

Exploring the Impact of Spirituality and Religiosity on Health Related Aspect : A Literature Review

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Abstract

In the midst of the evolution of the healthcare landscape, the intricate relationship between spiritual well-being and overall health has become a focal point of research, prompting the conduct of a literature review to unveil the profound impact of spirituality on individual health aspects such as mental health, physical health, Quality of Life (QoL). In this research, a literature review approach is utilized. The data collection process consists of obtaining articles from three databases: Web of Science, PubMed, and Google Scholar. The search involves the use of keywords such as "Spirituality," "Religiosity," and "Health.". Numerous studies have discussed the role of spirituality and religiosity in various health aspects such as mental health, health status, and Quality of Life. Many of these studies have found a positive correlation between high levels of spirituality and lower rates of depression, anxiety, and stress. Spirituality and religiosity guide individuals to utilize them as positive coping mechanisms. Some studies have also identified associations between spirituality, religiosity, and individual health behaviors. Those with strong spirituality and religiosity tend to exhibit better health behaviors, such as lower alcohol consumption.

Keywords : Spirituality; Religiosity; Health

1. Introduction

In the midst of the evolution of the healthcare landscape, the intricate relationship between spiritual well-being and overall health has become a focal point of research, prompting the conduct of a literature review to unveil the profound impact of spirituality on individual health aspects such as mental health, physical health, Quality of Life (QoL). The definition of spirituality remains controversial, with each expert having their own interpretation. Spirituality is an abstract and subjective concept with diverse personal perspectives from individuals (Victor and Treschuk, 2020). According to Mahlangu and Uys (2004), spirituality is an individual's quest for a transcendent relationship, with or without others, to God through belief, faith, and/or religious practices. Spiritual is also defined as an experience and expression of a process that reflects faith, interconnectedness, and self-integration with others (Meraviglia, 1999). Lewis, Hankin, Reynolds, Ogedegbe (2007) reveal that the definition of spirituality can be categorized into three categories: (1) Relationship with fellow humans and with God, (2) Deep love, (3) Actions that depict love. Deep love requires someone to have a sense of caring for everyone without considering race, religion, health, ethnicity, or sexual orientation.

As per Joseph et al. (2017, p. 506), the concept of spirituality is delineated as "a broader, spontaneous, individualized phenomenon, wherein an individual endeavors to establish proximity and/or a connection between oneself and a higher power or purpose.". Barber (2019) explains the meaning of spirituality as a journey, a quest for truth. According to Koenig (2012), spirituality is distinct from various other elements—such as humanism, values, morals, and mental health—because of its connection with the sacred and the transcendent. Spirituality entails the exploration and discovery of the transcendent, requiring a journey that moves from a lack of consideration to questioning, and eventually to a commitment of either unwavering disbelief or belief. If the choice is belief, it ultimately leads to devotion and, ultimately, surrender.

Mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity (Public Health Agency of Canada in Manwell et al., 2015). Mental health issues represent the primary and most significant source of disease burden in Europe, carrying numerous consequences for

individuals, communities, and society as a whole (Wittchen et al., 2011). Some individuals not only manage to overcome mental health difficulties but thrive, while a considerable number may find their life prospects restricted by such challenges (Wykes et al., 2021). In terms of mental health, the expectation is that Religion/Spirituality (R/S) has the potential to enhance positive emotions and function as a coping resource, thereby serving a dual role as both a life-enhancing factor and a means of dealing with negative emotions (Koenig, 2012).

The concept of Quality of Life (QOL) has gained recognition as a pivotal focus for research and application within the realms of health and medicine. There is no uniform definition of the concept. In 1947, the World Health Organization (WHO) coined the term Quality of Life (QoL) as the "condition of overall physical, mental, and social well-being, surpassing the mere absence of disease and infirmity". The well-being component of Health-Related Quality of Life (HRQOL) pertains to internal, personal perceptions, encompassing aspects such as vitality, pain, anxiety, depressive symptoms, and general health perceptions (Hays and Reeve, 2008).

Spirituality is an inseparable element of human life and a crucial factor that enables individuals to overcome many challenges (Tabei et al., 2016). Spiritual and religious beliefs are believed to be beneficial for both physical and mental health maintenance (Koenig, 2008). Ghiasi and Keramat (2018) explain that the recitation of holy verses from the Quran also has a positive effect in alleviating anxiety. This is supported by an earlier study written by Ramazani et al. (2014), which found a significant reduction in anxiety levels among medical students who listened to the recitation of holy verses from the Quran. Koenig et al. (1997), as cited in Tabei et al. (2016), suggest a potential direct relationship between increased levels of Interleukin-6 and mortality events. Bożek, Nowak and Blukacz (2020) findings indicate a positive correlation between both spirituality and health-related behaviors with psychological well-being. Moreover, it is observed that the association with spirituality is influenced through the mediation of health-related behaviors.

According to a research conducted by Luchetti et al. (2015) among practitioners in Indonesia, 86.1% of respondents stated that spirituality significantly influences patients' health. However, in reality, not all doctors are willing to discuss religious topics in clinical practice. From the results, it is known that in Indonesia, only 13.2% of doctors frequently inquire about the spiritual aspects of patients. Understanding the spiritual condition of patients holds additional value in terms of spirituality being a distinct factor in patients' understanding of their illness, religious beliefs influencing patients' therapeutic decision-making, and spirituality being a crucial need for patients and essential for addressing their illnesses (Puchalski, 2001).

2. Methods and Materials

In this research, a literature review approach is utilized. The data collection process consists of obtaining articles from three databases: Web of Science, PubMed, and Google Scholar. The search involves the use of keywords such as "Spirituality," "Religiousity," and "Health,". The articles included in the study must meet certain criteria, including being published between 2000 and 2023, presented as original articles, complete in text, and openly accessible. The collected data will be subjected to analysis, leading to the development of conclusions based on the research findings.

3. Results and Discussions

Table 1. List of Articles

No.	Authors	Title	Method	Result
1.	Bożek, Nowak and Blukacz (2020)	The Relationship Between Spirituality, Health-Related Behavior, and Psychological Well-Being	Cross-sectional study	spirituality showed a positive relationship with health-related behaviors ($p < 0.001$). An indirect path of spirituality on psychological well-being through health-related behaviors was also distinguished ($p < 0.001$). the relationship between spirituality and psychological well being was significant as well ($p = 0.001$).

No.	Authors	Title	Method	Result
2.	Jafari et al. (2010)	Spiritual well-being and mental health in university students	Cross-sectional study	significant correlation between spiritual well-being and mental health. Given that a higher score on the General Health Questionnaire (GHQ) signifies a mental disorder, it can be inferred that there is a noteworthy and adverse correlation between mental disorder and spiritual well-being.
3.	Vitorino et al. (2018)	The association between spirituality and religiousness and mental health	Cross-sectional study	There are several differences between levels of spirituality and religiosity with regard to Quality of Life (QoL), depressive symptoms, anxiety, optimism, and happiness among adults ($p < 0.001$) Individuals exhibiting high levels of both spirituality and religiousness (S/R) demonstrated superior outcomes compared to those with low levels of both (s/r) and those with high spirituality but low religiousness (S/r) across various measures: WHOQOL Psychological, Social Relationship and Environment, Optimism, and happiness. Participants with low spirituality and high religiousness (s/R) showed better outcomes than those with s/r in the following measures: WHOQOL Psychological and Social Relationship, Optimism, and happiness. Participants with S/r differed from those with s/r, exhibiting higher levels of anxiety, WHOQOL Environment, and happiness.
4.	Leung and Pong (2021)	Cross-sectional study of the relationship between the spiritual wellbeing and psychological health among university Students	Cross-sectional study	Through the application of the Pearson correlation test, the numerical data indicated a statistically significant inverse correlation between students' spiritual well-being across all domains (personal and communal, environmental, and transcendental) and symptoms associated with the three psychological disorders (depression, anxiety, and stress) ($p < 0.01$).
5.	Brewer et al. (2014)	The Influence of Religious Coping and Religious Social Support on Health Behaviour, Health Status and Health Attitudes in a British Christian Sample	Cross-sectional study	Several hierarchical multiple regressions were carried out to explore the impact of religious coping (both positive and negative coping) and religious social support (from the congregation, congregation leader, and directly from God) on self-reported prior health, current health, health outlook, health worry, resistance susceptibility, sickness orientation, depression, level of physical activity, and amount of alcohol consumed. Significant influences were found between religious coping and religious social support on alcohol consumption ($p < 0.05$), current health ($p < 0.005$), depression ($p < 0.001$), resistance susceptibility ($p < 0.01$), and health outlook ($p < 0.001$).
6.	Daaleman (2004)	Religion, Spirituality, and Health Status in Geriatric Outpatients	Cross-Sectional study	In the univariate analyses, physical functioning ($P < .01$), quality of life ($P < .01$), race ($P < .01$), depression ($P < .01$), age ($P = .01$), and spirituality ($P < .01$) were all linked to self-reported health status, while religiosity was not ($P = .12$). In a model adjusted for all covariates, however, spirituality retained its independent association with self-appraised good health ($P = .01$).

No.	Authors	Title	Method	Result
7.	Doolittle and Farrell (2004)	Comparison of static and dynamic balance ability according to gender in athletes- a cross sectional study	Cross-sectional study	The Zung Depression Scale exhibited a Pearson correlation coefficient of -0.36 ($p < .0001$) with the SIBS. Through backward stepwise regression analysis, it was observed that both the SIBS score and physical health were predictors of the Zung Depression Scale score. On the other hand, factors such as age, gender, ethnicity, religious affiliation, and income did not demonstrate any significant association with depression. An examination of individual SIBS items highlighted that elevated spirituality scores on items related to intrinsic beliefs, such as belief in a higher power ($p < .01$), the significance of prayer ($p < .0001$), and finding meaning in times of hardship ($p < .05$), were linked negatively to depression.
8.	Sawatzky, Gadermann and Pesut (2009)	An Investigation of the Relationships Between Spirituality, Health Status and Quality of Life in Adolescents	Cross-sectional study	The six spirituality attributes assessed in this study show notable correlations with overall Quality of Life (QOL), contentment in five crucial life domains, and the perceived physical and mental health status within this adolescent sample (all correlation are statistically significant; $p < 0.05$).

The study by Božek, Nowak and Blukacz (2020) found that spirituality showed a positive relationship with health-related behaviors ($p < 0.001$). An indirect path of spirituality on psychological well-being through health-related behaviors was also distinguished ($p < 0.001$). the relationship between spirituality and psychological well being was significant as well ($p = 0.001$). Some scholars have pointed out that the majority of research has primarily evaluated psychological well-being using negative indicators of mental health, such as depressive symptoms, anxiety, or stress (Arslan, 2023). Therefore, it can be said that university students tend to experience a stronger connection between spirituality and psychological well-being when their courses emphasize the psychosocial dimension of health and the human mind and spirit.

Another study by Jafari et al. (2010) found there's a significant correlation between spiritual well-being and mental health. Given that a higher score on the General Health Questionnaire (GHQ) signifies a mental disorder, it can be inferred that there is a noteworthy and adverse correlation between mental disorder and spiritual well-being. Spirituality plays a role in enhancing mental health by offering a framework to articulate life experiences, fostering a sense of integrity, and establishing existential interconnectedness. Those with spiritual experiences and religious beliefs often exhibit stronger coping mechanisms for stress and psychological challenges. Spirituality generates a influence that impacts physical postures, emotions, thoughts, and communication, and, in turn, is influenced by them.

Research conducted by Vitorino et al. (2018) demonstrated that individuals with elevated levels of both spirituality and religiosity exhibit enhanced Quality of Life (QoL) across psychological, social, and environmental dimensions, along with increased levels of optimism and happiness, in comparison to those with solely spirituality, only religiousness, or none of them. However, the study suggests that higher levels of religiousness, rather than elevated levels of spirituality, are more strongly associated with positive outcomes.

Another research conducted by Leung and Pong (2021) revealed a statistically significant adverse correlation between students' spiritual well-being across all domains (personal and communal, environmental, and transcendental) and symptoms related to the three psychological disorders (depression, anxiety, and stress). The results suggested that lower scores in spiritual well-being within each domain corresponded to higher scores on each subscale of psychological disorders.

Another research conducted by Brewer et al. (2014) explored the influence of religious social support and religious coping on health behaviors, health status, and attitudes toward health, with age and non-religious social support as controlled variables. The findings suggest that positive effects are observed in self-reported current health status, depression, health outlook, and resistance susceptibility due to

religious coping and religious social support. However, negative religious coping is associated with an elevated risk of increased alcohol consumption.

Daaleman (2004) explored the connection between spirituality, religiosity, and self-reported health among geriatric outpatients. The findings revealed that individuals who reported higher levels of spirituality, but not necessarily greater religiosity, were more inclined to perceive their health positively. The Spiritual Index of Well-Being (SIWB) was identified as a potential valuable metric, particularly in studies focusing on chronic illness, aging, and end-of-life care, where spirituality may serve as an explanatory factor or predictor of subjective health status and quality of life.

Doolittle and Farrell (2004) conducted a survey within an urban population and identified a correlation between higher spirituality scores and a lower prevalence of depressive symptoms. Notably, specific aspects such as belief in a higher power, having a relationship with a higher power, and belief in prayer exhibited significant differences between individuals with and without depression. Encouraging patients in ways that resonate with their intrinsic belief systems could potentially be beneficial for alleviating depressive symptoms. Moreover, gaining an understanding of a patient's spiritual life and its influence on mental health provides healthcare providers with valuable insights into a meaningful coping mechanism.

Another research conducted by Sawatzky, Gadermann and Pesut (2009) revealed that spirituality plays a crucial role in shaping the overall quality of life (QOL) for adolescents, influencing their satisfaction with family, friends, living environment, school, and self, as well as their perceived mental and physical health status. However, not all spiritual attributes carry equal weight in association with QOL; among adolescents, those indicating feelings about the future and existential matters were relatively the most significant. The identified mediating effects involving adolescents' family, perceived self, and mental health offer initial insights into potential mechanisms through which specific spiritual attributes may contribute to their quality of life.

4. Conclusions

In summary, numerous studies have discussed the role of spirituality and religiosity in various health aspects such as mental health, health status, and Quality of Life. Many of these studies have found a positive correlation between high levels of spirituality and lower rates of depression, anxiety, and stress. Spirituality and religiosity guide individuals to utilize them as positive coping mechanisms. Some studies have also identified associations between spirituality, religiosity, and individual health behaviors. Those with strong spirituality and religiosity tend to exhibit better health behaviors, such as lower alcohol consumption. With this literature review, it is hoped to serve as consideration for doctors and nurses to incorporate spiritual dimensions in patient care approaches.

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