

A systematic review on religiosity, spirituality and health

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Objective: The purpose of this systematic review paper is to critically analyze research articles selected from literature. It discusses nature of problem, purpose/focus of study, theoretical and conceptual framework, sample size and sampling technique, instrument used in study, major findings, limitations and implications for further research.

Methodology: After careful analysis of 120 articles, 10 articles were selected for methodological systematic review. A quantitative review was conducted to examine the nature and methodologies of studies on religiosity, spirituality and health of patients.

Results: Significant majority of these studies have been conducted in developed countries. All the sampled studies have investigated spirituality along with religiosity except two that ignored the

spiritual aspects. These findings explicate the need of conducting such researches in healthcare settings. During the systematic review of sampled articles, we found that only two studies used sample size more than one thousand. Seven had sample size less than 300.

Conclusions: Religion and spirituality are undeniable social facts that play a pivotal role in well-being of the patients with terminal diseases. Majority of studies have used previously constructed scales to gauge religiosity, spirituality and well-being. Studies should be conducted in healthcare settings to have more deep insight of said phenomenon. (Rawal Med J 201;42:575-580)

Key words: Systematic review, methodology, religion, spirituality, health.

INTRODUCTION

Influence of religiosity and spirituality on health has received attention greater than before in health care research. Religiosity and spirituality produce positive health outcomes and a decrease in risk factors through social and existential well-being.¹ Religion is a set of symbolic rituals and ceremonies people use to connect with deity or sacred.² Spirituality on the other hand is a quest to find meaning in life through transcendence.³ Historically, religion, medicine and healthcare have been related in one way or another in all population groups since the beginning of recorded history.⁴ Recently a growing number of inspections have been conducted on relationship among religiosity/spirituality and health.⁵

Religious/spiritual factors have just been separated from system of healing in recent days and separation occurred mostly in highly developed countries. Koenig explains in western developed countries religion, medicine and history of health care is an interesting one.⁶ The first hospitals in the west to take care of sick in the general population were built

and staffed by religious organizations and during the middle ages, doctors were often priest.

Religion and spirituality are overlapping concepts that are usually used interchangeably.⁷ Spirituality is basically subjective and mystical interpretation of beliefs.⁸ Studies are increasingly showing an association of religiosity with well-being.⁹ Scholarly literature has emphasized the role of religion and spiritual beliefs in myriad of biological, psychological and social situation including daily difficulties and frustrations,¹⁰ lifestyles¹¹ and transformation in health.^{12,13} The objectives of this study were to identify the significant differences in key methodological properties; to find out the rationales of specific methodology and to study the impact of each methodology on its respective research work.

METHODOLOGY

We collected 120 papers from well-known indexes. After careful review, 10 papers were selected with similar themes and different methodologies for systematic methodological review. This systematic

review was based on a protocol design keeping in view research questions and objectives of study. The review question was "what is influence of religiosity/spirituality on health and what has been pattern of methodologies used in these studies". For the sake of review, the topic under research was "Impact of religion and spirituality on health of chronic patients". Electronic database searches were conducted on PsycINFO, ProQuest and MEDLINE, using the search term "(spiritu*[title] OR religio*[title]) AND (OR health)."

The selection criteria were made strict to the cohesiveness with the theme. Exclusion criteria included Grey literature, studies other than quantitative and studies focusing on religious or spiritual rituals.

RESULTS

Four out of 10 studies were conducted at USA. Other were conducted from UK, Canada, Austria, Korea, Iran and Zambia. Significant majority of these studies have been conducted in developed countries. All the sampled studies investigated spirituality along with religiosity except two that ignored the spiritual aspects. It shows the fact that religiosity can't be explained in alienation to spirituality. Both

concepts are basically linked with each other. Two studies were conducted in university, four were conducted on general community, one was conducted in university and church simultaneously while two studies have been carried out in religious institutions. These findings explicate the need of conducting such researches in healthcare settings.

Sample size has significant value in generalization of findings of a study especially when study is quantitative and cross-sectional in nature. We found that only two studies used sample size more than one thousand; seven had sample size less than 300.

Six out of 10 studies investigated the impact of religious/spiritual factors on well-being while two studies focused on coping. Six studies showed results where religious and spiritual factors simultaneously influenced well-being or coping of respondents. In one study, only religious factors had been explored while in another study both (religious/spiritual) factors were investigated but religious factors (unlike spiritual) failed to show positive association with well-being. In a study from Canada, both religious and spiritual factors were negatively associated with well-being. One study used social support as independent variable (along with religiosity) instead of spirituality.

Table. List of sampled papers.

| Authors and Country | Purpose of Research | Study Settings and Research design | Major Findings |
|------------------------------|---|---|---|
| Joshanloo 2011 Iran | To study role of Spirituality and Religiousness in life satisfaction and well-being | University of Tehran, Quantitative study, Sample=292. Used SIBS-RIS (spirituality) & SCSORF (religiousness) scales. Ryff's (1989) & Keyes's (1998) scale of psychological wellbeing. Diener et al., 1985 for life satisfaction. | Results showed that all aspects of hedonic and eudemonic well-being were positively correlated with spirituality and religiousness. Stronger associations emerged between spirituality and well-being. For life satisfaction, religious involvement also was a significant predictor together with spiritual meaning. |
| Holder et al. 2016 Zambia | To find out well-Being's relation to Religiosity and Spirituality in children and adolescents | Urban and rural community, Quantitative study, Used Faces Scale and Subjective Happiness Scale, Student Life Satisfaction Scale. Sample=1254. | Age, gender, grade, religiosity were not strong predictors of. Spirituality accounted for 21 % of variance in life satisfaction. Spirituality (not religiosity) is associated with well-being. |

| Authors and Country | Purpose of Research | Study Settings and Research design | Major Findings |
|----------------------------|--|--|--|
| Park et al., 2013 USA | To develop empirically based typologies of religiousness/spirituality (R/S) and to determine whether typologies were related to health and well-being. | Household survey, Sample=1,431). Using latent profile analysis, different typologies were derived. Multivariate statistical tests were used. The researchers constructed the scales by themselves. MANOVA and MANCOVE were applied to conduct multivariate. | Four religious/spiritual clusters identified. All of them attended religious services at least nearly every week and prayed at least once a day. Scores on positive religious coping, daily spiritual experiences were highest. Individuals reported good self-perceived health, were happier, and were satisfied with their financial situation, fewer depressive symptoms. |
| Ivtzan et al., 2013 UK | To delineate two constructs and categorize participants into different groups based on measured levels of religious involvement and spirituality | Study used The Spiritual Transcendence Scale (Piedmont-1999; 2001), Short Index of Self-Actualization by Jones & Crandall (1986) & The Meaning in Life Questionnaire by Steger et al. (2006). Sample=114 men & 91 women. | No evidence of a significant linear relationship between religiosity & 3 measures of well-being, spirituality is positively related to all 3 dependent variables. Lack of a correlation between spirituality and religiosity confirms that two concepts are distinct. Higher levels of spirituality showed higher levels of self-actualization and meaning in life. |
| Park et al., 2014 USA | To examine relationships between religion/spirituality, positive RS coping) and three dimensions of wellbeing (physical, mental, and existential) | Study setting was not mentioned, Sample=111. Scale used (MLWHFQ; Rector et al. 1987) (HRQOL)-SF (Ware et al. 1996), Depression-CES-D (Radloff, 1977), Life satisfaction-(SWLS; Diener et al. 1985), Death and Dying subscale of WHO (Harper and Power 1998), Religious Strain Scale (Exline et al. 2000) & (BMMR/S; Abeles et al. 1999). | Fairly high levels of RS were reported on all seven dimensions. RS dimensions were differentially related to well-being. No aspect of RS was related to physical well-being, a few aspects were related to mental well-being. Forgiveness was related to less depression, belief in afterlife was related to poorer mental health. All aspects of RS were related to at least one aspect of existential wellbeing. |
| Roh, 2015 USA | Religion, social support and life satisfaction | Community based organization, churches and religious institution. Sample=233 old American people. Quantitative Scales, Duke University Religion Index, Multidimensional scale of perceived social support & satisfaction with life | Analysis presents correlation among religion, social support & life satisfaction. Satisfaction had positive significant correlation with religion/social support. Multivariate regression shows association of religion/social support with satisfaction. |

| Authors and Country | Purpose of Research | Study Settings and Research design | Major Findings |
|--------------------------------------|--|--|--|
| Hovey et al, 2014 USA | To investigate religiosity, emotional social support and mental health | Sample=200 University students, Quantitative study, Scale: Intrinsic, Extrinsic, revised scale 2nd scale. Church-based social support scale, beck hopelessness scale, Suicidal behavior questionnaire- revised | Inter-correlation among religiosity, emotional/social support & mental health. Intrinsic religiosity was significantly negatively associated with hopelessness depression and suicidal behavior, not Extrinsic religiosity. Emotional support was significantly negatively associated with mental health variables; whereas tangible support was negatively associated with hopelessness |
| Freeze and DiTommaso, 2014 Canada | To examine interplay of attachment to parents, to God and church family, religiousness, spirituality and well-being. | Sample=185 from local Baptist churches & 19 from a university. Scales used: The Attachment to God Inventory (AGI), Social Group Attachment Scale (SGAS), (ASPIRES), involvement in religious traditions and activities (Piedmont, 2007) & The Intrinsic/Extrinsic-Revised Scale (I/E-R). | Attachment to parents, attachment to church family, extrinsic religious motivations, connectedness and positive affect did not fit well within this model. Religiousness did not function as a mediator between attachment to God and spirituality because the results of SEM indicated that religiousness and spirituality constructs overlapped, a composite construct, RS, was formed. Greater IAG predicted lower levels of RS, while heightened RS predicted less ED. |
| Unterrainer et al, 2011 Austria | To present different types of Religious/Spiritual Well-Being and their relation to well-being. | General population, Sample=463; age (18-91), 230 women and 233 men. Sense of Coherence Scale & Six-Factors Test (SFT) were used. | Individuals scored highest in all dimensions of RSWB & Sense of Coherence. Relevant differences were found among four types of RSWB concerning the amount of Neuroticism. |
| Kang and Kim 2014 Korea | To investigate efficacy of religion/spirituality in promoting successful adjustment to stressful life | General population, A cross-sectional survey among 217 senior citizens. Scales used; The Brief Multidimensional Measure of Religiosity/Spirituality (BMMRS), Geriatric Depression Scale, The well-being in life sub-scale. BMMRS test for religiosity/spirituality. | After controlling for demographic variables, lower depression scores were recorded for those with higher levels of religious/spiritual coping, higher income and lower daily spiritual experiences. Female participants were found to experience a lower level of well-being. |

Table 1 shows that various methodological designs have been used in studies specifically focused on religion, spirituality and health. A huge majority of studies under investigation were cross-sectional quantitative in nature utilizing quantitative techniques of data analysis. Structured interview schedules and questionnaires were used as data collection tools. Structured interviews minimize the biases and influences of interviewer. Through structured interview, a representative sample size can be acquired and result can be generalized to whole universe. Structured interviews offer a richer, more comprehensive view of an issue.

Another methodological issue is the lack of a qualitative exploration of the issues beside quantitative research design. Quantitative research design only provides the general pattern of responses but fails to investigate in-depth social and behavioral attitudes. The main disadvantage of quantitative research is the context of the study or experiment is ignored.

DISCUSSION

Significant majority of these studies have been conducted in developed countries. Both concepts are basically linked with each other. These findings explicate the need of conducting such researches in healthcare settings. A huge majority of studies under investigation were cross-sectional quantitative in nature utilizing quantitative techniques of data analysis. Another methodological issue is the lack of a qualitative exploration of the issues beside quantitative research design. Quantitative research does not study things in a natural setting or discuss the meaning things have for different people as qualitative research does.

Another disadvantage is that a large sample of the population must be studied; the larger the sample of people researched, the results will be more statistically accurate.¹⁴

Findings of this systematic review explicate a wide range of limitations of sampled studies. Majority of studies with smaller sample size pose issues of generalizability. Some studies have described vague sampling techniques. Not a single longitudinal study in sampled studies has been found. Use of cross-sectional data has limited worth in concluding

causal relationships among constructs. Studies conducted in short time span cannot yield reliable findings. A few studies showed lower reliability estimates. Use of cross-sectional design and questionnaire as data collection tool for gauging multifaceted constructs like religion and spirituality is not appropriate.

CONCLUSION

This systematic methodological review has shown that studies on religious/spiritual factors influencing health contain some weaknesses. Although a considerable quantity of research on this topic is available but no significant contributions has been done so far in this field. However, rare work on weaknesses of design and methodology has been done. Further research is needed to make practical implications of religion and spirituality.

Author Contributions:

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