

# Religiosity and spirituality in health care and the impact on life

## Religiosidade e espiritualidade no cuidado da saúde e o impacto na vida de pessoas com doenças crônicas

## Religiosidad y espiritualidad en el cuidado de la salud y el impacto en la vida

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# REVISA

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### RESUMO

**Objetivo:** Descrever a influência da religiosidade e espiritualidade no cuidado da saúde, com ênfase nas seguintes doenças crônicas: diabetes, doença pulmonar obstrutiva crônica, doenças cardiovasculares e renais. **Método:** Revisão sistemática realizada nas bases de dados Latindex, Pubmed e SciELO. As palavras-chave utilizadas foram: "religiosidade" OR "espiritualidade" AND "cuidados da saúde" AND "doenças crônicas" e seus equivalentes no idioma inglês: "religiosity" OR "spirituality" AND "health care" AND "Chronic disease". Foram selecionados artigos nos idiomas português e inglês, publicados nos últimos dez anos. **Resultados:** Foram encontrados 3.686 artigos. Após leitura e análise criteriosa foram selecionados 14 artigos finais. Os benefícios que aparecem nos estudos estão relacionados com mudanças no estilo de vida, redução de depressão, ansiedade e estresse, que o diagnóstico de doença crônica carrega, estimulando o maior enfrentamento as doenças e maior adesão aos tratamentos, contribuindo de forma geral para o bem-estar e melhora da saúde desta população. **Conclusão:** Indivíduos portadores de doenças crônicas que usam a R/E no enfrentamento da doença, apresentam um impacto positivo no cuidado das mesmas e melhor qualidade de vida.

**Descritores:** Religiosidade; Espiritualidade; Cuidados da Saúde e Doenças Crônicas.

### ABSTRACT

**Objective:** To describe the influence of religiosity and spirituality in health care, with emphasis on the following chronic diseases: diabetes, chronic obstructive pulmonary disease, cardiovascular and renal diseases. **Method:** Systematic review performed in the databases Latindex, Pubmed and SciELO. The keywords used were: "religiosity" OR "spirituality" AND "health care" AND "chronic diseases" and their equivalents in the English language: "religiosity" OR "spirituality" AND "health care" AND "Chronic disease". Articles in Portuguese and English, published in the last ten years, were selected. **Results:** A total of 3,686 articles were found. After careful reading and analysis, 14 final articles were selected. The benefits that appear in the studies are related to changes in lifestyle, reduction of depression, anxiety and stress, which the diagnosis of chronic disease carries, stimulating greater coping with diseases and greater adherence to treatments, contributing in a general way to the well-being and improvement of the health of this population. **Conclusion:** Individuals with chronic diseases who use R/E in coping with the disease have a positive impact on their care and better quality of life.

**Descriptors:** Religiousness; Spirituality; Health Care and Chronic Diseases.

### RESUMEN

**Objetivo:** Describir la influencia de la religiosidad y la espiritualidad en el cuidado de la salud, con énfasis en las siguientes enfermedades crónicas: diabetes, enfermedad pulmonar obstrutiva crónica, enfermedades cardiovasculares y renales. **Método:** Revisión sistemática realizada en las bases de datos Latindex, Pubmed y SciELO. Las palabras clave utilizadas fueron: "religiosidad" O "espiritualidad" Y "cuidado de la salud" Y "enfermedades crónicas" y sus equivalentes en el idioma inglés: "religiosidad" O "espiritualidad" Y "atención médica" Y "enfermedad crónica". Se seleccionaron artículos en portugués e inglés, publicados en los últimos diez años. **Resultados:** Se encontraron un total de 3.686 artículos. Después de una cuidadosa lectura y análisis, se seleccionaron 14 artículos finales. Los beneficios que aparecen en los estudios están relacionados con cambios en el estilo de vida, reducción de la depresión, ansiedad y estrés, que conlleva el diagnóstico de enfermedad crónica, estimulando un mayor afrontamiento de las enfermedades y una mayor adherencia a los tratamientos, contribuyendo de manera general al bienestar y mejora de la salud de esta población. **Conclusión:** Los individuos con enfermedades crónicas que utilizan R/E en el afrontamiento de la enfermedad tienen un impacto positivo en su cuidado y una mejor calidad de vida.

**Descriptores:** Religiosidad; Espiritualidad; Atención médica y enfermedades crónicas.

## Introduction

Religiosity can be defined as the set of beliefs and practices of a religious institution, as well as adherence to and participation in rituals and other organized activities related to a particular religious faith. In this context, spirituality has as one of its foundations the search for meaning and purpose in life, self-transcendence and connections with others and with the world around them<sup>1</sup>.

When the individual receives the diagnosis of a chronic disease, it is necessary to adapt his life to the disease, which, added to the pharmacological treatment and other necessary therapies, requires determination on the part of the patient<sup>2</sup>. Changes in the control of chronic disease can alter lifestyle, diet and routine, in addition to the appearance of injuries and limitations that can impair autonomy, negatively impacting the performance of basic and instrumental activities of daily living<sup>2</sup>.

Spiritual and religious practices are a support, both for the sick person and their families, in the health impairment, as they help to deal with stress and the negative consequences of problems. Spirituality and religiosity collaborate in the interpretation of the disease, giving it a meaning and meaning. Faith helps in the practice of self-care and treatment adherence.<sup>2,3</sup> In this context, it is known that spirituality, for example, has been associated with lower blood pressure values and a lower rate of arterial hypertension, a chronic disease, with a greater effect on the decrease in diastolic blood pressure.<sup>4,5</sup>

In addition, patients show positive interest in having doctors and health professionals address questions about their spiritual needs, as they find that it strengthens their relationship; helps the professional to better understand the person knowing their values, convictions and attitudes; and provides greater support in consensual decision-making<sup>1</sup>. The health professional, when inquiring about religiosity or spirituality (R/E) makes it possible to know how patients face the treatment, what is the role and importance of R/E in the life of this person and how much they can interfere in the health-disease process and also in the experience of the disease<sup>6</sup>. However, some barriers have been observed on the part of health professionals, such as fear of exposing their beliefs, insecurity and lack of training in addressing this subject<sup>3</sup>. In this context, this study aims to describe the influence of religiosity and spirituality in health care, with emphasis on the following chronic diseases: diabetes, chronic obstructive pulmonary disease, cardiovascular and renal diseases.

## Method

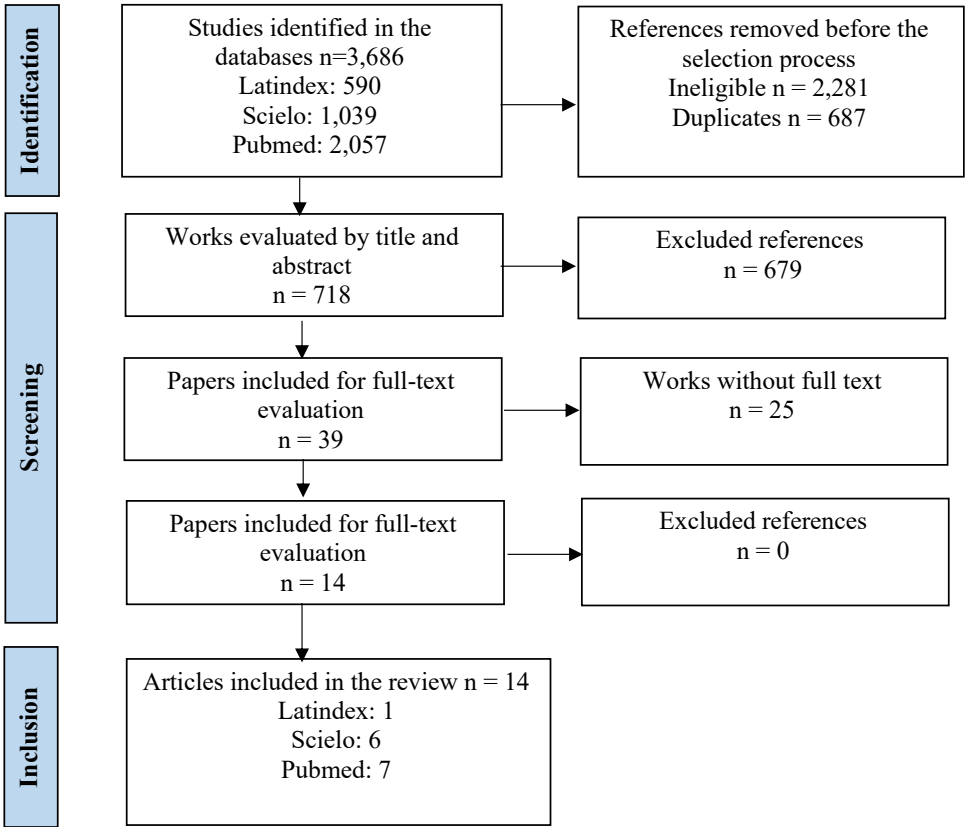
This is a systematic review of the literature, conducted in June 2023. The search was performed in the databases Latindex, Pubmed and SciELO. The keywords used were: "religiosity" OR "spirituality" AND "health care" AND "chronic diseases" and their equivalents in the English language: "religiosity" OR "spirituality" AND "health care" AND "Chronic disease". We selected articles in Portuguese and English, published in the last ten years, that addressed the influence of religiosity or spirituality in the health care of patients with the following chronic non-communicable diseases: diabetes, chronic obstructive pulmonary disease, cardiovascular and renal diseases. Inclusion criteria: original

research (cross-sectional, exploratory, prospective studies) and literature reviews conducted with adults and the elderly with chronic diseases. Exclusion criteria: patients with congenital diseases, cancer (extensive number of publications), neurological diseases with impossibility of the patient to express himself, palliative care, psychiatric diseases, use of drugs and alcohol, pregnant women and surgical procedures.

Results

A total of 3,686 articles were found. After reading the title, 2,281 publications were eliminated, as they were not related to the objective of this study. 687 were duplicated. A total of 718 articles were selected to read the abstract and 679 were eliminated. Of the 39 selected, 25 did not have the full text available, totaling 14 final articles (Figure 1).

Figure 1- Flowchart for presentation of the study selection process. Brasília-DF, 2023.



The selected articles addressed subjects such as spirituality / religiosity and general health care and in patients with cardiovascular diseases (systemic arterial hypertension - SAH and acute coronary syndrome - ACS), chronic obstructive pulmonary disease (COPD) and chronic kidney disease, including on hemodialysis (Chart 1)

**Chart 2-** Synoptic table of the articles selected for the review. 2023.

Author(s)/year	Type of study	Objective	Results
Thiengo et al <sup>3</sup> . 2019	Integrative literature review.	Describe how health, spirituality and religiosity are addressed in national scientific publications.	The R/E attribute meaning to the experience of illness, strengthening of comfort emotions, reduction of the emotional burden of the disease, aid in the preservation of health, education of unhealthy behaviors, reduction of blood pressure and muscle tension during prayer and meditation, and greater adherence to medical treatments and preventive care.
Abu et al <sup>8</sup> . 2018.	Systematic literature review	To examine the association between religiosity and/or spirituality (R/E) and quality of life (QoL) in patients with cardiovascular disease (CVD).	Significant positive association between R/E and QoL, with greater spiritual, mental and emotional well-being.
Abu et al <sup>9</sup> . 2020.	This is a prospective multicenter study with 2,067 hospitalized patients with acute coronary syndrome (ACS).	To examine the association between religiosity and patient activation (their ability and willingness to effectively self-manage their health) ACS survivors.	Strength and comfort of religion and prayers of intercession for health were associated with high patient activation.
Carney, Park, Gutierrez <sup>10</sup> . 2020.	Longitudinal study, carried out in two meetings, the second 6 months after the first, with 191 patients.	Determine how the well-being of individuals with heart failure may be affected by religious beliefs and changes in those beliefs.	Beliefs were associated with the well-being of patients with CHF, in addition to religious frequency. Findings on relationships between well-being, distress, religion, and beliefs provide important information for behavioral medicine.
Permana <sup>11</sup> . 2018.	Structured literature review	Identify, evaluate and synthesize how people with diabetes perceive the role of religion and/or spirituality in the management of daily self-care.	R/E serves as a coping mechanism, since patients turn to God when the condition worsens, to give strength and comfort, or as a complement to medical therapy.
Onyishi et al <sup>12</sup> . 2022.	Literature review.	To evaluate the influence of religiosity and religious	Patients with DM who believe and trust in the disease management process

		coping strategies in people with diabetes.	are more likely to use self-care strategies such as health promotion and disease prevention, treatment, monitoring, and rehabilitation. It can also increase the likelihood of eating healthy foods.
Mendes et al <sup>13</sup> . 2021.	Cross-sectional study with 62 patients.	To evaluate the association between R/E and physical and psychological status in patients with stable COPD.	No associations were found between the variables R/E and physical status. The "peace" component was associated with a lower degree of dyspnea and burden of disease. Increased R/E were associated with less anxiety, depression, and better quality of life.
Bravin et al <sup>14</sup> . 2019.	Integrative literature review.	To identify and analyze the existing evidence regarding the benefits of spirituality and/or religiosity in chronic renal patients.	Benefits: strengthening hope, social support and coping with pain; those related to mental health, such as lower risk of suicide and fewer depressive symptoms; improvement in the perception of quality of life and renal function after transplantation.
McDonnell-Naughton, Gaffney, Fagan <sup>15</sup> . 2020.	Literature review.	Explore the spiritual needs of the elderly and highlight some evidence indicating how this care can be implemented.	Cardiovascular diseases, such as increased blood pressure, cholesterol and myocardial infarction, have their incidence decreased when correlated with religiosity and spirituality; while religious attendance has been shown to dampen the need and duration of hospitalization.
Ferreira et al <sup>16</sup> . 2021.	Exploratory study/	To point out which feelings influence the experience of spirituality/religiosity and quality of life of patients on hemodialysis.	Religiosity presented a source of comfort, hope and security in patients with CKD and promoted physical and mental well-being, with help in coping with the disease.
Siqueira et al <sup>17</sup> . 2019.	descriptive, with a qualitative approach.	To investigate the association between R/E and happiness in CKD patients on hemodialysis and whether the sense of coherence (CS) mediates this possible association.	Patients on hemodialysis had high levels of R/E, which in turn was correlated with high levels of happiness.

Nepomuceno et al <sup>18</sup> . 2014.	Cross-sectional study.	To evaluate the correlation between religious attitude and Quality of Life (QoL) of 100 patients with chronic renal failure in a hemodialysis service.	Religiosity is a source of comfort and hope for patients, strengthening them, promoting general well-being and helping in the acceptance of the inevitable condition.
Palencia et al <sup>19</sup> . 2016.	Cross-sectional study.	To explore the relationship between spirituality and religiosity in elderly people with chronic diseases.	Elderly people with chronic diseases presented the need to get closer to a superior being, who offers them strength in times of difficulty.
Silva et al <sup>20</sup> . 2016.	This is a descriptive, exploratory, cross-sectional study	To evaluate the spirituality and religiosity of 65 hypertensive patients treated at a chronic disease care center	Spirituality, religiosity and faith interfere in a positive way in coping with the obstacles and difficulties of life, in addition to increasing the resilience of the patient.

## Discussion

The objective of this study was to describe the influence of religiosity and spirituality in health care, with emphasis on chronic diseases: diabetes, chronic obstructive pulmonary disease, cardiovascular and renal diseases. The literature shows that spiritual and religious experiences have presented a significantly positive correlation with the rate of health disease, which is the coefficient or incidence rate of a given disease for a group of people exposed to the same risk, limited to a well-defined area, besides being an influencing factor for social and family relationships.<sup>3</sup>

Chronic non-communicable diseases, especially cardiovascular diseases, are the main cause of death in the elderly, especially SAH<sup>21</sup>. An American study observed that people who attended religious services and prayed or read religious literature frequently, had a 40% lower chance of diastolic hypertension than those who did not attend, in addition to being religiously active hypertensive individuals, who were more likely to use antihypertensive drugs correctly<sup>22</sup>. A study conducted in Brazil<sup>23</sup>, in Santa Catarina, found that patients adhering to treatment had high levels of religiosity and spirituality, however no significant association was observed between adherence and religiosity ( $p = 0.11$ ) or spirituality ( $p = 0.53$ ).

Another American survey, conducted with hospitalized patients with ACS, reported that participants who claimed to get a lot of strength and comfort from religion and prayed for their health, were less likely to be referred for cardiac rehabilitation compared to those who did not provide affirmative answers to each item of religiosity.<sup>9</sup>

Spirituality and religiosity inspire patients with other heart diseases to improve their conditions and lifestyle habits, such as acute myocardial infarction (AMI) and congestive heart failure (CHF). A lower rate of depression improves the perception of the physical symptoms of the disease, resulting in a state of spiritual peace, which has been inversely related to depression. Participation in

religious activities has been linked to lower levels of some inflammatory markers (interleukin-6 (IL-6), alpha-2 globulin, d-dimer, polymorphonuclear leukocytes and lymphocytes), 24-hour urinary cortisol rate, and depressive symptoms.<sup>24,25</sup>

After the diagnosis of diabetes mellitus, there is an adaptation to the complex dynamics between family relationships, changes in routines, habits and lifestyle, with the aim of preventing acute and chronic complications<sup>26</sup>. Spiritual or religious people with DM have reported that they have a higher level of hope in the process of coping with the disease, positively impacting on quality of life<sup>27</sup>. Diabetic elderly have stated that they would like their spiritual beliefs to be addressed by health professionals during care<sup>26</sup>. Many health professionals, in patient care, do not address the spiritual theme. Others find a lack of preparation and management when they are approached by patients or their families about issues of religiosity, spirituality and beliefs<sup>28</sup>.

In chronic obstructive pulmonary disease (COPD) there is airflow limitation, which is usually progressive and associated with an abnormal pulmonary inflammatory response. In the literature, a positive and significant correlation has been reported between spiritual well-being and its religious component with the treatment satisfaction domain, as well as an inverse and significant correlation between religious well-being and physical function<sup>29</sup>. The religiosity of patients with COPD was also evaluated, taking church attendance as a parameter, and it was reported that those who attended religious institutions more than once a week had less use of negative strategies to cope with the disease compared to those who attended religious institutions less than once a week<sup>30</sup>.

Chronic Kidney Disease (CKD) is characterized by progressive and irreversible loss of renal functions, where in the most advanced phase, dialysis treatment is usually necessary.<sup>14</sup> Chronic renal patients on hemodialysis have reported the existence of negative feelings such as depression, anxiety, hopelessness, changes in sleep and concentration patterns, dissatisfaction with themselves and with the situation of having a chronic disease<sup>31</sup>. Religiosity has been shown to be a source of hope, comfort and safety in patients with CKD undergoing hemodialysis, in addition to promoting physical and mental well-being.<sup>16,31</sup>

A study that evaluated renal function over one year of renal transplant patients showed that it was significantly higher in the spiritualized group from the ninth month onwards. After 12 months, the percentage of patients with creatinine clearance greater than 60ml/min was significantly higher (61.5%) in the spiritualized group and the multivariate analysis showed that the less spiritualized group presented a risk of 4.7 times higher for worse renal function<sup>14</sup>.

This study had as limitations the use of other reviews, because few articles were found using another type of methodology. The research used varied data collection tools and parameters, showing clinical heterogeneity. As a strong point, the subject can be highlighted, as it is a hot topic that deserves more attention for the holistic view of patients. As well as it is necessary to further analyze the repercussion of religiosity and spirituality in the health-disease process.

## Conclusion

Individuals with chronic diseases who use R/E in coping with the disease have a positive impact on their care and better quality of life. The benefits that appear in the studies are related to changes in lifestyle, reduction of depression, anxiety, stress, stimulating greater coping with diseases and greater adherence to treatments, contributing in a general way to the well-being and improvement of the health of people with chronic diseases.

However, there is still a great need for approach and preparation on the part of the multidisciplinary team in understanding the impact that religiosity and spirituality have on the health of patients. Actions and strategies should be implemented to prepare professionals, as well as to make the subject effective in universities and in the curricular grids of health courses.

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