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Antunes Cortez, Elaine

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Editorial



Religiosity in terms of the influence of health and spirituality: reflections for nursing care is this what you mean?

Elaine Antunes Cortez¹

¹Fluminense Federal University

ABSTRACT

Research into the influence of religion on health have become more advanced and the results have become more consistent. Nursing care should include the world of the patients, which necessitates an understanding of religious beliefs and different ways of expressing religiosity/spirituality. Thus, the dimension of religiosity/spirituality should be valued by nurses. These need to reflect on the affective dimension involved in care.

Keywords: Nursing, Health, Religious Beliefs, Spirituality

There is a degree of urgency with regard to discussions about religion, religious beliefs and practices, spirituality, faith and its relationship to health. In practice, the debate about faith and its relationship to health is a phenomenon resulting mainly from the demand of users. It does this by invoking a degree of care that addresses the patient's health in broader dimensions, including religious and spirituality aspects. By virtue of being human we seek hope, and seek social support with regard to the difficulties of life in this modern, silent and troubled world. In the literature, albeit to a limited extent, these issues have begun to be suggested, as can be noted by a tripling in the number of scientific papers published worldwide in the last decade on this topic. Furthermore, the results of the studies are progressively increasingly consistent⁽¹⁾ and has shown that the benefits of being an adherent to a religion outweigh the harm.

According to Koenig, three factors influence the health of those who adopt religious practices: the beliefs that guide and facilitate the daily decisions contributing to reducing stress; social support, in which the religious community offers emotional and financial support; adopting healthy habits that promote good health. When people adopt religious practices, or when they maintain some form of spirituality, they have 40% less chance of suffering from hypertension, besides having a stronger defense system⁽²⁾. Furthermore, religion can act as a healthy input, helping to maintain well-being of the patient and providing a more comprehensive view of life. The feeling of being loved by God is a key factor and generates a better physical and mental well-being on the part of the patient⁽²⁾. The scientific and theoretical basis of these practices could be taken into consideration if health professionals had proper scientific preparation for this. Moreover, the values associated with the religious dimension is not a matter of believing in God or not, but of considering the social and subjective reality that has an objective existence⁽³⁾. In Watson's Theory of Transpersonal Caring, there is the assumption that a patient's inner strength is able to heal, and therefore caregivers must first recognize this potential in themselves, as a philosophical stance, in order to believe in the strength inside of every other human being⁽⁴⁾. Nursing care should include the world of the patients, and this necessitates the understanding of religious beliefs and different ways of expressing religiosity/spirituality.

Given this context, the dimension of care should be valued by nurses and these should reflect the affective dimension involved in the care, since they are inserted in various scenarios and spaces.

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