

Religiosity/spirituality and its teaching approach in health courses: A literature review

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ABSTRACT

Introduction: Health encompasses not only socioeconomic and political issues, but also encompasses the spiritual dimension, which can be understood by religious and spiritual aspects, both being divergent concepts, although complementary. This dimension has been increasingly researched, and the present work focuses on its teaching in the university environment. **Objective:** to evaluate how spirituality/religiosity is approached in health courses and how students understand the relevance of these themes in their education. **Methodology:** This is a qualitative analysis, in which an integrative review of the literature was carried out. The survey was carried out in April 2024, using the Lilacs, VHL, and SciELO databases. The descriptors chosen were "religiosity", "spirituality" and "health students" with the Boolean operator "and". **Results:** Among the courses, nursing and medicine stood out, with Psychology and Dentistry being the least. In addition, it is clear that universities do not provide more in-depth studies on teaching methodologies and content of the disciplines necessary for this preparation, reinforcing, therefore, the low confidence and hesitation of professionals, whether they are professors or not, to address these aspects during the academic training process. **Conclusion:** It is essential to invest in and recognize religiosity/spirituality and its influence on the quality of life of students, health professionals and patients who, in view of their weaknesses and vulnerabilities, can feel humanized through the reception and qualified technical conduct of their beliefs, values and life stories.

Keywords: Spirituality, Religiosity, University, Health students.

INTRODUCTION

For the World Health Organization (WHO), health is a dynamic state of complete physical, mental, spiritual and social well-being, and not merely the absence of disease or infirmity, and it is from this definition made in 1998 that this article seeks to deepen the understanding of the spiritual/religious dimension today.

Although there are still controversies about the concepts, spirituality can be defined as a personal search to understand issues related to the end of life, its meaning and values, about the relationships with the sacred or transcendent that, may or may not, lead to the development of religious practices or formations of religious communities. Religiosity, on the other hand, is an organized system of beliefs, practices, and religious symbols, and is also a way to facilitate proximity to the sacred, in addition to the search for consolation, sociability, distraction, and status.¹

That said, there has been a significant increase in scientific studies in the field of spirituality,

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religiosity, health, well-being and quality of life of the most diverse social groups, from children to people in palliative care. This reality has been accentuated since the beginning of the Covid-19 pandemic, in which issues such as the impacts of social isolation, suffering, anguish, and accentuated psychopathological conditions were raised, as well as the search for coping strategies, better known as "coping", to deal with distancing and the process of death and dying so close, in which it was necessary to develop resilient and empathetic attitudes in parallel with the search for comfort and strengthening of the faith through religious/spiritual beliefs and practices.

In this sense, the religious/spiritual influence on the daily life of the national population is now understood, as evidenced by the data from the 2022 Census, released by the Brazilian Institute of Geography and Statistics (IBGE), which informs that Brazil has more religious establishments than health and school units combined, totaling around 579.8 thousand addresses with religious purposes, regardless of what the belief is.²

However, when focused on the university scenario, the discrepant gap between the Brazilian social reality and academic training in health courses is notorious, given the outdated National Curriculum Guidelines (DCN) and their respective class schedules. That said, the objective of this study is to evaluate how spirituality/religiosity is approached in health courses and how students understand the relevance of these themes in their education.

It is worth noting that in this article the term religious/spiritual will often be used, in order to expand and not isolate the meanings of each concept in the light of the thin line in which they are found.

METHODOLOGY

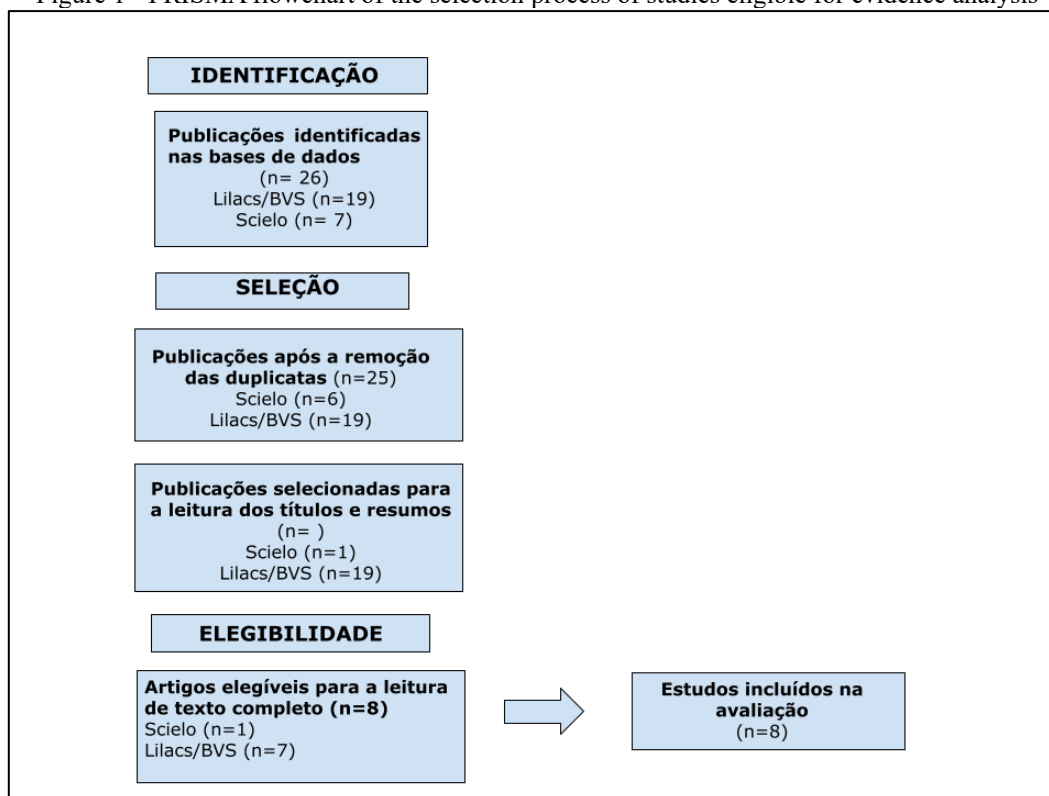
This is a qualitative research, in which an integrative literature review was carried out, guided by the PRISMA statement, which is a methodological tool that identifies, selects, evaluates and synthesizes the studies found. For this, the phases of selection and extraction of data were carried out, having as inclusion criterion the need for bibliographies to be in the format of an article, which can be in other languages, such as English and Spanish. After that, the titles and abstracts were read, and these were selected for the final stage if they were congruent with the proposal of the present work.

It is worth noting that the searches were not delimited by year of publication due to the fear of not finding materials that answered the research problem. In addition, the literature search was carried out in April 2024, using the Latin American and Caribbean Literature on Health Sciences (Lilacs), Virtual Health Library (VHL) and SciElo databases. The descriptors chosen were "religiosity", "spirituality" and "health students" with the Boolean operator "AND" between them in

order to encompass the maximum number of undergraduate courses in the field of health.

In this sense, the inclusion criteria adopted for the selection of articles were the following: primary articles, available in full, published in the time frame from 2020 to 2022, and that are in the following languages: Portuguese and English. The exclusion criteria were studies that did not answer the guiding question, duplicate articles, and non-complete texts.

Figure 1 - PRISMA flowchart of the selection process of studies eligible for evidence analysis



DEVELOPMENT AND DISCUSSION

In view of the scarcity of studies aimed at health students, it was decided not to limit the research to a certain period of time, in order to cover the maximum number of bibliographies that are congruent with the proposal of the present study. Thus, it was noticeable the difficulty in finding articles that portrayed the curriculum and the opinion of university students regarding the significant influence of religiosity/spirituality on health from a holistic perspective, and the difference was clear when it came to, for example, studies aimed at the validation and application of research instruments, such as the Duke Religiosity Scale and the Intrinsic Religiosity Inventory.

In addition, studies were found on the socio-emotional aspects of the undergraduates and their personal experiences focused on the spiritual/religious dimension. Another significant point to be raised was the little variety of training courses to be explored, with mainly research being found among students and professionals of Medicine and Nursing, and in smaller quantities, courses such

as Dentistry and Psychology.

Table 1 – Characterization of the productions included in the review

Author(s) and Year	Title	Objective	Study Type	Final considerations
Daniele Corcioli Mendes Espinha et al, 2013	Opinion of nursing students about health, spirituality and religiosity	To identify the opinions of nursing students in relation to the interface between health, spirituality and religiosity and the information provided during the period of academic training.	An exploratory, descriptive, cross-sectional and quantitative study was carried out in the Undergraduate Nursing Course of the Faculty of Medicine of Marília (FAMEMA), located in a city in the interior of the state of São Paulo.	The students of the Nursing course considered that the approach to the spirituality of the patients had an influence on clinical practice, but few felt adequately prepared and had training on the subject. It is evident the need to implement learning scenarios during academic training that promote the student's competence to perform spiritual care.
I'm going to try Souza, Sérgio Donha Yarid	Approach to spirituality in higher education institutions of dentistry in Brazil	To evaluate the teaching of spirituality in dentistry courses.	This was a cross-sectional study conducted with professors and students of the dentistry course in different higher education institutions (HEIs) in Brazil.	Religiosity/spirituality is scarcely addressed in undergraduate courses in dentistry, or happens in an incipient way, however, the research reveals that the theme should be addressed, preparing the student adequately.
Vivian Fukumasu da Cunha et al, 2020	Religiousness/ Spirituality in health: a postgraduate discipline	To present a proposal for a graduate course, which addresses the dimension R/E and its contributions to the training of professionals, in a public university in the State of São Paulo.	Report of professional experience, having been organized from the offer of the discipline in the years 2018 and 2020	Even if limited and circumscribed to the region in which this experience took place, it is expected that the expansion of studies on R/E and the attempt to fill the gap of the theme in training will drive new offers of disciplines that address the theme, whether in undergraduate and/or graduate courses.

<p>Paulo Rogério Aguiar, Silvio César Cazella, Marcia Rosa Costa, 2017</p>	<p>Religiosity/Spirituality of Family Doctors: Evaluation of Students of the Open University of the SUS (UNA-SUS)</p>	<p>To present the opinion of physicians specializing in Family Health at the Open University of SUS (UNA-SUS) at the Federal University of Health Sciences of Porto Alegre (UFCSPA) on the teaching of the R/E theme in undergraduate medical courses, the perceptions of professionals on this theme in clinical practice and the religiosity/spirituality indices of students.</p>	<p>This is a cross-sectional study, in which an electronic research instrument was made available to the specialization students, between the months of June and August 2016.</p>	<p>It is necessary to develop innovative, methodologically effective and appropriate pedagogical proposals on R/E studies in the context of medical practice in the Unified Health System, both in undergraduate and graduate programs.</p>
<p>Carla Maria Frezza Cavalheiro, Denise Falcke, 2014</p>	<p>Spirituality in academic training in psychology in Rio Grande do Sul</p>	<p>To analyze the spirituality of psychology students, 1,064 students (672 freshmen and 392 graduates) from all universities in Rio Grande do Sul with graduates in 2009 were investigated.</p>	<p>A biosociodemographic questionnaire, a questionnaire on spiritual and religious values and aspects, the Spiritual Well-Being Scale and the World Health Organization Quality of Life Group-100 Subscale of spirituality, religiosity and personal beliefs were applied.</p>	<p>They indicate that the psychology course probably contributes to the decline of spirituality, which reveals the need for a reassessment of how spirituality is being approached in undergraduate studies.</p>
<p>Diego Carter Borges, 2013</p>	<p>Health, spirituality and religiosity in the view of medical students</p>	<p>To understand what are the concepts of spirituality brought by medical students and their relationship with religiosity.</p>	<p>A questionnaire was applied to students of a Brazilian medical school containing the concept of spirituality; relationship between "health and spirituality" and the religiosity of each student. The degree of religiosity of the students was then compared with the concepts brought by means of the Chi-square and Mann-Whitney tests.</p>	<p>It reflects on the lack of homogeneity obtained by medical students in the face of concepts and relations between spirituality and medicine. This lack of homogeneity is an important step in order to broaden the discussion of the subject within the scope of medical graduation, so that the student can have contact with these values and create their own view on the subject, aiming at a more integrative approach to the patient.</p>

Alessandra Martins Correia, Deise Lima Silva, Ana Cristina de Sá, 2012	Spirituality in education according to students of the 1st and 8th semesters of an Undergraduate Nursing Course	The present study aims to know the opinion of undergraduate nursing students about aspects of spirituality in the human being and to verify its importance in teaching and its approach in academic life.	This is a qualitative exploratory study, which used a questionnaire composed of semi-structured questions as an instrument for data collection	As for the teaching of spirituality, it was found that the theme is approached in a superficial and subjective way during academic life. It is suggested that the effective inclusion of content on human spirituality in the curriculum of undergraduate nursing courses should be proposed.
Claudia de Souza Tomasso, Ideraldo Luiz Beltrame, Giancarlo Lucchetti, 2011	Knowledge and attitudes of nursing faculty and students at the interface between spirituality, religiosity and health	The objective of this study was to compare the knowledge and attitudes of nursing faculty and students regarding the interface between spirituality, religiosity and health	This was a cross-sectional study with 30 professors and 118 nursing students.	Only 36 percent thought they were prepared, and most believed that the university did not provide all the necessary information on the subject. There was a marked difference between their clinical practices and opinions about spirituality and its implementation in the curriculum. The main barriers when addressing the subject were fear of imposing one's beliefs, lack of time, and fear of offending patients.

Among the studies, it was possible to perceive a certain congruence between the definitions pointed out by the students approached about what and how they understood spirituality/religiosity if they had access to this content in the classroom and, as a result, in one of the articles most of the participants associated spirituality as "belief and relationship with God/religiosity", "search for meaning and significance for human life", "belief in something transcendent to matter", "belief in the existence of the soul and in life after death" and "ethical and humanistic stance".¹ In addition, in another study by Magalhães, et al, students understood the spiritual dimension as support, security, confidence, guidance when the person is distressed and seeks to be comforted.³

Based on this approach, it is essential to reflect on the curricula in the education of students and/or health professionals that are capable of enabling constructive spaces for dialogue on, for example, professional attitudes towards R/H in health care; the development of competencies for religious/spiritual care; the practice of welcoming the R/E of the other; and a critical evaluation of the importance of discussing topics such as religion, religiosity and spirituality both in undergraduate and graduate programs in health.⁴

Thus, it is necessary to know the definitions of religion, religiosity, spirituality, secularism, traditional knowledge and non-hegemonic epistemologies; to think critically about the relationship between religion, religiosity and spirituality in health care; to know some techniques, instruments and intervention strategies that can be used from these contexts.⁴

However, despite the notorious need, in one of the studies, it is mentioned that more than

90% of the students interviewed believe that the university does not provide all the information necessary for this preparation¹, a scenario that was repeated in other bibliographies.

In parallel to this, it was possible to find an experience report about a discipline offered in graduate studies at a university in São Paulo, in which the students mentioned that their studies addressed various topics in relation to R/E, such as: Positive and Negative Coping; investigation of the experiences of R/E in social minorities and in contexts of alcohol and other drug dependence; the use of R/E as an enhancer of adherence to the treatment of certain health procedures, among others.⁴

Thus, it is through these spaces that other taboo topics are raised, such as religious racism and religious/spiritual plurality in educational institutions, being an opening for students to approach and understand beliefs and values different from their personal and family sphere.⁴

Thus, studies show that religious practice is related to repercussions on the psychoneuroimmunological axis, in addition to being a prevention factor for the development of diseases in previously healthy populations, related to the eventual reduction of death and the impact of various diseases.¹ However, even though there are numerous positive points, possible clinical contexts in which religiosity can negatively influence the patient's health condition should still be considered and addressed, leading them to extreme suffering when faced with dilemmas between their personal/religious beliefs and the institutional/professional values of the team that accompanies them. Religion, for example, can have an adverse effect on health when religious beliefs/practices are used to justify negative health behaviors or replace traditional medical care, being used to induce guilt, shame, fear, or justify anger and aggression (Panzini, Bandeira, 2007).⁵

Furthermore, in the articles it was noticeable that when asked if they felt prepared to address the religious/spiritual aspects with the patients, the majority of the students stated that they felt between moderately and poorly prepared. Among the main reasons given, the following were found: lack of knowledge, lack of training, lack of time, discomfort with the subject, fear of imposing religious points of view on patients, it is not part of my work, fear of offending patients.¹ In general, the approach to religiosity/spirituality during university education is not deep enough, especially with regard to the theoretical discussions and the practical part itself, necessary for the preparation of the student.

Another barrier identified refers to the fear of imposing religious views on patients and fear of offending them. According to qualitative data, it was identified that the fulfillment of the prayer request, when requested by the patient, is related to the compatibility of beliefs between the patient and the student; environments that guarantee privacy for order fulfillment; to knowledge about spiritual care; to empathy and the ability to connect and meet the needs of the individual.⁶

In relation to Psychology students, there were reports regarding the fear of the involvement of

these issues with aspects of psychological science, the manifestation of documents from the Professional Council that address the subject and guide intervention practices related to R/E and the implications of this in the performance in this area.⁴

Another example is Dentistry, in which the field of spirituality is not yet fully covered and fostered in research or clinical practice, with undergraduate disciplines mostly focused on the biological and technical (Souza, Yarid, 2022).⁸

Therefore, many professionals still feel hesitant and with little confidence to address these aspects, covered by the lack of adequate inclusion of this theme during the academic training process. Without well-structured models of evaluation and training of professionals in training, it becomes difficult to introduce this support in daily clinical practice, which is already so overloaded with administrative functions and due to the little time available.¹

That said, some recommendations were pointed out in order to change this scenario, and it is essential to implement public health and educational policies, with possible institutional measures: investment in the training of teachers and technicians; the insertion of disciplines with methodological proposals based on problems and evidence in undergraduate and graduate courses and the encouragement of extension and research projects on the spiritual/religious field and its crossings.⁸

FINAL CONSIDERATIONS

Based on the literature review, it was possible to achieve the objective of understanding more deeply the reality of health courses, and it was possible to follow reports of experiences and research on this scenario in different courses, from the academic environment to the professional performance of those who graduated, but who remained in graduate programs. Thus, it is essential to invest in and recognize religiosity/spirituality and its influence on the quality of life of students, health professionals and patients who, in the face of their weaknesses and vulnerabilities, can feel humanized through welcoming and qualified listening to their beliefs, values and life stories.

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