

INFLUENCE OF SPIRITUALITY/RELIGIOSITY ON PATIENTS' HEALTH

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ABSTRACT

Unmanageable and unpredictable health problems challenge the limits of patients' capabilities. Due to this, the socio-economic and physical balance of the patients may deteriorate. At such times, spirituality serves as a foundation that provides them with the strength to handle their current emotions and circumstances. Considering this notion, this research paper was designed to evaluate the impact of spirituality on the quality of life and health of cancer patients. The sample of the study consisted of one hundred fifty patients, selected using the convenience sampling method. This paper shows that spirituality has a positive effect on the health of patients. Engaging in spirituality reduces stress and anxiety from patients and their families and makes it easier for patients to accept and cope with health problems.

Keywords: Spirituality, Religion, Health Problem, Patients, Cancer, Quality of Life

1. INTRODUCTION

Cancer is a serious health problem where death is inevitable, no matter how much progress is made medically. Cancer patients face many difficulties in their daily lives. The patient's health directly or indirectly affects their physical, social, and emotional states. There are many factors that affect the health of patients, such as gender, age, place of residence, religion, lifestyle, protective relationship, etc. (Jo, & Song, 2012). Some other factors that influence health include behaviors and expected roles, finances, and relationships with friends and family, and these often change with illness. In these critical situations, spirituality plays an important role in helping patients cope with and recover from their illness. It is associated with positive changes such as better health and better communication, provides sacred examples and encourages acceptance of pain, gives patients indirect control over all situations, and provides human and divine support to reduce loneliness and isolation. Spirituality is considered an important factor that provides each patient with well-being and the pursuit of purpose in life. It is described as the patient's search for ultimate purpose through participation in spirituality or belief in God, friends, family, humanism, rationalism, naturalism, and the arts. Spirituality includes the methods patients use to achieve their goals and have a sense of connection with the world. Additionally, spirituality is unique and individual to each patient and is a sacred sphere of the patient's experience. Ellison (2017) believes that spirituality helps and motivates patients to find meaning and purpose in their lives. Further, it is indicated that the spiritual dimension doesn't exist separately from the psyche and soma. Spirituality affects social functioning, symptoms, suicide attempts, smoking, pain relief, hope, and social relationships.

Spirituality refers to the patient's desire to explore feelings connected to something beyond the concept of life and self-enhancement. It is an inner power that helps patients go beyond selfishness and find meaning in life and experience. (Shaton, et al., 2001). A study in India compared the spiritual practices of youth who committed suicide and found that individuals who engaged in violence personally used negative religious and spiritual practices (Grover et al., 2016). Wagami, R. (2018) believed that spirituality is related to health through lifestyle. Consistent with the teachings about drug and alcohol abuse, sex, and diet found in much of the world's spiritual literature, spiritual belief motivates patients to adopt better lifestyles and abandon depression or anxiety. Western studies show that 70–80% of respondents with cancer turn to spiritual beliefs to cope with their health problems (Tepper, L., 2001). A study of cystic fibrosis patients found that spiritual beliefs were related to good health (Reynolds, et al., 2014). Older patients demonstrated emotional efforts to adopt emotional and spiritual approaches to deal with uncontrolled health conditions. This helps patients access additional resources to find meaning in the physical, social, and emotional situations that often occur during aging and health problems (Budhiraja and Midha, 2017). Cancer patients' anxiety may arise from their belief that their condition is a curse from God; sometimes patients may also lose their spiritual faith (Sankhe, A., 2016). Having a healthy mind and a healthy diet is important to achieve overall health, as defined by the World Health Organization. A study of patients in remission from schizophrenia showed that patients who used spiritual practices were better able to accept illness (Das et al., 2018). Viktor Frankl (1959) talked about the need to set goals in life and use spiritual or other beliefs to achieve goals, follow rituals, and create meaning and purpose in life. Patients in different countries have different attitudes towards health, spirituality, and religiosity. Culture and race can have a significant impact on how spiritual beliefs are used in health care (Lucchetti, G., 2015). Another important aspect of spirituality is the integration of belief systems with a sense of personal identity and awareness, which is thought to be related to health (MacDonald 2009).

According to the literature review, it has been observed that most of the studies are on religion, culture, and society. In every religion and society, health is linked to different factors. There are few studies that have been conducted to

understand the association between spirituality and health among patients. Most patients believe in all important religious and spiritual concepts of salvation, karma, and life after death. Therefore, there is a need to explore the impact of spirituality on health among cancer patients.

2. METHODOLOGY

A cross-sectional design was selected for the study because this study allows us to understand the meaning of creation and the understanding of spirituality and health. The sample included a total of 150 patients, of whom 67 were men and 83 were women. The data was collected through convenient sampling in Meerut district between March 2023 and June 2023. All patients were over 18 years of age and infected. Patients with comorbid mood disorders, other comorbid depressive disorders, brain disorders, drug addiction, personality disorders, and mental illness were excluded from the study. Similarly, those who did not agree to participate in the study were excluded. The spirituality of the respondents under the study was measured by the Spiritual Belief Scale given by Deshmukh (2012), which included the dimensions of spiritual involvement and spiritual belief.

Patients were individually given an interview-scheduling guide and asked to complete it within the time period provided. Each patient was provided with one and a half hours of spiritual care daily (reading, chanting, and counseling for thirty minutes each). They were requested to select the most appropriate answer from five alternative questions. A five-point Likert scale was used for scoring.

Data collection is divided into two parts:

- The first part of the interview schedule guide involved self-structured questions about the social-economic profile of the patients.
- The second part included spiritual beliefs and health problems. Selected patients first filled out a questionnaire and indicated their willingness to participate in the study on a consent form. The aim of the study is to explore the impact of spirituality on the lifestyle and health of patients.

The data was analyzed using the online version of GraphPad software. In social and economic variables, frequencies were calculated for discontinuous variables (e.g., education, age, occupation, gender, marital status), and standard deviations and means were calculated for continuous variables. Descriptive analysis was used, and standard deviations and means of scores were calculated.

3. RESULTS AND DISCUSSION

Socio-economic profile

A total of one hundred fifty patients were sampled for the study. The majority of patients were women (n = 87 patients, 58%). At the time of participating in this study, fifty-three patients (35.33%) were single, sixty-three patients (42%) were married and living with their spouse, and thirty-four patients (22%) were separated, divorced, or widowed. More than half of the patients (n = 86; 57.33%) were employed, while sixty-four patients (42.66%) were unemployed, students, or housewives. With regards to education, sixty-nine patients (46%) were matrix pass, forty-eight patients (32%) got higher education, and thirty-three patients (22%) were illiterate. Most of the patients (n = 103, 68.66%) were Hindu, thirty-six patients (24%) were Muslims, and 11 patients (7.33%) were Sikhs or others. Almost half of the patients belong to nuclear family (n = 51, 49.5%). The majority of the patients (n = 78, 52%) belonged to the young age group of 21–40 years, while few patients (n = 18, 12%) were above sixty-one years. Almost half of the patients belonged to nuclear family set-up (n = 74, 49.33%). Nearly two-thirds (n = 96; 64%) of the sample belonged to urban backgrounds, and the rest of the patients belonged to rural backgrounds. Most patients (n = 75; 74.3%) had never been hospitalized, but twenty-eight patients (25.7%) were hospitalized more than once during their disease. Most patients (n = 81; 78.6%) used atypical antibiotics; forty-one patients (27.33%) used no antibiotics; and another twenty-eight patients (18.66%) used a combination of typical antibiotics and atypical drugs. Meat consumption proved to be a significant factor in the development of breast cancer, colon cancer, and other cancers in patients. Vegetarian patients had more antioxidants (Ames et al., 1995). Only twenty-two patients (n = 21.4%) had a family history of cancer. Some patients have a genetic predisposition that is passed on to future generations.

Spirituality/Religiosity, quality of life and health

This study includes fourteen indicators that are expected to affect the health of cancer patients. These are: meaning and purpose of life; experience of wonder and awe; inner peace; positive reappraisal; hope, faith, and optimism; forgiveness of sin; independence, control over life, and freedom; approach to spiritual power; spiritual guidance, support, and power; formal training regarding spirituality or religiosity; questioned to God; concern about family; financial circumstances; and feeling punished by God. Specifically, the findings show that cancer patients appreciate the gift of life to a lesser extent, are sometimes happier, and are willing to wait for things to happen. Patients say that sometimes life disappoints

them. Positive responses on health and social relationships indicate that mostly their family members, neighbors, friends, and other associates are capable of giving and sharing affection and love. In this situation, patients often remain in a state of denial, have to accept the truth, and face health problems. A review of the literature suggests that quality of life and health issues can be addressed through meditation, chanting, and mantras that guide hope, satisfaction, and enhance quality of life (khalsa, S. 2005).

Table 1 Rating on Spirituality/Religiosity Personal Beliefs Health Scale

Subscales	Score	Mean	S. D.	Descriptive Rating
Meaning and purpose of life	16.74	3.22	0.94	Agree
Experience of wonder and awe	10.45	2.37	1.00	Neither agree nor disagree
Inner peace	19.14	3.29	1.02	Agree
Positive reappraisal	20.32	3.24	0.86	Agree
Hope, faith and optimism	7.56	3.26	0.98	Agree
Forgiveness of sin	17.54	2.81	1.00	Neither agree nor disagree
Independence, control over life and freedom	14.56	1.25	0.95	Disagree
Approach about spiritual power	15.40	2.31	0.98	Neither agree nor disagree
Spiritual for guidance, support and strength	19.89	2.36	1.05	Neither agree nor disagree
Formal training regarding spirituality/religiosity	9.08	1.35	0.90	Disagree
Questioned to God	13.54	3.74	0.93	Agree
Concern about family	16.32	4.31	1.01	Strongly agree
Financial circumstances	8.32	4.27	0.89	Strongly agree
Felt punished by God	11.06	3.36	0.93	Agree

(Scaling: 0-1= Strongly disagree, 1.1-2= disagree, 2.1-3= Neither agree nor disagree, 3.1-4= agree, 4.1-5= Strongly agree)

Moreover, patients experience healthier lifestyles, and most patients consider themselves fortunate compared to other patients. In terms of recreation and social, mental, and physical activities, they have defined their roles and identified places and events in which they can participate. They also acknowledge and explain that religion, spirituality, and culture are important to the quality of life. A study by Manning-Walsh (2005) examined spirituality and its impact on quality and satisfaction in 100 breast cancer patients and found effective problem solving to improve satisfaction and quality of life.

However, cancer patients appear to be concerned about their health and about work, independence, control over life, family, community, and financial circumstances. Considering the situation in Meerut, these results reflect the condition of cancer patients as well as those with other diseases. They feel insecure about their future, especially when it comes to money and property, most of which is now being destroyed due to health problems. Due to their financial situation, they also feel insecure about their health. In addition to mortality, it is also arguable that patients are not confident about their health status, as illnesses often occur in emergency situations. They feel as if they have no freedom or control; big events and terrible things happen around them, and they can't do anything. It is worth noting that despite, or perhaps because of, these circumstances, the spiritual and mental abilities of the patients were high, and this should be taken into account. It is hoped that patients will involve themselves financially. Thus, the data show that despite these disorganized conditions associated with patients, their spiritual or religious beliefs have a significant positive impact on enhancing quality of life and health.

The mean and standard deviation on the Religiosity/Spirituality and Personal Beliefs scale and of each patient's aspects are shown in Table 1. On the coping list, the highest mean score was obtained in the subscale of concern about family, and the lowest mean score was obtained for formal training regarding spirituality or religiosity.

Correlation of Variables

Another important section of this study discusses the correlation between spirituality and health. The findings are presented in Table 2. The findings of this present study show that there is a significant correlation between spirituality, religiosity, and the health of cancer patients in Meerut City. As the findings showed, spirituality or religiosity has a moderately positive association with health, although it is still significant ($\rho = 0.49$, P value = 0.1). Spirituality or

religious beliefs provide patients and their families with an opportunity to embrace quality of life and good health and avoid unhealthy habits and toxicity. According to most studies, patients are often reluctant to accept the truth or share the truth with their families.

Table 2: Correlation of Variables

Correlation of Variables	Spearman rho value	Analysis of the rho value	P value	Interpretation
Spirituality/Religiosity and wealthy health	0.49	Moderate positive correlation	0.1	Significant

Correlation at the 0.05 level (two tailed)

The correlation of the variables is moderately positive, which means that as spirituality and religious beliefs increase, quality of life and wealth also increase. Study findings indicate that most patients have positive spiritual or religious beliefs, and results indicate moderately positive levels of quality of life and health. There is a positive relationship between these variables, with increases in spirituality or religiosity leading to increased quality of life and health. The findings showed that it had an impact on the spiritual beliefs of patients with cancer. This in turn affects their quality of life, control over life, independence, home, neighborhood, and emotional and financial situations, all of which are indicators of quality of life. Factors other than spirituality may influence life and health, but these variables are not the focus of this article.

4. CONCLUSION

One hundred fifty patients who believed in a spiritual or religious power and participated in spiritual practices reported that spiritual beliefs helped them feel meaningful in life even in various situations, including times when they were depressed. They stressed on the importance of spirituality in enhancing daily and professional life by accepting oneself and self-studying. The majority of the patients reported that spirituality and religiosity give them a way of living through practices and rules like reading religious books, yoga, meditation, etc. About half of the patients reported finding solace in religion and spirituality, using spiritual ideas or religious practices during difficult times, and receiving support from spiritual leaders or others in their spiritual community. Finally, some patients said that spirituality affected their health by giving them hope and positive beliefs. Each ingredient has been shown to be a protective component against their disease. In summary, this study supports the literature showing that spirituality, or religiosity, is generally protective against disease.

One of the results of our research is that the subjects did not tell their families what disease they were suffering from. But spiritual counseling that explains each aspect of the truth, helps patients realize the truth and present it to families, exposes the truth, and stabilizes the heart. The literature generally agrees that patients have weakened immune systems and are more susceptible to disease (Bure et al. 2016).

In summary, because spirituality/religion is often associated with health, positive thinking, and problem-solving strategies, religiosity/spirituality should not be overlooked simply as a place but rather as a holistic approach to health and illness prevention.

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