RBEM
Revista Brasileira de Educação Médica

ORIGINAL ARTICLE

DOI: https://doi.org/10.1590/1981-5271v49.2-2024-0277.ING

Assessment of knowledge about spirituality and its applicability by teaching doctors

Avaliação do conhecimento sobre espiritualidade e sua aplicabilidade por médicos docentes

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ABSTRACT

Introduction: The role of spirituality for health professionals is essential to guarantee biopsychosocial coverage and improve comprehensive patient care.

Objective: To evaluate knowledge about spirituality and its applicability among teaching doctors.

Methods: The present study was characterized by an exploratory, descriptive, and cross-sectional, population-based, virtual field approach. The convenience sample and the population comprised doctors teaching medicine at a private university. The instrument used to analyze knowledge about spirituality consisted of 8 closed questions and its application in professional practice was evaluated through 5 closed questions, sent via an electronic form.

Results: 41 teaching doctors participated, with an average age of 46 + 11.59 years. Regarding the concept of spirituality, 24 (55.8%) answered that the alternative is "the search for meaning and importance for human life" and 24 (55.8%) also answered with the alternative "Belief in something that transcends matter". It was found that, although most participants recognized the importance of a spiritual approach in the illness process (83.7%), the minority (23.3%) felt prepared to address this issue in their daily care.

Conclusion: It was observed that there is still divergence in the definition of spirituality and religiosity. Regarding practice, the most common barriers that discourage discussing religion/spirituality with patients is the lack of time during consultations.

Keywords: Spirituality; Doctor; Knowledge.

RESUMO

Introdução: *O papel da espiritualidade para os profissionais de saúde é imprescindível para garantir a abrangência biopsicossocial e melhorar a assistência integral ao paciente.*

Objetivo: *Este estudo teve como objetivo avaliar o conhecimento sobre espiritualidade e sua aplicabilidade entre médicos docentes.*

Método: *O presente estudo caracterizou-se por uma abordagem de caráter exploratório de campo virtual, descritivo e transversal, de base populacional. Adotou-se uma amostra por conveniência composta por médicos docentes do curso de Medicina de uma universidade privada. Para a análise do conhecimento sobre espiritualidade, adotou-se um instrumento composto por oito questões fechadas, e a aplicação na prática profissional foi avaliada por meio de cinco questões fechadas, enviadas por meio de um formulário eletrônico.*

Resultado: *Participaram 41 médicos docentes, com idade média 46 ± 11,59 anos. Sobre o conceito de espiritualidade, 24 (55,8%) indicaram as alternativas "A busca por significado e importância para a vida humana" e "Crença em algo que transcende a matéria". Constatou-se que, embora a maior parte dos participantes reconhecesse a importância da abordagem espiritual no processo do adoecimento (83,7%), a minoria (23,3%) se sentia preparada para abordar essa questão em seus atendimentos diários.*

Conclusão: *Observou-se que ainda há divergência na definição de espiritualidade e religiosidade. Sobre a prática, a barreira mais comum que desencoraja a discussão sobre religião/espiritualidade com os pacientes é a falta de tempo nas consultas.*

Palavras-chave: *Espiritualidade; Médico; Conhecimento.*

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Chief Editor: Rosiane Viana Zuza Diniz.
Associate Editor: Roberto Esteves.
Received on 10/28/24; Accepted on 03/09/25.
Evaluated by double blind review process.

INTRODUCTION

A topic that is little disseminated and addressed in the universe of medicine is spirituality, which does not necessarily appear linked to a religion itself but concerns the way an individual chooses to live their life. Although there are controversies, an important differentiation of concepts in this sense is that of spirituality, whose meaning is the subject's relationship with the sacred or higher power, and religiosity, which is based on a kind of organized system that encompasses practices, symbols, and beliefs with the aim of getting closer to the transcendent or sacred[1].

To better understand this topic, a timeline should be drawn showing its complexity. This trajectory began since before the Middle Ages, where the subject who manifested their spiritual belief was condemned as having a mental disorder or even as being a witch. Great names in history such as Freud adopted a strong anti-religious posture, placing spirituality as an irrational influence on the human psyche and this extended to the present day when, only in the last two decades, medical journals started addressing the topic in a positive way[2].

With the breaking of this derogatory paradigm, although it still needs to be strengthened regarding its dissemination in the medical community, spirituality is increasingly being associated to better markers of well-being in patients, especially in those with severe conditions. Although in some cases the topic may appear as a hindrance by limiting certain therapeutic approaches, such as the prohibition of some medical procedures, it can also appear as a great incentive for treatment adherence[3].

The patient's spiritual needs should be addressed in medical consultations in a constant and natural way, but what is observed in most cases is the professional's unpreparedness to do so due to lack of knowledge or lack of ability to do so, making this approach a burden that is, consequently, neglected.

Spirituality is a rich and integral part of the complex process of coping with any disease[4]. Even in medical schools, since the Middle Ages, where the influences of the government and institutions were extremely strong, a belief was cultivated that a good doctor was endowed with scientific skills that would guarantee them a degree to practice medicine and, consequently, little was said about the social and humanistic training necessary to offer comprehensive care to the sick individual. Currently, the search is for an increasingly harmonious relationship between scientific knowledge and humanistic skills[5]. The role of spirituality for physicians, medical students and other health professionals is essential to ensure biopsychosocial coverage and improve comprehensive patient care.

Hence, the aim of the present study was to evaluate the knowledge and practice of spirituality among teaching doctors.

METHODS

This study was characterized by an exploratory, population-based approach of a virtual, descriptive and cross-sectional field, to analyze the knowledge about spirituality among teaching doctors in their clinical practice, through a sociodemographic questionnaire and two specific instruments[6] validated and available in the literature, on knowledge and practice.

The convenience sample and the population chosen for the present study were physicians who were part of the faculty of the medical course of a private higher education institution, located in the interior of the state of São Paulo, Brazil, without distinction of gender and race, who voluntarily made themselves available to answer the proposed instruments. All teachers were invited through an e-mail sent by the researcher and informed about the objective of the study, as well as the methodology that would be applied, aware that they would be the main sample of this study. The teachers' electronic addresses were available through the university database, after the course coordination consent was obtained. For this study, the exclusion criteria was defined as those who did not want to participate by free choice and those who did not agree with the consent form.

The instrument on the concept of spirituality and religiosity, developed by Lucchetti et al (2013)[6] consists of 8 closed questions, which were based on definitions, influence on patients' health, the doctor-patient relationship and the disease process, in addition to addressing the relevance of the approach to the patient. All questions had options to accept more than one answer.

Clinical practice on spirituality and religiosity was assessed using an instrument[6] consisting of 5 closed questions, with options to accept more than one answer on how to address the patients' spiritual/religious beliefs, the frequency one asks about these beliefs, whether the patients feel uncomfortable when asked about spiritual/religious aspects, what barriers the doctor faces to discuss religion/spirituality with their patients, and what religious treatments the doctor would recommend to them. The instruments were available online for 30 days, so that all participants had access to answer them during this period.

The data obtained were organized in tables created by the program Microsoft Excel, and the answers to the questionnaires were presented as absolute and relative numbers. The study was approved by the ethics committee of the institution, under CAAE protocol: 79066424.9.0000.5495.

There was no specific place for data collection, as the instruments proposed in the study methodology were sent through an electronic form prepared in Google Forms online, where the participants answered when and where

they could, since all they needed was to have access to the internet. Participants who accepted and clicked on the " agree" link, where the Informed Consent Form (ICF) was first available, had access to the questionnaires and, after consenting to it, answered the instrument. The time spent to answer the questions did not exceed 10 minutes and as soon as they were finished, the participant clicked on "send" so that the data was stored.

The records of the ICFs and the information of all the data collected in this research will be stored in a digital file, on an external drive and not in online media (cloud), under the custody and responsibility of the researcher, for a minimum period of 5 (five) years after the end of the research, so that the participants can freely decide on their participation and on the use of their data at this time and in the future.

RESULTS

The medical course of the university in which this study was carried out has 167 teaching doctors and all of them were invited to answer the questionnaire voluntarily. A total of 43 (25.75%) teaching doctors participated in the study, with a mean age of 46 $\pm$ 11.59 years, 24 (55.8%) men and 19 (44.2%) women. Regarding the marital status, 7 (16.3%) were single and 36 (83.7%) were married. Among the participants, 1 (2.3%) identified themselves as an atheist, 1 (2.3%) as agnostic, 29 (60%) identified themselves as Catholics, 3 (6.9%) as Protestant Christians, 6 (13.9%) as Spiritists and 3 (6.9%) have no specific religion. Regarding religious organizations, 15 (34.9%) of the participants declared that they did not attend any of them and 28 (65.1%) declared that they attended such organizations. About the participants' medical specialties, they were very diverse, including oncologists, pediatricians, gynecologists, neurologists, psychiatrists and otorhinolaryngologists.

The instrument applied to the participants on the concept of spirituality, religiosity and health identified the following results, as described in Table 1. A total universe of 99 answers was observed, among which the concepts of "being a search for the meaning and importance of life" or a "belief in something transcendent to matter" were the most pointed out.

Regarding the influence of spirituality and religiosity in medical practice, 43 answers were obtained for each of the seven questions addressed. The results in absolute and relative values are described in Table 2.

The instrument applied to clinical practice in relation to spirituality and religiosity, consisting of 5 questions, evaluated clinical practice and spirituality/religiosity. The first question investigated the percentage of physicians who addressed the spiritual and religious beliefs of their patients. For this question, the following results were obtained; 30 (69.8%) answered yes and 13 (30.2%) answered that they did not address this issue with their patients.

Table 3 depicts the questions that deal respectively with the frequency with which physicians address their patients' religious issues, whether patients feel uncomfortable when asked about spiritual and religious issues, and the barriers that discourage physicians from discussing religion/spirituality with patients.

Table 1. Teaching-doctors' opinion on the concept of religious spirituality and health.

How do you define spirituality?	Absolute Value	Relative Value
• Belief and relationship with God/ Religiosity	22	22.22%
• Search for the meaning and importance for human life	24	24.24%
• Belief in the existence of the soul and life after death	14	14.14%
• Belief in something that transcends matter	24	24.247
• Ethical and humanistic attitude	15	15.15%

Source: The authors, 2024.

Table 2. Teaching-doctors' opinion on the influence of spirituality and religiosity in medicine.

"Does spirituality influence patients' health?"	Absolute Value	Relative Value
• Very much	36	83.7%
• Somehow	6	14.0%
• Little or no influence	1	2.3%
"Is this influence positive or negative?"		
• Positive	32	74.4%
• Negative	0	0.0%
• Positive and negative	10	23.3%
• No influence	1	2.3%
"How much is the Influence on the doctor-patient relationship and the disease process?"		
• High influence	24	55.8%
• Moderate influence	15	34.9%
• Little or no influence	4	9.3%
"Do you want to address religious/ spiritual issues of your patients?"		
• Yes	27	62.8%
• No	16	37.2%
Do you feel prepared to address them?		
• Very much	10	23.3%
• Somehow	19	44.2%
• Little or not prepared	14	32.6%

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DOI: https://doi.org/10.1590/1981-5271v49.2-2024-0277.ING

Table 2. Continuation

How relevant is the approach to spirituality for a doctor?	Absolute Value	Relative Value
• Very much	25	58.1%
• Somehow	17	39.5%
• Little or not relevant	1	2.3%
Is it appropriate for a physician to pray with the patient?		
• Never	1	2.3%
• Only if the patient asks for it	22	51.2%
• Whenever the doctor deems it appropriate	20	46.5%

Source: The authors, 2024.

Finally, the instrument evaluated which religious treatments would be recommended by doctors to their patients. The results are shown in Table 4.

As for perceptions, the results showed that participants tended to define spirituality as a belief in and a relationship with God or a search for the meaning and importance for human life.

DISCUSSION

Western medicine, in its origin, was connected for several centuries to religion and spirituality. Historically, the first hospitals and nursing homes were built on land owned by religious institutions and for a long time coordinated by them. It was only at the beginning of the twentieth century that religion and spirituality were separated from medical practice, and although relatively recent, this split gave rise to the biological model of medicine in which only physical complaints are valued[7]. The need for holistic treatment of the patient is recognized. The biological model must be complemented by psychological, spiritual, ecological, and social approaches[8]. In the present study, it was verified that most of the participants recognize the importance of the spiritual approach in the process of illness (83.7%); however, the minority (23.3%) felt prepared to address this issue in their daily consultations. Although there is awareness that the process of illness, as well as recovery, goes beyond physical processes, the approach to the patient's spirituality and religiosity is not yet a reality.

Among the main barriers found are the lack of consensus on the concepts of spirituality and religion, the absence of research and publications in this field, and also concerns about sectarianism and religious coercion[7,8]. These data are confirmed in the research since the participants report that the main obstacles to addressing the patient's spirituality are: lack of time, fear of imposing religious beliefs, lack of training, fear of offending patients, lack of knowledge, belief that this is not the doctor's function. All these barriers, however, can be overcome through a deep study of the subject and as prejudices are broken.

Exploring the patients' spiritual and religious sphere can be challenging and demands a lot from the humanitarian

Table 3. Frequency of medical approach to religion/spirituality, patients' perceptions and barriers to discussion.

How often do you ask your patients about spiritual issues?	Absolute Value	Relative Value
• I don't ask	7	16.3%
• Rarely	10	23.3%
• Sometimes	14	32.6%
• Often	12	27.9%
Do patients feel uncomfortable when asked about spirituality and religiosity?		
• I don't ask	8	18.6%
• Rarely	25	58.1%
• Sometimes	10	23.3%
• Often	0	0%
What are the barriers that discourage doctors from discussing Spirituality and Religiosity with patients?		
• Lack of knowledge	5	11.6%
• Lack of training	11	25.6%
• Lack of time	19	44.2%
• Uncomfortable with this subject	4	9.3%
• Fear of imposing religious beliefs	13	30.2%
• S/R are not relevant to medical treatment	1	2.3%
• It's not my job	5	11.6%
• Fear of offending patients	8	18.6%
• Disapproval of my colleagues	1	2.3%

Source: The authors, 2024.

Table 4. Teaching-doctors' recommendations of religious practices to patients

What religious treatments would you recommend to your patients	Absolute Value	Relative Value
• Prayer	41	95.3%
• Bible/scriptures/religious literature	17	39.5%
• Fluidified Water/Energized Water/Holy Water	2	4.7%
• Disobsession/Exorcism	1	2.3%
• Laying on of hands/Reiki/Johrei/ Spiritist Pass	3	7%
• Charity in religious communities	13	30.2%

Source: The authors, 2024.

formation of each doctor. There is not just one approach or correct approach to the subject; the best way to get in touch with the topic is during routine consultations when establishing the doctor-patient relationship. One should be aware of the patient's general view of religion. In the case of punitive religions in which it is believed that in some way the process of illness becomes a divine punishment, the approach to the topic can harm medical conduct[9]. All this complexity is seen in practice through the participants of this research, in which it was found that less than 30%, in fact, frequently ask about the patients' spirituality. However, 0% of the patients are often uncomfortable, 23.3% are sometimes uncomfortable, and 58.1% rarely feel uncomfortable. The analysis of these results leads to the belief that, in general, patients feel good when asked about spirituality and, when discomfort is reported, it may be that the approach was not correct on the part of the physician, taking into account the moment in which the spiritual history was collected and the way it happened.

It is observed that there is a difficulty in defining spirituality and religiosity, since there are several religions and cultures that shape a person's beliefs in different ways, causing them to have different definitions for the same subject[8]. Table 1 shows there was a divergence regarding the definition of religious spirituality. This analysis shows how broad and complex the topic is, with various forms of understanding according to each one's experience.

The doctor plays an important role in the patient's healing process and the importance of looking beyond the physical is increasingly becoming clearer. The mental and spiritual aspects are also essential in the patient's comfort process and have been gaining more and more strength in the medical field[10]. According to the results obtained in the present study, most physicians realized how important spirituality is in the treatment process of a patient and how positive this topic is, so it is necessary to address it increasingly more often and make it present during the consultations to allow better results and generate more comfort for the patient during their treatment process.

Several studies have shown that the participation of members in religious institutions has several benefits, such as greater care for the body and health, emotional well-being and interaction with other people. Many institutions have a support group where people help each other when there is a social or emotional need, and studies have shown that people who have access to this support network are better able to cope with life's changes and obstacles[11].

The topic of religiosity and spirituality has been considered important for medical education and professional practice, so some international institutions have already included the topic into the training of these professionals and in Brazil a minority of universities have included it in their curriculum. Physicians and students recognized the importance of including this topic in medical education, although they wanted it to be an elective content, as they have the possibility of addressing this subject in other essential subjects throughout their training[12].

The relevance of the spiritual dimension in medical care reinforces the need for a comprehensive approach to the patient, considering the biopsychosocial and spiritual aspects. Religious practices can positively or negatively impact the health of individuals[13]. For spiritual care to be effective, it is essential that the medical team is prepared to identify the spiritual needs of patients[14]. A study with medical residents showed that, although they recognize the benefits of the religiosity and spirituality (R/S) approach during consultations, many report lack of knowledge, restricted time and lack of previous training[15]. Thus, it is suggested that this topic be permanently included in medical education, considering its benefits and positive impact on patients' prognosis.

In psychiatry, studies indicate that less religious or spiritual physicians tend to attribute less importance to these aspects in patient health[16]. However, there is evidence that spirituality can act as a protective factor in several psychiatric diseases, aiding treatment and improving prognosis[17].

In cardiology, studies have shown positive correlations between spirituality and primary and secondary prevention of cardiovascular diseases, in addition to improving patient quality of life[18]. Patients report greater satisfaction with physicians who address spirituality during their consultations, which reinforces the importance of this topic in the clinical context[19].

The R/S approach in medical practice follows a global trend, consolidating itself as a relevant aspect in the health-disease process.

CONCLUSION

It was observed that a divergence remains among the participants of this study regarding the definition of spirituality and religiosity. Regarding the practice, the most common barriers that discourage discussing religion/spirituality with patients is the lack of time during consultations. Although there is awareness that the process of illness, as well as recovery, goes beyond pharmacological treatment, it can be observed that medical training has not included (with rare exceptions) this topic into their curricula. This fact does not legitimize or enable professionals to integrate spirituality into medical practice, although they consider it relevant. It is suggested the inclusion of the topic in medical training and the training of teachers as a way to improve the comprehensive patient care practice.

AUTHORS' CONTRIBUTIONS

Mariana Coelho Avelino contributed to the study conception and design, analysis and interpretation of data, the preliminary writing of the manuscript and of the final version. Laura da Silva Araújo contributed to the study design, data analysis and interpretation, critical review of the preliminary version of the manuscript, and final version. Lays Sousa Paiva contributed to the critical review of the preliminary version of the manuscript and to the final version. José Alexandre Bachur contributed to the critical review of the preliminary version of the manuscript and to the final version. Márcia Simei Zanovello Duarte contributed to the critical review of the preliminary version of the manuscript and to the final version. João Vitor Martins Bernal contributed to the critical review of the preliminary version of the manuscript and to the final version. Cynthia Kallás Bachur supervised the study that originated this manuscript and contributed to the study conception and design, analysis and interpretation of data, critical review of the preliminary version of the manuscript, and the final version.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

SOURCES OF FUNDING

The authors declare no sources of funding.

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