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Review Article

The Spirituality in Health Care in the Primary Health

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Abstract

Introduction: Attention has been given to spirituality as a strategy for coping with illnesses, as it has a protective role against psychological morbidity, given its impact on the way people deal with pathology.

Methodology: Through the literature review, we approach spirituality in the clinical evaluation of patients by health professionals, whose knowledge of the patient's spiritual dimension is able to contribute to the relief of suffering and coping with the disease. Results: 11 publications were found that met the inclusion criteria, 7 articles, 3 books, 1 dissertation. Discussion: the Family Health Strategy, democratized access to health services at the primary level of Health Care. Primary Health Care Units, generalist professionals, who are responsible for providing care capable of solving approximately 80% of the demands, whose spiritual component must be considered. It is essential to include spirituality in the clinical evaluation of users of Primary Health Care Units, assuming that the recommended doctor-patient bond can optimize qualified listening, the professional's understanding of the meaning of falling ill for the patient, as well as the establishment of a therapeutic plan. Able to consider the patient's spiritual and religious specificities, favoring the prognosis and coping with the adversities resulting from the illness. Final considerations: considering that the spiritual dimension has a systemic nature, its use by Primary Health Care professionals is fundamental. There is a need for a paradigm shift in health care, moving away from the technical Cartesian biomedical view to the view of spirituality and health.

Keywords: *Spirituality; Religion; Medicine; Physician-Patient Relations*

Introduction

Contextualizing, the concept of health by WHO is physical, mental and social well-being, but they already advocate, in addition to these factors, spirituality. Due to the importance of maintaining physical and mental well-being.

Epidemiological studies carried out in recent decades point to a positive relationship between spirituality, religiosity and better health indicators. Spirituality, a force capable of helping the individual, family and community to overcome the difficulties of life and the diseases they experience, is capable of contributing to a better coping with everyday reality [1]. It is understood as a personal search to understand

issues related to end of life, as well as its meaning and also on relations with what, sacred or transcendent, can lead to the development of religious practices or the formation of religious communities [2].

Religion means an organized system of beliefs, rituals and symbols designed to facilitate access to what is sacred / transcendent while religiosity is defined as the intensity with which the individual believes, follows and practices in religion. It can be organizational - such as participation in a religious church or temple - or non-organizational, represented by the act of praying, reading books, watching religious programs on television, for example [2].

Coping Religiosity / Spirituality (CRE) is defined as the use of religious beliefs and behaviors capable of facilitating problem solving, relieving or preventing the emotional consequences of stressful life circumstances. Stress, of multifactorial origin, is present in the daily life of human beings. Frequent, intense or chronic exposure to stress is associated with numerous adverse effects on physical and mental health. What makes the difference in human functioning is the way people manage this stress, a process known as Coping. One way to manage stress is through religion. CRE is related, therefore, to the way individuals use their faith to deal with stressors and problems in their lives, both emotional and physical. CRE's objectives are in line with the key objectives of religion, which are the search for meaning, control, spiritual comfort, intimacy with God and with other members of society, life transformation and physical, psychological and emotional well-being [3].

In the last decade, greater attention has been paid to spirituality and its role as a coping strategy used by people affected by diseases. After all, spirituality - and also religion - is important in the face of illnesses as it plays a protective role against morbidity psychological, as it has an important impact on the way the person deals with the pathology [4,5]. And of course, the spirtual leaders have a role into this situation, their role is depending on the way they deal with life's adversities, may have a positive or negative reinforcement in the individual's ability to cope.

Each individual expresses spirituality in their own way, relating it to the hope of surviving the disease, which frightens them, while spirituality renews, demonstrating the importance of recognizing it as a strategy to fight adversity and also in planning assistance to the sick individual [6].

Thus, the relevance of spirituality in the clinical assessment of patients by health professionals is emphasized, whose knowledge of the patient's spiritual dimension represents a differential capable of contributing to the relief of suffering.

The practice of spirituality is important in maintaining physical and mental health, because it increases people's resilience to cope with the difficulties and illnesses encountered on a daily basis.

The Brazilian Constitution [7] determines that health is a right of all and a duty of the State, with the Family Health Strategy (ESF), the preferred modality of Primary Health Care (PHC), established in 1994, democratizing access to health services in Brazil. primary level of Health Care. Generalist professional PHC units are responsible for providing resolutive care, capable of resolving approximately 80% of people's demands, mostly basic clinical needs, whose spiritual component must be considered.

It is evident, therefore, that the inclusion of spirituality is essential in the clinical evaluation of users of PHC Units, assuming that the recommended "doctor-patient" link can optimize the reception, qualified listening, the professional's understanding of the meaning of falling ill for the patient, as well as the establishment of a therapeutic plan capable of considering the patient's spiritual and religious specificities, thus favoring the prognosis and coping with the adversities, somatic or not, resulting from the illness.

This article, through a literature review, addresses the necessary inclusion of spirituality in health care provided by professionals who work in PHC Units.

Methodology

It is a review of what was published in the literature, in the Scielo database and in virtual libraries in the period from 2004 to 2019, using the descriptors spirituality; religion and medicine; doctor-patient relationship.

Results

In the last decades, there has been a need to change the paradigm of the concept of health care, given that the biomedical-Cartesian model is no longer able to explain the multi-causality of the health-disease process and the demands of individuals who need comprehensive care in health.

In clinical practice, in most cases, it is not possible to fragment the patient into parts, separating him into social, biological, psychic and / or spiritual portions [2]. Since they are all interconnected and can be equally responsible for the presence of morbidities, adherence to the therapeutic plan, as well as the success or failure in the treatment. This becomes evident in the care provided by professionals working in PHC, which includes, among its assumptions, the essential view of the patient by the doctor, who is recommended to use the Person-Centered Clinical Method (MCCP), thus integrating and articulating, the different aspects of human nature. The authors point out that many patients, declared to be religious, have a strong point in their beliefs that help them deal with many aspects of life, including the health-disease process. Therefore, the inclusion of spirituality in the clinical evaluation of patients by health professionals is justified, which can contribute to a better understanding of diagnostic aspects, also favoring the prognosis.

Research on religion, spirituality and health is progressing at an overwhelming rate, even though a significant number of doctors are not yet trained to address these issues in their work process, highlighting the need for socialization of studies on the interrelationship between spirituality and health care, so that its results can guide professional practice contributing to the resolution of this care [8].

Studies reveal that religious beliefs influence the type of medical care that patients want to receive and the way they deal with the disease. They can also influence medical decisions and patient compliance with treatment. Of course, there are many reasons why healthcare professionals should discuss religious and spiritual issues with patients. The need for training to incorporate spirituality in patient care has been recognized in medical education [8].

Among the reasons that justify the doctor's approach to the patient's spirituality are the fact that many patients are religious and their beliefs help them deal with aspects of life, just as doctors' personal beliefs influence their decisions - both by the patient as well as by the doctors. The first case exemplifies the case of patients who are Jehovah's testimonies and do not allow the use of blood products in the treatment, while the second situation can be illustrated by the case of doctors who refuse to prescribe contraceptive methods due to their religious principles. Research reveals that, in the perception of a significant number of patients, aspects of their religion and spirituality should be addressed by doctors. There is also a record that patients would feel more empathy and confidence by the doctor who incorporated the consultation, the approach of these themes, providing the rescue of the doctor and patient relationship, with a holistic and more humanized view [2]. Scientific investigations related to mental health indicate lower prevalence of depression, faster remission of depression after treatment, lower prevalence of anxiety and lower suicide rate in patients who had problematized religious beliefs and spirituality by health professionals. Likewise, studies show a relationship between spirituality with better quality due and greater general well-being. Religious patients had lower levels of diastolic hypertension, and lower mortality rate due to cardiovascular causes [2].

In the scope of the care provided in the PHC, especially in the ESF units - preferential locus of the first contact with the health service in the Health Care Network - health professionals have contact with people with the most diverse problems, whose etiology has a different nature. Chronic illness, aging, loneliness, and the possibility of finitude of life, are examples of situations experienced by being that lead him to seek an encounter with himself and with his spirituality in order to find the strength to overcome illness, loneliness and a possible fear of death, freeing himself in an attitude of transcendence, in an attempt to break limits, to overcome and to project always beyond. Spirituality can be considered a support in life, because through the development of spirituality one finds support for the daily coping

with loneliness and sadness, generating maturity by an inner life, acceptance of the losses of loved ones, leaving the children of home, their aging of the disease and even their finitude. Thus, the health professional needs to provide care to the human being in a holistic perspective, valuing spiritual support, aiming so that he can experience moments with serenity. Spirituality contributed to the acceptance of one's own limits and to solidarity with those in need [1].

Interesting reports such as that of a Community Health Agent, a professional on the team that works in the FHS, about the fact that there are people who seek the health unit, not in search of a medicine, but in search of advice, justifies the need the professional is able to provide other types of care in addition to the medical intervention procedure. It is important, therefore, that the professionals are well with themselves, so that they can help others, encouraging a recovery of spirituality by the patient through dialogue, thus optimizing the outburst of suffering and anguish, contributing to the resolution of care. Disregarding the human spiritual dimension causes damage to the development of human capital in health services. Among the barriers to be transposed to the approach of the spirituality of clinical practice by the health professional, we highlight the lack of knowledge on the subject, the lack of training, the allegation of lack of time by the professional, the discomfort with the theme, the fear of imposing religious views on the patient, the concern to act in a "non-medical" area, the thought that knowledge of religion is not relevant to medical treatment, the opinion that this is not part of the doctor's role and finally, the lack of interest in the theme [9,10].

There is no single way to approach spirituality, just as there is no right way. Often, this approach is done in a natural and calm way, which depends on the doctor's own cultural heritage. However, researchers have created ways to facilitate the approach to spirituality for doctors who still have difficulties with the topic. There are instruments that serve as guidelines for obtaining spiritual history.

The main instruments used, FICA and HOPE questionnaires, are illustrated in figure 1 and 2, respectively. 2The instruments "FICA" and "HOPE", that are destined to obtain the spiritual history, are internationally validated and can be incorporated into the PHC work process. But it must be borne in mind that an instrument of spiritual evaluation must be easy to apply, flexible, adaptable, short-lived and applied in a dialogue with the person [2].

Table 1. FICA Spiritual History Tool

Category	*Sample questions*
Faith and belief	Do you have spiritual beliefs that help you cope with stress? If the patient responds "no," consider asking: what gives your life meaning?
Importance	Have your beliefs influenced how you take care of yourself in this illness?
Community	Are you part of a spiritual or religious community? Is this of support to you, and how?
Address in care	How would you like me to address these issues in your health care?

Adapted with permission from The George Washington Institute for Spirituality and Health. FICA spiritual history tool. http://www.gwumc.edu/gwish/clinical/fica.cfm. Accessed March 10, 2011.

Figure 1: *FICA questionnaire.*

Table 2. HOPE Questions for Spiritual Assessment

Category	*Sample questions*
H: sources of hope	What are your sources of hope, strength, comfort, and peace?
	What do you hold on to during difficult times?
O: organized religion	Are you part of a religious or spiritual community?
	Does it help you? How?
P: personal spirituality and practices	Do you have personal spiritual beliefs?
	What aspects of your spirituality or spiritual practices do you find most helpful?
E: effects on medical care and end-of-life issues	Does your current situation affect your ability to do the things that usually help you spiritually?
	As a doctor, is there anything that I can do to help you access the resources that usually help you?
	Are there any specific practices or restrictions I should know about in providing your medical care?
	If the patient is dying: How do your beliefs affect the kind of medical care you would like me to provide over the next few days/weeks/months?

Adapted with permission from Anandarajah G, Hight E. Spirituality and medical practice: using the HOPE questions as a practical tool for spiritual assessment. Am Fam Physician. *2001;63(1):87.*

Figure 2: *HOPE questionnaire.*

Thus, there is consensus among several studies on the importance of the approach to religiosity - spirituality in clinical anamnesis as a way to consolidate the doctor-patient relationship and to build a comprehensive view of people. The field of health and spirituality has grown remarkably in recent decades, driven by high quality publications and their implications for clinical practice.

It is evident that spiritual practices have shown results that can be validated by health institutions. However, there is still a need to implement a systematized model for conducting treatments based on spiritual and religious practices [12].

Final Considerations

Considering that the spiritual dimension has a systemic nature, it is concluded as fundamental its incorporation in the work process of professionals who work in PHC. There is a need for a paradigm shift in health care where the distancing from an eminently biomedical Cartesian technical vision will broaden the context for the incorporation of spiritual vision, which considers the interface between spirituality and health. And with this article I expect to raise awareness and stimulate studies on the topic: Spirituality and Health in the academic environment.

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