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THE INFLUENCE OF RELIGION AND SPIRITUALITY ON HEALTH

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Abstract

Introduction. Throughout history, religion and spirituality have played an extremely important role in lifestyle and health practices. In contemporary times, where values have changed, and modern man tends to move more and more away from the spiritual area and bring the materialism to the fore, it remains to be seen whether or not the state of health is influenced by personal beliefs, where they exist. **Material and methods.** A search for English language articles from the last 5 years in the PubMed database was performed, using keywords such as "health", "wellbeing", "religion", "spirituality". **Results.** Ten articles were included in the final analysis, addressing topics such as implications of religion and spirituality in precision medicine, management of psychiatric, oncological and COVID-19 pathologies through religion and spirituality, and how medical staff might consider patients' spiritual needs. **Conclusions.** Religion and spirituality are an important component of physical and mental health for many people, with multiple social and biological connections. Healthcare providers should consider the religious/spiritual beliefs and practices of their patients in order to provide them holistic care.

Keywords: health, wellbeing, religion, spirituality

1. Introduction

Throughout history, religion and spirituality have played an extremely important role in lifestyle and health practices. In contemporary times, where values have changed, and modern man tends to move more and more away from the spiritual area and bring the materialism to the fore, it remains to be seen whether or not the state of health is influenced by personal beliefs, where they exist.

2. Religion and spirituality (R/S)

Defining the concepts of spirituality and religion is a complex task, because they are clearly overlapping concepts (have common points such as purpose, transcendence, beliefs and the practice of rituals), but also they could have different implications.

Spirituality is a broader concept, defined as "the aspect of humanity that refers to how individuals seek and express meaning, purpose, and how they feel connected to the present moment, to self, to others, to nature, and to their meaning or the sacred" (Puchalski et al., 2009).

On the other hand, religiosity, or the way in which such a belief is spread, is of a normative, social or institutional nature (Testerman, 1997). Thus, religiosity can be understood as referring to the regulation of behavior based on norms (religion) established by a social-religious organization. Religiosity, like religion, can be seen not only as an isolated behavior of an individual, but also as a relationship with the whole community.

3. Precision medicine (PM)

Precision, or personalized, medicine is currently the next stage in the evolution of patient care. PM identifies subgroups of patients who are at risk for developing specific diseases and who may respond differently to treatments. In contrast to the one-size-fits-all approach, the concept of precision medicine takes into account the variations of each individual through the genetic background, but more recently also the environment and lifestyle, in order to adapt the medical treatment and to optimize the therapeutic response. Socioecological context is increasingly recognized as an important component to consider in PM in general, and especially for fostering health equity in PM. (Yeary et al., 2020)

Patients' belief is already acknowledged as a pertinent clinical practice factor to offer more noticeable and effective treatment, especially in the domains of organ donation, end-of-life care and mental health. Patients frequently believe that their encounters with medical professionals contribute to the satisfaction of some of their spiritual requirements. Similarly, it has been determined that a factor to be taken into account in patient treatment is the health care provider's spiritual beliefs. Greater PM may be facilitated by taking into account R/S attitudes and practices at the patient and provider levels, which may lead to more successful therapy. (Yeary et al., 2020)

Studying the implications of religion and spirituality in precision medicine is of great value, with a view to a patient-centered approach to improving the health of the individual and then of the entire population. (Yeary et al., 2020)

3.1. Biological factors

Following systematic literature reviews and meta-analyses, a correlation was identified between biological factors and spiritual/religious practices, with people with this type of belief having better lipid profiles (lower low-density lipoprotein and higher high-density lipoprotein cholesterol). Similarly, R/S practices, like meditation and spiritual relaxation, have been linked to lower levels of cholesterol and stress hormones, like cortisol. According to a review (Koenig, 2012), of the 27 research that examined the connection between R/S and immunological function, 15 (56%) found that the R/S intervention had positive connections or effects. 10 (71%) of the 14 studies that received the highest quality ratings did so because they found that an R/S intervention significantly improved immune functioning or created beneficial connections.

3.2. Health behaviors

These biological factors are on the one hand the consequence of religious people's limited involvement in health-risk behaviors (such as smoking, alcohol consumption, substance abuse), due to individual moral values or because of the social sanctions that some religious institutions have against these behaviors. On the other hand, beliefs about the sacredness of the body, beliefs about the origins of health and disease, or religious doctrine (eg, Seventh-day Adventists' promotion of a vegetarian diet) may also promote a healthy lifestyle by dietary norms and physical activity. Furthermore, religious institutions can provide access to health-related activities and resources. (Yeary et al., 2020)

R/S have played a pivotal role in shaping values and beliefs in society. Morality is usually the cornerstone of many beliefs, ethical values such as trust, integrity, social responsibility and self-control being propagated to the community. As a result, society's rules and regulations often reflect the beliefs of its members. Thus, R/S have influenced public health policies regarding the provision of medical care, family planning, contraception, HIV prevention and mental health services. (Yeary et al., 2020)

3.3. Psychosocial variables

Systematic literature reviews and meta-analyses have linked R/S to multiple psychosocial variables, such as stress and coping. R/S may reduce the harmful effects of stress on health, allowing practitioners to find purpose in life during stressful events. Religious/spiritual practices can also mitigate the negative impact of stressful events on mental health by generating meaning, hope and optimism. (Yeary et al., 2020)

Social support received through other members of a religious community can also provide a safe space for the individual, a refuge for when they are overwhelmed by certain difficult situations. As an example, religious or spiritual coping has been identified as an important resource for followers facing adversity, particularly among cancer patients and cancer survivors. Common coping behaviors among them are prayer, meditation, attending religious service, and consulting with spiritual leaders. (Yeary et al., 2020)

Studies consistently report that cancer patients use R/S as a mechanism to cope with the diagnosis, benefiting from more effective adaptation to stress and deeper interpersonal relationships, which gives them a sense of power and self-confidence. (Yeary et al., 2020)

4. R/S and cancer patients

A study carried out in Spain that included 445 participants (160 with cancer and 285 without) concluded that significant interaction was found between the presence of cancer and the belief group, with religion, humor and disconnection as coping strategies. The belief group scored significantly higher on active coping, planning, social support and self-blame. (Arbinaga et al., 2021)

Practicing believers—through regular participation in religious rituals in the community—are likely to encounter groups that act as support groups, where religious coping strategies and consistent social support are strengthened in comparison with non-practicing believers and non-believers. (Arbinaga et al., 2021)

5. R/S and critical care nursing

Considering R/S needs and providing spiritual care is an important part of a holistic care for critically ill patients and should be considered by nurses. Studies have shown that R/S training could enhance the awareness and identification of R/S needs of the patients and family members, as well as could help improving the care of the patient. (Badanta et al., 2021)

An integrative review that was conducted between in 2019, showed that patients and their families use spiritual/religious coping strategies to alleviate stressful situations in the ICU and that respecting patients' spiritual beliefs is an essential component of critical care. (Badanta et al., 2021)

Spiritual/religious coping strategies can be positive (i.e. “Positive position towards God,” “Transformation of oneself”) and negative (i.e. Distancing through God,” and “Negative position towards God”). They could result in different outcomes, related to a decrease of the period of hospitalization and the severity of the situation, which impact the health of the critically ill patient. Therefore, because this component has an important influence on critical care, nurses should be aware of it and trained to handle such issues in practice. (Badanta et al., 2021)

6. R/S in psychiatry

The number of studies assessing R/S and mental health has been increasing over the past several decades, resulting now in a large body of evidence suggesting an impact of R/S. Most of the research has focused on depression, suicidality and substance use, and several studies have reported promising results with regard to post-traumatic stress disorder, psychosis, and anxiety. Fewer studies have examined the relationship between R/S and

obsessive-compulsive disorder or eating disorders. Several meta-analysis have examined the effects of R/S interventions on mental health, with often promising results. The incorporation of R/S in psychological interventions (i.e. counselling and psychotherapy) has been explored in several of these reviews. (Lucchetti et al., 2021)

The effects of R/S on mental health are likely to be bidirectional, and the way that R/S beliefs are used when confronting stressors (i.e. negative and positive) influences the results of studies now being conducted. Furthermore, the mechanisms by which R/S affects mental health remains unclear, and further studies examining such pathways are needed, as well as clinical trials examining the impact of R/S interventions on mental health outcomes. Thus, there remain many gaps in the literature that need filling in this particular area. (Lucchetti et al., 2021)

Nevertheless, based on the current evidence, there are numerous practical clinical applications that psychiatrists and other mental health professionals should consider implementing in clinical care (particularly, the taking of an R/S history in all patients). This is believed that will lead to a more holistic and patient-centered form of mental health care. (Lucchetti et al., 2021)

7. COVID-19

The COVID-19 pandemic was an opportunity to find or rediscover coping strategies to deal with stressful situations. Evidence from the literature suggests that religion and spiritual beliefs are directly associated with higher levels of optimism and lower levels of anxiety, worry, and despair during the COVID-19 pandemic (Budimir et al., 2021; Chirico, 2021; Del Castillo, 2021).

At the individual level, spirituality is recognized as a source of comfort, support and gives meaning to life. Therefore, spiritual resources are decisive skills to face the consequences of stressful events such as the pandemic, in the long and short term, especially in the elderly, who are the most involved from a religious and spiritual point of view, but also the most vulnerable. (Budimir et al., 2021; Chirico, 2021; Del Castillo, 2021)

Religious leaders and communities played a crucial role in adapting to COVID-19 measures, maintaining a sense of belonging, fostering emotional resilience, and upholding compliance with public health measures. The importance of collaboration between religious leaders, institutions, and public health officials in addressing the pandemic was emphasized. (Ayub et al., 2023)

8. Teaching spirituality

A systematic review reveals that there is a small, but growing number of published descriptions of programs training medical students in spirituality, with 13/20 (64%) studies included in this systematic review published in the past decade. These programs are split between preclinical and clinical years of medical school and focus on improving patient care, with the recognition that patients have the right to have their spiritual needs. (Crozier et al., 2022)

While the studies reaffirm increasing attention toward teaching spiritual care skills for improving patient care, several questions remain unanswered. Some of these unknowns include the best methods for evaluating the impact of courses, the timing of the course within the overall curriculum (preclinical, clinical, or the need for both). Future studies aiming to evaluate the impact of spirituality courses on patient care should aim to quantify changes in student behavior when taking care of patients (e.g., performance on standardized patient encounter, survey regarding frequency of spiritual history taking or referral to chaplains) in addition to changes in student attitudes toward addressing spirituality in patient care. Future studies would ideally also examine the long-term impact of the course, as few studies in the

current literature report long-term outcomes. The importance of courses for individual students is also difficult to evaluate but very important to understand. (Crozier et al., 2022)

Conclusion

Religion and spirituality are an important component of physical and mental health for many people, with multiple social and biological connections. Therefore, health care providers should consider the religious/spiritual beliefs and practices of their patients in order to provide them with holistic care.

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