



## The influence of oncologist's spirituality and religiosity in their medical care

Pedro Vitor Teixeira Secone<sup>1</sup>, Ana Carolina Frugeri Cavallari<sup>1</sup>, Tamara Veiga Faria<sup>1</sup>, Patricia Maluf Cury<sup>1\*</sup>

<sup>1</sup> FACERES – Medical School of Sao Jose do Rio Preto, Sao Paulo, Brazil.

\*Corresponding author: Dr. Patricia Maluf Cury,  
FACERES - Medical School of Sao Jose do Rio Preto,  
Sao Paulo, Brazil.

Email: pmcury@hotmail.com

DOI: <https://doi.org/10.54448/mdnt21621>

Received: 09-21-2021; Revised: 10-11-2021; Accepted: 11-04-2021; Published: 12-16-2021; MedNEXT-id: e21621

### Introduction

The impact of spirituality and religiosity on health is an increasingly discussed topic in literature, although the World Health Organization has already included the spiritual dimension as being important since 1998. However, there is some confusion between the definition of spirituality and religiosity [1,2]. Spirituality is defined as the human being's search about his or her purpose in life, which can be found in religion, in relationships with other people, in nature, in art, in his or her own thoughts, and in relationships with some divine figure or transcendence. In other words, spirituality is the belief that provides the individual a purpose in life [3].

It contains all the possible needs that an individual requires, which provides perspectives that will guide a person's priorities, and may or may not have an associated religious belief. Therefore, spirituality is present in the daily lives of many individuals because it is an important source of emotional support, helping people to deal with their difficulties and, consequently, influencing their mental and physical health [4].

Thus, when a person faces some types of illness, spiritual beliefs will be a support for that person to deal with suffering and difficulties. Therefore, doctors, even though they may not believe in the patient's beliefs, should respect and support the patient in order to help in treatment and contribute to the patient's coping with the disease. For these reasons, the health of the human being is not only determined as physical and mental, but also spiritual [5].

Religiosity, in turn, involves the systematization of a cult and doctrine shared by a group. Although it can be a positive tool for coping with problems, religiosity can also bring some negative aspects face to this illness. It is because there are some risks that religion can bring

during this period, such as, for example, patients associating the disease with some guilt and this can bring suffering; there may be some religious guidelines that may interfere in the patient's therapeutic process, or the physician may also approach the patient about his own religious beliefs, and, consequently, affect their relationship (both of them) [6].

Even knowing the importance of the theme, there are several barriers that make it difficult for physicians to approach spirituality with the patient. One of them is that they don't know the right time and the right way to talk about it with the patients, because they have a certain difficulty in dealing with the subject due to the lack of knowledge. In addition, there are doctors who are afraid that the subject won't please the patient, and others think that it's not their job to talk about it or that it wouldn't have a positive impact on the individual's treatment. As soon as physicians begin to study the subject and increase their knowledge about it, these difficulties are overcome and, consequently, they begin to approach spirituality more naturally, bringing benefits to the doctor-patient relationship [7].

International research on the relationship between religiosity/spirituality and health has been increasing in recent years, and some universities around the world are adding this content to the doctor's curriculum. However, most physicians do not study this subject during graduation and more in-depth studies on how to apply this subject in the discipline [8]. Regarding the spirituality/religiosity of a healthcare professional, especially the oncologist, who works in sectors where there is a lot of pain and suffering, this has a positive impact and will help him to deal with these difficult moments and maintain his mental health. Therefore, it is important that the health professional knows how to look at the patient as a unique being and be able to integrate all the necessary dimensions of assistance,

especially with people facing very complex diseases such as cancer [3,9].

One of the first issues that must be addressed is the patient's values and priority. In this way, there is more planning of the treatment, foreseeing possible complications during treatment. Although this is true, there is no obligation in the timing of this conversation, since uncertainties are frequent in difficult moments. Therefore, the role of oncologists is not only to treat the disease, but to find the most comfortable way to treat the patient [10,11].

However, there is also the need to recognize some methods that facilitate these conversations and to know how to deal with the difficulties. Thus, the patient's physiological condition, the degree of knowledge about health, the acceptance of the disease, and the support are essential to facilitate the approach, as well as the oncologist's practice. Furthermore, it is valid to consider that some barriers should be recognized, such as the demographic condition of the patient and the clinic, the patient's religion, his culture, the denial of the disease, and the time of the disease [12].

The aim of this study was to investigate the influence of spirituality of medical oncologists in their professional practice regarding the doctor-patient relationship.

## Methods

This is a cross-sectional study with a "quali-quantitative" approach with participants represented by oncologists and residents. After approval by the Research Ethics Committee of the Institution, the participants were invited to answer an online questionnaire sent by the researchers, through social networks, about their religious beliefs and other questions about the influence of religion and spirituality in their work.

## Ethical Approval

This study was approved by the CEP/CONEP Research Ethics Committee in accordance with CNS resolution n° 466/12 under registration n° 4.470.042.

## Results and Discussion

The amount of 35 medical oncologists responded to the survey, 62.9% of whom were women. The mean age was 39.7 years, ranging from 29 to 64 years. 45.7% declared themselves catholic, 22.9% spiritualist, 20% evangelical, 8.6% atheist and 2.8% who have no religion but believe in God. Although 37.1% of the oncologists declared that they had never studied spirituality and religiosity, half of the doctors (51.4%) find it very relevant to approach this subject with their

patients, and only 2.9% do not see the importance of the subject. Thus, 54.3% always discuss spiritual matters with their patients, 22.9% of the physicians discuss them sometimes, and 22.9% only when asked. At the same time, regarding the approach with family members, only 22.9% talk about spirituality often, 25.7% when requested, and 51.4% only sometimes. Another factor that influences communication is the fact that the doctor has children, when 50% of them say that this affects the conversation with patients about spiritual matters.

Among the barriers that most discourage doctors to discuss spirituality are the fear of imposing their beliefs or offending the patient (45.7% of the answers), lack of knowledge or training (17.1%), and feeling uncomfortable (11.4%). The great majority of medical oncologists (85.7%) understand that religion/spirituality helps to cope with suffering or stress at work. Although 94.3% of physicians believe that spirituality/religiosity influences patient health, only 4% always note these issues in the medical record and 62.9% record only sometimes. Related to a chaplain's help, 31.4% of doctors have never asked for a visit to religious assistance for a patient, and only 20.8% of these physicians have asked on their own.

## Conclusion

Although oncologists know how important it is for physicians to discuss issues related to spirituality with patients and their families as a support tool in the health-disease process, there is still much prejudice or insecurity in dealing with these issues.

**Keywords:** Oncologists. Professionalism. Spirituality.

## Acknowledgement

To Luciana Maria Teixeira, for the English translation.

## Ethical approval

This study was approved by the CEP/CONEP Research Ethics Committee in accordance with CNS resolution n° 466/12 under registration n° 4.470.042.

## Informed consent

The patient signed the consent form.

## Funding

Not applicable.

## Data sharing statement

No additional data are available.

## Conflict of interest

The authors declare no conflict of interest.

C, Feder S, Nina AB. Facilitators and Barriers to Oncologists' Conduct of Goals of Care Conversations. *J Palliat Care*, 2018, 33(3):143-148.

## About the License

© The authors (s) 2021. The text of this article is open access and licensed under a Creative Commons Attribution 4.0 International License.

## References

1. Guimarães H, Avezum Á. O impacto da espiritualidade na saúde física; *Rev. Psiq. Clín.* 2007, 34, supl 1; 88-94.
2. Oliveira M, Junges J. Saúde mental e espiritualidade/religiosidade: a visão de psicólogos; *Estud. Psicol.* 2012, 17 (3): 469-476.
3. Pilger CM, Macedo JK, Zanelatto RGS, et al. Percepção da equipe de enfermagem de uma unidade; *Cienc Cuid Saude*, 2017, 13(3):479-486.
4. Cervelin AF, Kruse HLM. Espiritualidade e religiosidade nos cuidados paliativos: conhecer para governar. *Escola Anna Nery Revista de Enfermagem*, 2014, 18(1): 136-142.
5. Saad M, Masiero D, Battistella LR. Espiritualidade baseada em evidências. *Acta Fisiátr.* 2001, 8(3): 107-112.
6. Peres M.F.P., Arantes ACLQ, Lessa OS et al. A importância da integração da espiritualidade e da religiosidade no manejo da dor e dos cuidados paliativos; *Rev. Psiq. Clín.* 2007, 34, supl 1; 82-87.
7. Lucchetti G, Granero AL, Bassi RM, et al. Espiritualidade na prática clínica: o que o clínico deve saber? Sociedade Brasileira de Clínica Médica. *Rev Bras Clin Med* 2010;8(2):154-8.
8. Aguiar PR, Cazella SC, Costa MR. A Religiosidade/Espiritualidade dos Médicos de Família: Avaliação de Alunos da Universidade Aberta do SUS (UNA-SUS). *Rev. Bras. Educ. Med.* 2017, 41 (2); 310-19.
9. Espíndula JA, Valle ERM, Bello AA. Religião e espiritualidade: um olhar de profissionais de saúde. *Rev. Latino-Am Enfermagem [Internet]*. 18(6):[08 telas]. nov-dez 2010 [acesso em: 20/09/2020] Disponível em: [https://www.scielo.br/pdf/rlae/v18n6/pt\\_25.pdf](https://www.scielo.br/pdf/rlae/v18n6/pt_25.pdf)
10. Schulman-Green D, Smith CB, Lin JJ, et al. Oncologists' and patients' perceptions of initial and final goals of care conversations; *Journal of pain management*, 2018, 55(3): 890-896.
11. Puchalski CM, Sbrana A, Ferrell B, Jafari N, King S, Balboni T, et al. Interprofessional spiritual care in oncology: a literature review. *ESMO Open*. 2019, Feb 16;4(1):e000465.
12. Schulman-Green D, Jenny J Lin J, Cardinale B Smith

