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REVIEW

SPIRITUALITY AND RELIGIOSITY IN HEALTH CARE: AN INTEGRATIVE REVIEW

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ABSTRACT
Objective: describe how health, spirituality and religiosity are discussed in Brazilian scientific publications.
Method: integrative literature review of the period between 2011 and 2016, developed in the Virtual Health Library in November 2017, using the descriptors: "Health", "Spirituality", "Religiosity".
Results: for the analysis, according to the established inclusion criteria, 30 articles were selected and four categories were identified: Concepts and conceptions of religiosity and spirituality; Religiosity and spirituality as strategies to cope with disease; Need for spiritual support; and Lack of professional preparation. The relevance of the spiritual dimension in care was verified, as well as the need to comprehensively consider all dimensions of the human being: biopsychic, spiritual and social.
Conclusion: studies were found that suggest that some religious practices are capable of offering both positive and negative aspects in the physical and mental health of their practitioners.

DESCRIPTORS: Spirituality; Religion: Care: Health; Review.

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REVISÃO / REVISIÓN

ESPIRITUALIDADE E RELIGIOSIDADE NO CUIDADO EM SAÚDE: REVISÃO INTEGRATIVA

RESUMO

Objetivo: descrever como a saúde, espiritualidade e religiosidade são abordadas nas publicações científicas nacionais.

Método: revisão integrativa de literatura no período entre 2011 e 2016, realizada na Biblioteca Virtual em Saúde em novembro de 2017, utilizando os descritores: "Saúde", "Espiritualidade", "Religiosidade".

Resultados: para a análise, segundo os critérios de inclusão estabelecidos, foram selecionados 30 artigos e identificadas quatro categorias: Conceitos e concepções de religiosidade e espiritualidade; Religiosidade e espiritualidade como estratégias de enfrentamento da doença; Necessidade de suporte espiritual; e Falta de preparo profissional. Verificou-se a relevância da dimensão espiritual na assistência e a necessidade de integralizar todas as dimensões do ser humano: biopsíquica, espiritual e social.

Conclusão: foram encontrados estudos que sugerem que algumas práticas religiosas são capazes de proporcionar tanto aspectos positivos quanto negativos na saúde física e mental dos seus praticantes.

DESCRITORES: Espiritualidade; Religião; Cuidado; Saúde; Revisão.

ESPIRITUALIDAD Y RELIGIOSIDAD EN LA ATENCIÓN DE SALUD: REVISIÓN INTEGRATIVA

RESUMEN

Objetivo: Describir de qué manera la salud, la espiritualidad y la religiosidad son abordadas en las publicaciones científicas nacionales.

Método: Revisión integrativa de literatura abarcando período de 2011 a 2016, realizada en la Biblioteca Virtual en Salud en noviembre de 2017, utilizando los descriptores "Saúde", "Espiritualidade" y "Religiosidade".

Resultados: Para el análisis, conforme los criterios establecidos, fueron seleccionados 30 artículos, y se identificaron cuatro categorías: Conceptos y concepciones de religiosidad y espiritualidad; Religiosidad y espiritualidad como estrategias para el enfrentamiento de la enfermedad; Necesidad de apoyo espiritual; y Falta de preparación profesional. Se verificó la relevancia de la dimensión espiritual en la atención y la necesidad de integrar todas las dimensiones del ser humano: biopsíquica, espiritual y social.

Conclusión: Fueron encontrados estudios que sugieren que algunas prácticas religiosas tienen la capacidad de brindar tanto aspectos positivos como negativos para la salud física y mental de quienes las practican.

DESCRIPTORES: Espiritualidad; Religión, Cuidado; Salud; Revisión.

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INTRODUCTION

Care focused on the spiritual dimension is increasingly necessary in care practice. Countless studies have been developed that relate spirituality with disease coping, health promotion and rehabilitation, demonstrating the scientific community's interest in trying to understand the physiological mechanisms that explain the relation between religiosity and spirituality in health care.

Thinking of religiosity/spirituality and health highlights its aspect related to daily clinical practice, demonstrating that a great gap remains between knowledge and practice. This reveals the need for further research that assesses the integration among these concepts and the positive correlation with the health-disease rate[1-2].

In a recent literature review, it was verified that spiritual practices, including religious practices, served as support and coping with health problems for the patient as well as the relative. It could also be observed that spirituality contributes to interpret the disease, granting it a sense and a meaning[3]. Thus, the objective in this study is to describe how the concepts health, spirituality and religiosity are addressed in Brazilian scientific publications.

Its development is justified by the importance these themes have gained in recent years in health, aiming to provide a panorama of existing publications on the theme. Its relevance is due to the fact that it contributes to the advancement of knowledge on the spiritual dimension of health care in a more specific manner.

METHOD

The study proposes a reflection on the current panorama of publications on the themes health, spirituality and religiosity. The premises of the integrative literature review were used to develop it[4]. The guiding question was: "What scientific production exists in the Brazilian context about the theme health, spirituality and religiosity?"

A search was undertaken for scientific articles published in Brazilian journals indexed in the Latin American and Caribbean Health Science Literature (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), Nursing Database (BDENF) and Virtual Database in Psychology (BVS-Psi) in November 2017. The descriptors "Spirituality" and "Religiosity" were combined by means of the Boolean operator "AND" with the descriptor "Health" in Portuguese, English and Spanish.

In total, 155 articles were identified. After a careful reading of the titles and abstract, 67 articles were selected that complied with the following criteria: a. Published between 2011 and 2016; b. Offered the full version of the study online; c. Mentioned the descriptors of the search in the abstract and text. Of the identified articles, 37 were excluded because they did not comply with the established criteria: 21 did not comply with the proposed objective, four were theses, dissertations and letters to the editors, and seven did not answer the research question or were repeated.

Finally, the corpus consisted of 30 articles and, to permit the analysis, the authors constructed a data collection form with information on the study objectives: author, year of publication, journal, title and main conclusions. The analysis process involved the critical evaluation of the material, based on the research question, reason and goal of collecting the answers [5].

RESULTS

The population covered in the studies was: undergraduates; children, adolescents

and elderly people in vulnerable situations, whether due to disease, hospitalization or violence practiced by peers; patients with chronic illnesses (acquired immunodeficiency syndrome, genetic conditions, mental problems and cardiovascular diseases); and palliative care. The year with the highest concentration was 2013 with 11 publications, followed by 2012 with seven. 2011, 2014, 2015 and 2016 showed three publications each. The areas that published most about the theme were psychology and nursing, with nine and seven publications, respectively. Only eight publications were international. Chart 1 presents the main publication data of the studies.

Chart 1 – Synthesis of the main findings. Rio de Janeiro, RJ, Brazil, 2017 (continues)

Year	Journal	Main conclusions
2011	RevPsiqClin	The importance of spirituality/religiosity/personal beliefs is positively associated with quality of life in most domains[6].
2011	Psic: Teoria e pesq	The university does not provide the necessary information about the theme and the main barriers in the discussion of the theme were: fear of imposing one's own beliefs, lack of time and fear of offending patients[2].
2011	Rev Latino-am.	Religion and spirituality are relevant resources elderly people turn to in coping with hospitalization[7].
2012	Comunic. saúde e Ed.	Some relations were observed that point towards: positive and/or negative religious coping in illness, changes of thinking and religious behaviors, as well as the importance of religious experience in the way individuals elaborate their disease narratives[8].
2012	Rev. Min. Enf.	Freire's method permits the reconstruction of knowledge with freedom, ethics, relaxation and love of health education[9].
2012	Ciênc. Saúde Coletiva	The results appoint strongly present cultural traditions in medical discourse (standards, reason, family and Judaic-Christian religiosity). These notions overlap with the notions coming from religious traditions and influence the medical perceptions of the patient and his/her family[10].
2012	Rev. Bras. Enf.	It was concluded that religion is a dimension that can positively contribute in the treatment of patients with mental illness[11].
2012	Psico arq.	The culture converges towards integrality, but there is danger of knowledge approximations in situations of power inequality, which can lead to the construction of new cultural hegemonies[12].
2012	Ciênc. Saúde Coletiva	In the group, besides religious services, migrants have a social support network. Nevertheless, there is an ecclesiastic power that indirectly regulates the migrants' life [13].
2013	Interface	The opening to health promotion based on human rights was identified, considering young people as protagonists in the adaptation of religious codes to each singular trajectory and context[14].
2013	Jornal Bras. Psiq.	Individuals with anomalous experiences who seek help seem to constitute a risk population for mental disorders or emotional problems in general[15].
2013	Psico USP	Present an analytic synthesis of the main aspects appointed in the literature on the relations between religiosity and mental health[16].
2013	Rev. Esc. Enf. USP	It was concluded that religiosity is a valuable resource in coping with the crises of daily life and a factor that positively interferes in physical and mental health, mainly of elderly people[17].
2013	Psico USP	The participants evidenced positive conceptions on the influence of religiosity/spirituality on health[18].

2013	Interação Psico.	Positive well-being was assumed as an evidence of health[19].
2013	Est. Psicologia	The relation between religiosity and quality of life was demonstrated, highlighting that the religiosity dimension was related with the psychological, social and environmental domains of quality of life[20].
2013	Rev. Bras. Enf.	The representations of religiosity in the care practice of dying patients value the professionals' beliefs about death and its meanings, permitting the elaboration of coping mechanisms[21].
2013	Ciênc. Saúde Coletiva	Religious coping strengthens the fatalism present in religious belief, but also contributes to minimizing the social accountability for care for the elderly[22].
2013	Rev. Bras. Clin. Méd.	The students' religiosity dimensions significantly molded the way they understood these concepts[23].
2013	Saúde e Sociedade	Based on the collected information, it can be affirmed that religious practices constitute places of welcoming, cure and health for those who seek them[24].
2013	Rev. Gaúcha	The fear of imposing religious viewpoints on the patients is the main barrier related to the topic[25].
2014	Rev. Bras. Gerontol.	It is inferred that religiosity is positively associated with health-related quality of life for the elderly[26].
2014	Rev. Bras. Est. Pop.	It seems that religion and religiosity are cultural variables, whose influence on sexual behavior was perceived in most of the articles[27].
2014	Arq. Catarin. Méd.	Most studies report inconclusive, hardly expressive and unconvincing results of religiosity and spirituality in the health of cardiac patients[28].
2015	Rev. Saúde pública	Organizational and intrinsic religiosity benefits the relation among the age, education and health-related quality of life of elderly people[29].
2015	Rev. Bras. Ativ. Física	Independently of religion, religiosity was associated with the protection of health risk behaviors in a group of adolescents[30].
2015	Rev. Psic, teoria e prática	Religious practice was associated with age, lipodystrophy and signs of anxiety. It is inferred that religiosity benefits mental health, especially in anxious patients[31].
2016	CuidArt	Caregivers' search for religion and use of spirituality is strongly present in coping with child cancer. Thus, health professionals should be a source of respect and support for the beliefs, religion and values of family caregivers[32].
2016	Saúde e Debate	Some advances and drawbacks can be identified, including the need for research involving groups in specific contexts; the creation and validation of tools to measure the extent to which religious/spirituality experience can benefit the treatment of mental disorders or not[33].
2016	Esc. Anna Nery	It is evidenced that nurses acknowledge the importance of spiritual dimension in care for palliative patients[34].

DISCUSSION

The studies analyzed were categorized into four areas, highlighting the main results found in order to synthesize them and driving the results towards evidence-based practice.

Concepts and Conceptions of Religiosity and Spirituality

Although they are treated as synonyms in most of the studies, others[6-7,11,25] find it difficult to carry out research on religiosity and spirituality due to the diversity and complexity

of their definitions. In general terms, the authors define religiosity as compliance with beliefs and practices concerning an organized religious institution and spirituality as the affinity between a person and a higher being or force they believe in. That is, religiosity is the extent to which an individual believes, follows and practices a religion[25].

Two types of religiosity are described: intrinsic and extrinsic. In the first, religion has a central place in the life of the individual, it is his/her greatest good[7,25]. In religion, the individual adds different cultural parameters, specific moral concepts and ideals that offer meaning to human existence. In the second, religion is linked to a set of activities and beliefs and is a means used to achieve other purposes such as consolation, sociability, distraction, and status[6-7,20,34].

Despite the large body of evidence, there is no consensus yet on the concept of spirituality. Spirituality can be defined as a personal quest to understand issues related to the end of life, its meaning, relationships with the sacred or transcendent that may or may not lead to the development of religious practices or formations of religious communities[18,20,35].

Religion is characterized, in time and space, as extremely variable from one cultural context to another, from one historical period to another, even exerting a marked influence on the organization and initial development of health care in Brazil[36]. There is a multidimensional formulation, however, which describes religion in several respects, being considered a set of beliefs, laws and rites that aim at a power that man considers supreme, which he considers himself to depend upon, with which he can establish a personal relationship and from which he can obtain favors[19].

Religious attitude is measured by the involvement of individuals in religious practices such as prayers, readings of religious material, adoption of beliefs defined based on a specific religious tradition, participation in worship services and other religious meetings, etc. This option is justified by the assumption that people who have a clearer religious attitude with significant and well-defined religious involvement may adopt religious beliefs as important cognitive references for their interactions. These beliefs can be guiding and define the individual's cognitive and behavioral positions towards situations of risk and stressful events. In addition, by being counselors, they can promote security and sense of meaning for existence[19].

Spirituality differs from the concept of religion by its broader meaning. Religion is an expression of spirituality, and spirituality is a personal feeling, which stimulates an interest in others and oneself, a sense of meaning in life capable of enduring debilitating feelings of guilt, anger, and anxiety. Religiosity and spirituality are related but not synonymous. Religiosity involves a system of worship and doctrine that is shared by a group, and therefore has specific behavioral, social, doctrinal and value characteristics, representing a social and cultural dimension of human experience. Spirituality is related to the transcendent, with definite questions about the meaning and purpose of life, and with the conception that there is more to life than what can be seen or fully understood[19,35-37].

Religion is an organized system of beliefs, practices, rituals, and symbols that facilitate the approximation of man to the sacred. Spirituality, in turn, is related to reflection and personal search about the meaning of life in relation to the sacred, which may or may not be linked to a religion.

Religiosity and spirituality as disease coping strategies

Religiosity-based coping strategies include the use of religion, spirituality, or faith to deal with stress and the negative consequences of experiencing life problems. Religiousness and spirituality attribute meaning to the experience of illness. Often, they are the only support found to understand and cope with the difficulties the symptoms and the ways of coping with stress situations impose.

Several studies have investigated the relationship between religiosity, spirituality and health[1-2,7-8,17,37]. The link between them lies in the identification that a significant and positive correlation exists between religious and spiritual experiences and the health disease rate. These results are related to the positive effects on the reduction of mortality in general, as well as in the areas of immunology, mental health, cardiovascular diseases, parasitic infectious diseases such as HIV and neoplasms[1-2].

This result provides support to people who seek to strengthen themselves in the face of the adversities imposed by the pathological condition. Besides the pathological condition, religion can play a stabilizing role and may be an influential factor for social and family relations. Some religious practices are also capable of providing positive aspects in the physical and mental health of their practitioners, insofar as they advise on the adoption of healthy habits and behaviors[9,14,24,30].

The benefits mentioned include the influence of the strengthened emotions of comfort on psychological adaptation, social support, reduction of the emotional load of the disease as a result of its possible acceptance and the aid in the preservation of health[6-28]. Evidence shows the positive association of religiosity with mental health, being considered a protective factor for suicide, drug and alcohol abuse, psychological distress and psychoses[2,6,12,14,24].

Religious coping is an important strategy and regulates the emotional response caused by the process of functional disability as a result of illness or old age, repairing the existential emptiness, making the person feel welcomed and appeased in the reality of his/her now disabled or aged body[17,22,26,38]. There is also the caregivers' attachment to faith. The suffering and wear the disease causes and the belief in the miracle of healing may present themselves as a source of support to cope with the disease and its treatment[32].

But there are situations in which the religious search may worsen the clinical picture, causing negative coping and improper use of health services. These are negative aspects related to fanaticism and oppressive traditionalism[11,15,27-28,33,39]. The opposition to the treatment the health institutions propose, especially when related to mental health, is quite challenging because it causes the infeasibility of care for people in distress[16]. The rigidity and inflexibility associated with resistance to treatment may hinder compliance and, therefore, render patients vulnerable to spiritual abuse[11].

Religion can positively affect physical and mental health through a network of social support, reduction of unhealthy behaviors, reduction of blood pressure and muscle tension during prayer and meditation, and greater compliance with medical treatments and preventive care[14-15,39].

Need for spiritual support and lack of professional preparation

Patients often find strength and consolation in their spirituality, both informally through deeper connections with family and friends, and formally through communities and religious practices. Modern clinicians regularly ignore the dimensions of spirituality when considering the health of others - or even their own.

For a long time, mental health professionals denied the religious aspects of human life, to the extent of considering them pathological when dealing with psychiatric patients. Studies show, however, that religiosity is an aspect of great importance in human life and is positively associated with good mental health[40].

Perhaps because of this, many professionals still feel hesitant and with little confidence to address these aspects, encompassed by the lack of proper inclusion of this theme in the academic training process[25,37]. Without well-structured evaluation and training models of the professionals in training, it is difficult to introduce this support in daily clinical practice, already so burdened with administrative functions, and also because of the short time

available.

As studies show, however, in situations of illness, people tend to express their spiritual needs in the most subtle ways. Thus, both patients and their families can benefit from spiritual assistance if there is an approach in this sense.

International studies point out that many health professionals reflect on the need to address and respond to the spiritual needs of their patients, regardless of their own religious or spiritual beliefs. There is discomfort in this approach though, as they feel as if this goes beyond their role as caregivers[41-42].

There is disagreement among authors about the therapist's involvement in religious issues from the viewpoint of jeopardizing individuality and treatment integrity. Although prayer is a factor of comfort and hope, there is no consensus as to whether the professional should maintain a neutral position or defend and encourage religious experience[43]. There is also the recurrent complaint about academic training, during which the subject is not addressed, leaving a gap between the evaluation parameters of whether this involvement is beneficial or not for the therapeutic relationship.

Following this trend, NANDA International (NANDA I), focusing on spiritual care in Nursing diagnoses, provides a stimulus for the importance of a formal study on Health and Spirituality in undergraduate education. Nursing students believe that spirituality influences the health of their patients and their care by the nurse and, although most of them wish to approach this aspect, few consider themselves prepared for this[2]. Notably, over 90% of the students evaluated in that study believe that the university does not provide all of the necessary information for this preparation[25].

The results show that the professionals generally favor the creation of disciplines that prepare the professional on the religious/spiritual theme. In Brazil, there are few courses that address contents about the interface between religion and/or spirituality and the health area in their curricula, reserving the subject for practical moments of teaching[39-41].

The lack of training and skill in identifying the demands of patients impel the denial or rejection of the spiritual dimension. The professionals' lack of preparation and perception can be noticed, revealing the difficulty in meeting the patients' spiritual demand[2,17,39]. Nevertheless, there will be few professionals who will not have contact with situations in which religion can guide conduct and even ethical dilemmas.

It should be mentioned that the limitations of the study are related to the small number of publications on the subject addressed. The need is highlighted to develop further research and reflection on what to do to sensitize health professionals, including those still in training, on the subject and how to deal with their tensions and understanding.

CONCLUSION

The relevance of the spiritual dimension in care and the need to integrate all the dimensions of the human being were verified: biopsychic, spiritual, and social. We found that religious practices are capable of providing positive or negative aspects in the physical and mental health of its practitioners. Some barriers are pointed out, such as lack of time, lack of knowledge and fear of imposing their beliefs, demonstrating the insecurity and lack of training of health professionals regarding this theme. Few professionals will have no contact, however, with situations in which religion can guide conducts and even ethical dilemmas.

The authors emphasize the concepts of spirituality and religiosity, demonstrating their connection and their differences. All spiritual experience transcends the religious experience with its system of beliefs, and one needs to know it in order to identify its interference in the treatment, be it positive or negative, so that one can intervene if necessary. It is also

important to hear what family and religious leaders think about the topic, considering them as important partners in the social support network.

It is concluded that there is a great difficulty to research and define limits between the health, disease, religion, religiosity and spirituality relationships, being multifactorial and multidimensional phenomena, not being fully explained by their actions and consequences. It is a fact that the combination of beliefs and religious involvement acts to determine effects on the health of religious persons, whether positive or negative.

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