRITUALES DE LA PERSONA EN CUIDADOS PALIATIVOS: REVISIÓN DE ALCANCE

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Abstract

Introduction: Spirituality, as the essence of being, is present in every human being. Spiritual needs refer to the intrinsic needs of the human being, which manifest through their spirituality, expressed in different dimensions and reflecting each person's desire to find meaning, value, and purpose in their existence. Palliative care integrates the spiritual dimension to improve the comfort of the person in a palliative situation, according to their spiritual needs. This study aims to map the spiritual needs of people in palliative situations.

Methods: The study follows the Joanna Briggs Institute methodology according to the PRISMA- Scoping Reviews Guidelines. A search was conducted in the MEDLINE and CINAHL databases, and articles were selected based on the elements of Population, Context, and Concept: Population – person in a palliative situation; Context – palliative care; Concept – spiritual needs, to answer the question:

– What are the spiritual needs of a person in a palliative situation in an inpatient context?

After analyzing the selected articles, five were included in the study.

Results: Different spiritual needs were reported across various dimensions of the human being – personal, community, environmental, and transcendental – all of which are of great importance for understanding the spiritual dimension of people in palliative situations.

Conclusion: Analyzing the spiritual needs of people in palliative situations is extremely relevant for promoting person-centered and holistic care, addressing not only the physical dimension but also the psychological, social, and spiritual dimensions.

Keywords: Palliative Care; Spirituality; Spiritual Care; Spiritual Needs.

Resumo

Introdução: A espiritualidade, como essência do ser, está presente em todo o ser humano. As necessidades espirituais dizem respeito às necessidades intrínsecas do ser humano, que se manifestam através da sua espiritualidade, expressando-se em diferentes dimensões e traduzindo o desejo de cada pessoa em encontrar significado, valor e propósito para a sua existência.

Os cuidados paliativos integram a dimensão espiritual para melhorar o conforto da pessoa em situação paliativa, de acordo com as suas necessidades espirituais.

Este estudo tem como objetivo: mapear as necessidades espirituais da pessoa em situação paliativa.

Métodos: Segue a metodologia de Joanna Briggs Institute de acordo com as *Guidelines* do PRISMA--*Scoping Reviews*. Foi efetuada pesquisa nas bases de dados: MEDLINE e CINAHL e selecionados os artigos com base nos elementos da População, Contexto e Conceito: População – pessoa em situação paliativa; Contexto – cuidados paliativos; Conceito – necessidades espirituais, para responder à questão:

– Quais as necessidades espirituais da pessoa em situação paliativa, em contexto de internamento?

Resultados: Analisados os artigos selecionados, foram incluídos cinco artigos no estudo.

Foram relatadas diferentes necessidades espirituais nas várias dimensões do ser humano, desde a pessoal, comunitária, ambiental e transcendental, sendo as mesmas de grande importância para compreender a dimensão espiritual na pessoa em situação paliativa.

Conclusão: A análise das necessidades espirituais da pessoa em situação paliativa é de extrema relevância para a promoção do cuidado centrado na pessoa e de uma forma holística, dando resposta não só à dimensão física, mas também às dimensões psicológica, social e a espiritual.

Palavras-chave: Cuidado Espiritual; Cuidados Paliativos; Espiritualidade; Necessidades Espirituais.

Resumen

Introducción: La espiritualidad, como esencia del ser, está presente en todo ser humano. Las necesidades espirituales se refieren a las necesidades intrínsecas del ser humano, que se manifiestan a través de su espiritualidad, expresándose en diferentes dimensiones y reflejando el deseo de cada persona de encontrar sentido, valor y propósito en su existencia.

Los cuidados paliativos integran la dimensión espiritual para mejorar el confort de la persona en situación paliativa, de acuerdo con sus necesidades espirituales.

Este estudio tiene como objetivo mapear las necesidades espirituales de la persona en situación paliativa.

Métodos: Se sigue la metodología del Joanna Briggs Institute de acuerdo con las directrices PRISMA--*Scoping Reviews*. Se realizó una búsqueda en las bases de datos MEDLINE y CINAHL, y se seleccionaron artículos basados en los elementos de Población, Contexto y Concepto: Población – persona en situación paliativa; Contexto – cuidados paliativos; Concepto – necesidades espirituales, para responder a la pregunta:

– ¿Cuáles son las necesidades espirituales de la persona en situación paliativa en un contexto de internamiento?

Tras analizar los artículos seleccionados, se incluyeron cinco en el estudio.

Resultados: Se informaron diferentes necesidades espirituales en varias dimensiones del ser humano – personal, comunitaria, ambiental y transcendental – todas ellas de gran importancia para comprender la dimensión espiritual de la persona en situación paliativa.

Conclusión: El análisis de las necesidades espirituales de la persona en situación paliativa es de suma relevancia para promover una atención centrada en la persona y de forma holística, abordando no solo la dimensión física, sino también las dimensiones psicológica, social y espiritual.

Descriptores: Cuidado Espiritual; Cuidados Paliativos; Espiritualidad; Necesidades Espirituales.

Introduction

The World Health Organization (WHO) defines palliative care as a process involving the early identification, assessment, and treatment of physical, psychological, and spiritual problems, highlighting the importance of spiritual care as an integral part of such care[1]. Palliative care focuses on improving the well-being and supporting people with serious or incurable diseases in advanced and progressive stages, as well as their families. Such care must respect the autonomy, will, individuality, dignity of the person, and the inviolability of human life[2].

The WHO estimates that each year, more than 56.8 million people worldwide need palliative care. In Portugal, according to the Strategic Plan for the Development of Palliative Care (PEDCP) for 2021-2022, the number of people in need of palliative care varies between 81,553 and 96,918, representing an increase compared to the previous two-year periods[3]. This increase is in line with the aging of the population and the predictable increase in the need for palliative care among the elderly, regardless of the concomitant growth of chronic diseases.

In recent years, interest in understanding spirituality has been growing, in the search for meaning and answers to the doubts and questions that arise in the face of life's adversities, as is the case with people in palliative situations. We can understand spirituality as the deep and intimate aspiration of human beings for a vision of life and reality that integrates, connects, transcends, and gives meaning to existence[4].

Since the beginning of palliative care, spirituality has been central to the definition of comprehensive care, as in the case of "spiritual pain" or "total pain", which manifests itself when a person in palliative care loses the meaning of their existence.

An observational study involving 343 patients showed that spiritual care is associated with a better quality of life in people who are close to death[5]. Another cohort study related different variables and concluded that depression was highly correlated with the desire for accelerated death among participants with low spiritual well-being, unlike those with high spiritual well-being[6].

A recent international consensus defined spirituality as a dynamic and essential aspect of the human condition, through which people seek meaning, purpose, and transcendence. This concept encompasses the experience of connection with oneself, family, others, community, society, nature, and what they consider sacred or meaningful. Spirituality manifests itself through beliefs, values, traditions, and practices, and it is important to note that spirituality does not necessarily imply religious beliefs[7]. In the context of palliative care, it is essential to integrate spirituality into the care provided, and it is essential that the training of healthcare professionals includes the spiritual dimension to adequately prepare them to recognize, manage, and integrate spiritual needs into the provision of care[8].

The WHO emphasizes that the spiritual dimension gives meaning to human existence, and spiritual needs are often felt by patients with chronic and life-limiting illnesses[1]. Spiritual needs are understood not only as a deficit, lack, or emptiness, but also as potentialities that are not yet sufficiently developed or expectations that are not yet sufficiently fulfilled, but are desired, in the spiritual realm[4]. Most patients in palliative care report spiritual needs, such as the need for autonomy, to stay connected, to find and give meaning to life, to have a positive outlook on the situation, and to deal with the process of dying and death[9]. However, this topic still presents weaknesses among healthcare professionals and is often underestimated, with little attention being paid to meeting spiritual needs. Therefore, training healthcare professionals in the spiritual dimension is essential so that they can awaken and cultivate their own spiritual dimension, to develop concrete tools and resources to detect spiritual needs and how to accompany them[4].

Shi *et al*[10] illustrate that spiritual needs relate to human beings' intrinsic needs, which manifest themselves through their spirituality, expressing themselves in different dimensions and translating each person's desire to find meaning, value, and purpose in their existence. Although there is still no absolute consensus on the definition of this concept, these authors note that the most widely accepted description characterizes spiritual needs as the individual expectations and

needs to attribute meaning to life, to recognize one's own value, to establish a connection with oneself, with the present moment, with others, with one's beliefs, and with nature[10].

A preliminary search was conducted in the PubMed database, JBI Evidence Synthesis[11], OSF, and PROSPERO, which did not reveal any scoping or systematic reviews of the literature on the spiritual needs of people in palliative care. Therefore, it makes sense to conduct this scoping review with the aim of mapping the spiritual needs of people in palliative care.

Method

The scoping review presented here was conducted in accordance with the Joanna Briggs Institute (JBI) methodology[11,12], and the research strategy and analysis of the articles were based on the guidelines for systematic reviews and meta-analyses: PRISMA-ScR[13].

This scoping review was prospectively registered in the Open Science Framework, and its protocol is available at https://doi.org/10.17605/OSF.IO/MPCDX

Selection criteria

The scoping review aims to answer the research question: What are the spiritual needs felt by people in palliative care, in the context of hospitalization?

The selection criteria were determined based on the elements of Population, Context, and Concept (PCC), in accordance with the guiding principles of the Joanna Briggs Institute[11]:

- Population (P): People in palliative care.
- Concept (C): Spiritual needs.
- Context (C): Palliative care in context and hospitalization.

The predefined selection criteria are therefore people in palliative care aged 19 years or older who are hospitalized.

All articles unrelated to spiritual needs, opinion pieces, editorials, or those with a defined objective were excluded. This review includes studies with qualitative, quantitative, and mixed designs and also encompasses other previously conducted systematic reviews, as well as all articles with full-text access in Portuguese, English, and Spanish, with a time limit of the last 5 years.

Research strategy

To verify that there were no previous studies on the topic to be investigated, a search was conducted in several databases, such as PubMed, JBI Evidence Synthesis, and PROSPERO, and no similar scoping review was found, either completed or with a registered protocol.

The following electronic databases were used in the search: MEDLINE (via EBSCOhost) and CINAHL Complete (EBSCOhost), covering the period from January 2019 to October 2024. Previously validated descriptors in DeCS (Health Sciences Descriptors), MeSH (Medical Subject Headings), and CINAHL Headings were used: “Palliative Care,” “Spirituality,” “Spiritual Care,” “Patient,” and “Needs Assessment”.

The search strategy used is detailed in Tables 1 and 2 for each database.

Table 1: MEDLINE descriptors – Search strategy.

Research	Descriptors
#1	MH “Palliative Care” OR MH “Patients”
#2	MH “Needs Assessement” OR “Spiritual Needs”
#3	MH “Spirituality” OR “Spiritual Care”
#4	(MH “Palliative Care” OR MH “Patients”) AND (MH “Needs Assessement” OR “Spiritual Needs”) AND (MH “Spirituality” OR “Spiritual Care”)

Table 2: CINAHL descriptors – Search strategy.

Research	Descriptors
#1	MH “Palliative Care” OR MH “Patients”
#2	MH “Needs Assessement” OR “Spiritual Needs”
#3	MH “Spirituality” OR “Spiritual Care”
#4	(MH “Palliative Care” OR MH “Patients”) AND (MH “Needs Assessement” OR “Spiritual Needs”) AND (MH “Spirituality” OR “Spiritual Care”)

Selection process and eligibility criteria for articles

Disagreements regarding the inclusion or exclusion of articles were resolved through discussion and consensus among the researchers. Studies that met the selection criteria were read in full and evaluated in detail according to these criteria.

All documents were selected based on their title and abstract, considering the objective defined for the scoping review, as well as the selection criteria presented. Duplicate articles were eliminated using the Rayyan tool. The data were extracted and systematized as follows: author(s); year of publication; country of origin; objective; methodology; study population; sample composition; care context; and results, which include the spiritual needs of people in palliative care.

All disagreements regarding the inclusion or exclusion of articles were resolved through discussion with the third reviewer. Studies that met the selection criteria were read in full and evaluated in detail according to those criteria.

Results

Characteristics of included studies, context, and population

A total of 76 articles were obtained, 28 in MEDLINE and 48 in CINAHL. After eliminating duplicates, 62 articles were considered.

Upon closer examination of the abstracts, 48 were excluded, and 14 were considered eligible and selected for analysis. After reading all 14 articles in full, 9 were excluded, and 5 were examined in detail, which were included for discussion and systematization in this scoping review.

Figure 1 illustrates the selection process and final inclusion of articles.

Of the five studies selected for the scoping review, two were found in the MEDLINE database, and the remaining three were obtained from the CINAHL database. All five articles were published in English.

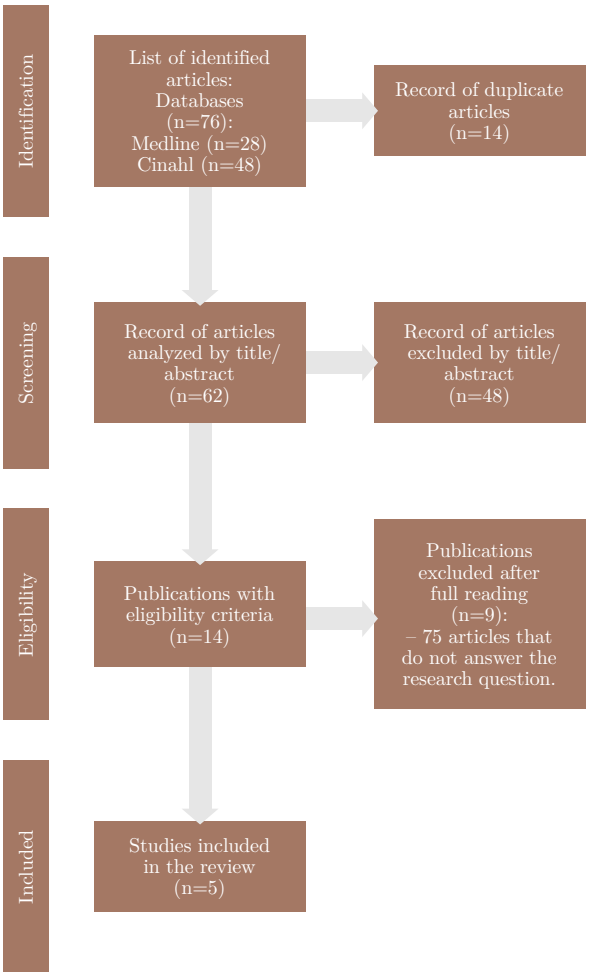

Figure 1: PRISMA flowchart of the article selection process.

The methods used included a systematic review with a qualitative approach (n = 1), a systematic review with a mixed methodology (n = 1), qualitative studies (n = 1), and research articles (n = 2).

Regarding the nationality, the studies originate from six countries: Netherlands (n = 1); United States of America (n = 1); Spain (n = 1); Austria (n = 1); and Portugal (n = 1).

As for the year of publication, the studies were published between 2019 and 2024, and the sources of the publications were diverse: Nursing Reports (n = 1); Journal of Health Care Chaplaincy (n = 1); Palliative Medicine (n = 1); BMC Palliative Care (n = 1), and Journal of Health Psychology (n = 1).

The care contexts observed included palliative care inpatient units, and the population was characterized by adults in palliative care.

As for the concept, the spiritual needs of people in palliative care were subsequently grouped into four dimensions: personal, community, environmental, and transcendental, through which it was possible to organize the analysis of the results.

The spiritual needs identified in each of the dimensions are explained in Table 3.

Table 3: Identification of spiritual needs by dimension.

Dimensions	Spiritual Needs
Personal Dimension	– Personal identity; – Autonomy; – Dignity and values; – Meaning of life and death; – Joy in life; – Inner peace; – Hope.
Community Dimension	– Giving and receiving love, affection, and care; – Support from family, friends, users, and healthcare professionals; – Forgiving and being forgiven.
Environmental Dimension	– A dignified and respectful environment; – Harmony with the environment; – Connection with nature.
Transcendental Dimension	– Connection with God; – Faith, beliefs, and religious practices; – Meaning of death.

Presentation of data

This step involves summarizing the studies previously identified according to the defined inclusion criteria.

The summary of the main information from each study, such as author(s); year of publication; country of origin; objective; methodology; study population; sample composition; care context; and results, which include the spiritual needs of people in palliative care, can be found in the data extraction table (Table 4), in a way that facilitates understanding of the information presented.

Discussion

For the discussion of the data collected, we decided to analyze it according to the different dimensions found regarding the spiritual needs of people in palliative care: personal, community, environmental, and transcendental dimensions.

The experience of a sudden illness, significant loss, or diagnosis of a chronic and life-limiting condition poses a threat to the sick person, as they will be confronted with their own limitations and mortality, which can trigger an existential crisis. At such times, spirituality becomes particularly relevant for the patient, especially when they are approaching the end of their life[1].

Spirituality is a universal dimension, deeply personal and unique to each individual. It transcends formal religious practices, reflecting an intrinsic essence that resides at the core of who we are[1]. Spirituality demands dignity and respect, transcends intellectual capacities, and elevates the value of humanity. Spiritual well-being becomes a vital component of quality of life, helping people to cope better with illness and promoting a sense of peace and fulfillment at the end of life[1]. A review of life, hopes and fears, the meaning of finitude, beliefs, forgiveness, and defined tasks of life completion is carried out, achieving spiritual well-being, understood as connection, self-realization, and resonance[14].

Spirituality can be understood as a process of self-discovery, offering individuals an experience of deep connection with something transcendent, whether God, nature, family, or other meaningful elements that give life a sense of purpose. This concept is unique to each individual and can manifest itself outside of specific religious structures, revealing the "inner self" and reflecting in daily choices and interactions. It is a flexible dimension of human experience, with varied meanings that transform throughout different stages of life, helping individuals find purpose and value[14].

Spiritual suffering is common in people at the end of life and often causes thoughts of accelerated death even if pain and physical symptoms have been treated,

Table 4: Systematization of studies included in the Scoping Review.

	Article title	Authors/Year/Country	Participants	Study Type	Objectives	Results/Conclusions Spiritual needs of the PCP
E1	An EAPC white paper on multi-disciplinary education for spiritual care in palliative care.	Best, *et al*[1], 2020, Austria.	Healthcare professionals in palliative care.	Qualitative study. Preparation of a preliminary document, followed by successive rounds of feedback and review by experts in the field.	To propose recommendations for education in spiritual care in palliative care.	The importance of issues related to identity, meaning, suffering, death, guilt, shame, reconciliation and forgiveness, freedom and responsibility, hope and despair, love and joy, whereby suffering or joy and love, hope or despair are also spiritual needs felt on a personal level. The most important things for each person include their relationships with themselves, family, friends, work, nature, art and culture, ethics, morals, and life in general. Faith, beliefs, and practices, and the relationship with God or the transcendent.
E9	Toward a socio-spiritual approach? A mixed-methods systematic review on the social and spiritual needs of patients in the palliative phase of their illness.	Lormans, *et al*[9], 2021, Netherlands.	Palliative care patients. 34 studies included in the review, covering patients in hospitals and palliative care units.	Systematic review of mixed methods.	To identify the social and spiritual needs of palliative care patients and understand their distinctions and interrelationships.	The need for meaning in the context of illness and the feeling that life has been meaningful. A need for connection with family, friends, and healthcare professionals, including addressing well-being and spiritual needs. Autonomy, maintaining a positive outlook, and the ability to cope with death and dying. Need for information about their health condition and prognosis. Hope, such as positive thinking, strength, and peace of mind. Dying with peace of mind may mean not dying alone or dying in one's own home. Need to feel that their lives are complete or that they need to complete something, setting new priorities. Talking to a chaplain or other healthcare professionals about death, its meaning, and its connection to your religion. The importance of relationships with others, love, affection, communication, and support. Forgiving and being forgiven.
E14	The interface between psychology and spirituality in palliative care.	Rego & Nunes[14], 2019, Portugal.	Palliative care context, with a focus on the biopsychosocial-spiritual approach.	Theoretical review. Opinion piece – Editorial.	To explore the interface between psychology and spirituality in palliative care, highlighting the importance of integrating spiritual and psychological care to improve patients' quality of life.	Connection as a spiritual need or well-being. Spiritual needs are seen as essential in helping patients find meaning and purpose in the final stage of life, alleviating physical and psychological suffering through the integration of spirituality into care.
E15	The CASH assessment tool: A window into existential suffering.	Higgins, *et al*[15], 2022, USA.	30 patients treated by the palliative care team at an academic hospital in the USA.	Qualitative study on quality improvement. Data collection through the application of the CASH instrument by hospital chaplains integrated into the palliative care team. Independent reading of 30 spiritual assessment records by team members.	To evaluate the effectiveness of the CASH spiritual assessment tool in identifying existential concerns of palliative care patients.	Desire to be acknowledged as a person (dignity, autonomy). Ability to care for oneself. Faith/religion as one of the most frequent spiritual needs. Hope for less pain or for a miracle. Transcendence and connection with others and with the sacred.
E16	Impact of Spiritual Support Interventions on the Quality of Life of Patients Who Receive Palliative Care: A Systematic Review.	Prieto-Crespo, *et al*[16], 2024, Spain.	Adult patients with life-limiting illnesses receiving palliative care. Sample of 24 articles.	Systematic review	Synthesize scientific evidence on interventions and activities carried out to meet the spiritual needs of palliative care patients and the impact of these interventions on quality of life.	The need for inner peace and spiritual well-being has been associated with improvements in quality of life, reduced anxiety and depression, greater independence, increased optimism and self-esteem, as well as the promotion of a "good death" with acceptance and peace. The satisfaction of spiritual needs can significantly improve the quality of life of patients and families, promoting intimacy and meaningful memories.

as patients find themselves demoralized and hopeless, unable to find sources of meaning, love, and comfort[1].

Therefore, it is essential to integrate spirituality into the care provided to people in palliative situations, and in this sense, it is fundamental that healthcare professionals can identify, manage, and know how to address the spiritual needs of these patients. Spiritual needs are understood not only as a deficit or lack of something, but also as potentialities that the person has not yet developed or as expectations that have not yet been sufficiently achieved, but are desired, in the spiritual realm[4]. The same author illustrates that this understanding of spiritual needs is very important because it confronts us with the spiritual reality of human beings at the end of life, that is, not only from the point of view of threat (deficits, needs), but also from the perspective of opportunity (resources not yet sufficiently employed or developed)[4].

In this context, it is essential that healthcare professionals are attentive to the spiritual needs of people in palliative care and understand that there are different spiritual needs in the various dimensions of human beings: personal, community, environmental, and transcendental. Shi *et al*[10] emphasize that spiritual needs relate to the intrinsic needs of human beings, which manifest themselves through their spirituality, expressing themselves in different dimensions

and translating each person's desire to find meaning, value, and purpose for their existence.

Palliative care is based on the patient's needs and not on their prognosis. Therefore, by recognizing the spiritual needs that may arise, healthcare professionals will be better prepared to identify and satisfy, in a personalized and effective way, the spiritual concerns of each person, whether in their personal, community, environmental, or transcendental dimension.

For the discussion of the data obtained, it was decided to analyze and organize it according to the predominance of spiritual needs in each dimension, in descending order:

Personal dimension

In this regard, Higgins *et al*[15] report in their research that spiritual needs include concerns related to personal identity (feeling like a person), the need to feel autonomous, the ability to self-care, the need and desire to be recognized, treated, and seen as the person one is, and to continue life as usual, within the realm of possibility.

Lormans *et al*[9] add that patients also express the need to be informed about their health condition and the future.

The same authors also highlight the need for meaning in the context of illness and the need to feel that life has been meaningful[9]. They further explain that patients tend to need to remember their achievements and feel that their lives are complete or, on the other hand, that they need to complete something, resolving unfinished issues and setting new priorities in life[9]. In this context, Best *et al*[1], in complementing spiritual needs, illustrate the importance of issues related to guilt, shame, reconciliation, forgiveness, freedom and responsibility, despair, love, and joy as manifestations of the preservation of dignity and values. Concerning value-based needs, the same authors emphasize that the most important things for each person include their relationships with themselves, family, friends, work, nature, art and culture, ethics, morals, and life in general[1]. Furthermore, Best *et al*[1] explain that feelings of suffering or joy and love, hope or despair are also spiritual needs felt on a personal level. In this perspective, Prieto-Crespo *et al*[16] clarify that the need for inner peace and spiritual well-being increases the quality of life of the sick person, associated with greater independence, increased optimism, and self-esteem, thus leading to a decrease in depression.

In the study by Lormans *et al*[9], the authors report that hope can be felt as a positive outlook or positive thinking, reassurance, strength, peace of mind, and the desire for everything to end well. The same authors add that hope as a spiritual need can be found through reassurance from healthcare professionals when they inform the patient of the truth about their situation or when they know that healthcare professionals have done everything they can. Higgins *et al*[15], in their study, also mention that maintaining hope for less pain or for a miracle was also identified in people in palliative care.

Transcendental dimension

In the study by Lormans *et al*[9], spiritual needs, which fall within the transcendental dimension, involve the need for meaning in the context of illness and the feeling that life has been meaningful. Best *et al*[1], in their research, point to faith, beliefs, and practices as spiritual needs, as well as the relationship with God or the transcendent. In this context, Lormans *et al*[9] and Rego & Nunes[14] also identify the need for connection as a spiritual well-being or need.

Lormans *et al*[9] explain that dealing with issues and concerns related to death and dying also reveals spiritual needs concerning the meaning of death, which for some may raise reflections, such as the possibility of life after death. The same authors add that another spiritual need, also felt by patients, is the need to talk to a healthcare chaplain or other healthcare professionals about their impending death, its meaning, and to connect through their religion[9].

In the study by Best *et al*[1], the authors state that meaning, suffering, and death are seen as spiritual needs, as well as faith, beliefs, practices, and the relationship with God or the transcendent. In this sense, Higgins *et al*[15] reinforce that faith/religion is referred to as one of the most frequent spiritual needs. The

same authors add that transcendence and connection with others and with the sacred constitute spiritual needs.

Prieto-Crespo *et al*[16], in their study, illustrate that spiritual needs were also associated with promoting a "good death," with acceptance and peace. In this perspective, Lormans *et al*[9] also identify the desire to die with peace of mind as a spiritual need and further consider the need to maintain a positive outlook and the ability to cope with death and dying as spiritual needs.

Prieto-Crespo *et al*[16] further elucidate that integrating satisfaction into spiritual needs can significantly improve the quality of life of patients and their families, promoting positivity, intimacy, and meaningful memories before the final farewell. In this sense, Rego & Nunes[14] reinforce that spiritual needs are seen as essential to help patients find meaning and purpose in the final stage of life, alleviating physical and psychological suffering through the integration of spirituality into care.

Community dimension

Concerning the community dimension, Lormans *et al*[9] state in their study that spiritual needs encompass the importance of relationships with others and the love, affection, care, communication, and support that these convey. The same authors mention that patients describe a desire to be connected with family, friends, and other loved ones, as well as with healthcare professionals. In this context, Best *et al*[1] also show in their research that patients report a need for connection with family, friends, and healthcare professionals. The same authors emphasize that the most important things for each person include their relationships with themselves, family, friends, work, nature, art and culture, ethics, morals, and life in general.

Lormans *et al*[9] add that the need to forgive others or be forgiven and be free from feelings of guilt is also described as important for people at the end of life.

Environmental dimension

For this dimension, Higgins *et al*[15], in their study, point out as spiritual needs the desire to be recognized as a person, to maintain one's dignity and autonomy. In this context, Best *et al*[1] state that the most important things for each person include their relationships with themselves, family, friends, work, nature, art and culture, ethics, morals, and life in general.

Wanting to die with peace of mind was identified by Lormans *et al*[9] as a spiritual need, which for some may mean not dying alone or wanting to die in their preferred place, such as their own home.

Study limitations

The limitations of the study included the research strategy used, which involved consulting only two electronic databases. Although these databases contain a large number of references, we cannot rule out the possibility that studies relevant to the topic addressed may have been excluded.

Conclusion

The preparation of this scoping review allowed us to systematize the scientific evidence from research in different databases, thus enabling us to map the spiritual needs of people in palliative care.

People in palliative care express their spiritual needs in a way that seems most appropriate to them, and healthcare professionals should assess these needs in a holistic context to ensure that the interpretation of spiritual needs is not reduced to categories that sometimes do not fully correspond to what is important and meaningful to the person. On the other hand, it is also difficult to dissociate a spiritual need from the various dimensions, since the same spiritual need can relate to different dimensions and vary from person to person.

Therefore, despite the grouping, in terms of dimensions, of the spiritual needs identified in the selected studies, a holistic and individual assessment is always necessary to better understand what the sick person says and the meaning it has for them. Thus, specific

training for healthcare professionals in the spiritual dimension is essential, enabling them to identify, manage, and integrate spiritual needs into the care of people in palliative situations, and to know how to accompany them by demonstrating availability and listening skills, to get to know the person better, to personalize and meet their specific needs. Understanding the spiritual needs of people in palliative care is extremely important for improving their quality of life, alleviating suffering, and providing more person-centered care that respects their beliefs, values, and individual perspectives on the meaning of life and death. This will enable more humanized, holistic, and comprehensive care in response to the spiritual needs of people in palliative care.

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