SAÚDE E PESQUISA
e-ISSN 2176-9206

ORIGINAL ARTICLE

https://doi.org/10.17765/2176-9206.2025v18e13142

QUALITY OF LIFE AND SPIRITUALITY OF HEALTH UNIVERSITY STUDENTS: PRELIMINARY STUDY

QUALIDADE DE VIDA E ESPIRITUALIDADE DE ESTUDANTES UNIVERSITÁRIOS DA SAÚDE: ESTUDO PRELIMINAR

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Received: 17 Sept. 2024
Accepted: 16 Dec. 2024

ABSTRACT: Suicide rates among medical students are higher than in other academic groups. This study evaluated the spiritual well-being and quality of life in university students from the health area. The bibliographic survey sought works published in the last five years. The instrument Quality of Life/spirituality, religion and personal beliefs (WHOQOL-SRPB) was applied through an unidentified virtual form. Results: 13 studies were included, being PubMed (1), Embase (3) and Lilacs/BIREME/BVS (8). Twenty nine complete responses to the questionnaires were collected. Spirituality and religiosity are effective tools to cope with stress, and can have a positive relationship with the improvement of mental health, by raising self-efficacy and reducing burnout. However, there is still a lack of studies on medical students, who study practical subjects of human anatomy, which makes it difficult to better understand and associate the subject.
KEYWORDS: learning teaching process; medical education; quality of life; spirituality.

RESUMO: Taxas de suicídio entre estudantes de medicina são maiores do que de outros grupos acadêmicos. Este estudo avaliou o bem estar espiritual e a qualidade de vida em estudantes universitários da área da saúde. O levantamento bibliográfico buscou trabalhos publicados nos últimos cinco anos. Foi utilizado o instrumento Qualidade de Vida/espiritualidade, religião e crenças pessoais (WHOQOL-SRPB) aplicado por meio de formulário virtual não-identificado. Resultados: Foram incluídos 13 estudos sendo: PubMed (1), Embase (3) e Lilacs/BIREME/BVS (8). Foram coletadas 29 respostas completas aos questionários aplicados. A espiritualidade e a religiosidade são ferramentas eficazes de enfrentamento do estresse, e podem ter uma relação positiva com a melhora da saúde mental, por elevar a auto-eficácia e diminuir o esgotamento. Contudo, há ainda uma carência de estudos sobre estudantes de medicina, que cursam disciplinas práticas de anatomia humana, o que dificulta uma melhor compreensão e associação da temática.
PALAVRAS-CHAVE: educação médica; espiritualidade; qualidade de vida; processo de ensino aprendizagem.

INTRODUCTION

The high prevalence of suicidal ideation among Brazilian medical students suggests a demand for studies that assist educators and health professionals in understanding suicidal idealism in this population, collaborating for the development preventive strategies to mitigate such a problems.[1] Santa and Cantilino,[2] in 2016, pointed out a higher suicide rate among medical students compared to the general population and other academic groups. The main causes mentioned were higher incidence of psychiatric disorders, such as depression, substance abuse, and psychological suffering related to specific professional experiences such as heavy workload, sleep deprivation, difficulty with patients, unhealthy environments, financial worries and information overload.

The quality of life is determined by various conditions, with religiosity and spirituality often being present.[2,3] Recent studies indicate that these factors provide significant stimuli for positive emotions, aiding in improving life and social relationships.[4] University students are highly exposed to adaptive challenges related to the new academic context, which can become quite stressful, as well as contributing to the development of psychosomatic diseases, impacting their quality of life.[3,5] Thus, as a coping mechanism for difficulties experienced in university, many students engage in spiritual and/ or religious practices to improve their physical and mental health, enhance self-efficacy and reduce burnout.[3,6]

Influencing factors are usually cited in studies about the quality of life and emotional well-being of students taking practical subjects in health.[7-9] Some verification instruments, such as the Quality of life, spirituality, religion and personal beliefs (WHOQOL-SRPB), have been validated to Portuguese, and are available to analyze factors that may impact on the quality of life of Brazilians.[7-9] Given the the relevance of the topic and the lack of studies focused on the relationship between quality of life in the academic community, especially for students of human anatomy who work with biological material and experience human mortality, this work aimed to gather studies and quantify the perception of health students regarding spiritual well-being, and the influence of quality of life in this process. This analysis can help develop strategies to cope with difficulties during graduation, acting as an important adjunct to the teaching-learning process.

METHODOLOGY

For the bibliographic survey, the following databases were included: PubMed, Excerpta Medica (EMBASE), and Latin American and Caribbean Literature in Health Sciences (Lilacs). Only descriptors registered in the Health Sciences Descriptors (DeCS) and in the Medical Subject Headings (MeSH) of the United States National Library of Medicine, were used in a combined manner in Portuguese and English: religion (religion), quality of life (quality of life), students (students), and the boolean operator "AND". These vocabularies establish a unique and common language that allows the organization and facilitates the search and retrieval of technical and scientific literature on health available in the information sources of the Virtual Health Library. Thus, studies published between 2016 and 2021 in Portuguese and English were included. Therefore, articles presenting proposals contrary to the objectives of this research were excluded.

This cross-sectional, descriptive study observed the predictive roles of religiosity and spiritual coping on the quality of life of Brazilian university students. The research protocol was approved by the local Ethics Committee (approval number: 4.925.373), before inviting participants. The validated

Portuguese version of the Quality of Life/Spirituality, Religion and Personal Beliefs (WHOQOL-SRPB),[7-9] instrument was applied virtually through an unidentified opinion questionnaire, consisting of 32 direct and objective questions. The population consulted consisted of medical students from the Central-West region of Brazil. The Google platform was used for the application and during the configuration of the questionnaire, email collection was removed, and there were no fields to fill in demographic and personal data. This adaptation of the tool for an impersonal opinion questionnaire, using only a code provided by the researcher who applied the form, allowed the participation of a larger number of students, while guaranteeing the anonymity of the answers.

RESULTS AND DISCUSSION

In the literature review, 13 studies published on spirituality in the university population worldwide were included, consisting of: PubMed (1), Embase (3) and Lilacs/BIREME/BVS (8), which are presented in chart 1. The recent study by Okoro, Muslim and Biombo (2020)[11] with Nigerian students points to academic stress as a cause of adverse consequences that can impact on students' overall well-being and quality of life (QOL). Nigerian students face other challenges, such as financial restrictions since there are no student loans, in addition to emotional problems. Therefore, there is a need for educators to consider the QOL of their students when preparing them for professional practice. It is also the responsibility of the academic institution to create a conducive environment that enhances student well-being. Encouraging well-being in higher education institutions means stimulating effective learning and human development.

Leong and Pong (2021)[12] evaluated 500 students (17-24 y/o; 279 females), using the Spiritual Health and Life Guidance Instrument (SHALOM) to assess their spiritual well-being in personal, community, environmental, and transcendental domains, and the Depression Scale, Anxiety and Stress 21 (DASS-21) to evaluate their emotional states of depression, anxiety and stress. The results showed that students with lower levels of spiritual well-being reported higher depression, and this association was found across all domains of spiritual well-being (by environmental and transcendent signs). University students with symptoms of depression appear to have lower spiritual well-being in the personal and community domains; in other words, inferior spiritual well-being was associated with greater sadness among university students.

The literature warns of the need for activities to develop social skills among medical students, particularly empathy. In addition, studies that can identify the main causes and psychological stimuli for suicide in this population are also important for building more effective interventions, and applying support programs that can practically evaluate, the benefits of specific interventions for these students' quality of life. Peacock (2020)[13] observed the positive impacts of social connectivity on depressive symptoms and QOL after surveying 1075 university students. Social connectivity was a significant contributor to all health measures, with the variables explaining the highest variance being depressive symptoms (28.6%), and health-related QOL (24.6%). The author strongly recommends that institutions prioritize activities that include social behaviors, due to the positive effect these factors can have on the mental health of university students.

Chart 1 - Studies included in the literature review.

Year	Authors	Demographic Data	Results	Questionnaire
2021	Cheah, et.al. 5	503 Chinese and Malaysian university students, (63% females).	S/R ratio as a determinant of QOL	WHOQOL-bref
2021	Teixeira, et.al.18	864 Brazilian dental students, 20 y/o, 597 females	S/R ratio as a determinant of QOL	WHOQOL-bref
2021	Margotti, Sousa, Braga, 17	159 Brazilian nursing students, both genders, and no demographic data collection	S/R ratio with self-care and better QOL	WHOQOL-bref
2019	Dar, Iqbal 20	92 Indian university students (17-21 y/o) both genders	Influence of spiritual practices on personal well-being	MLQ, RCI-10, WEMWBS
2018	Machado, et.al. 15	417 Brazilian medical students (22 y/o) of both genders.	Relationship of religiosity with better health and academic performance	SWL, PANAS, PSWQ, DUREL
2016	Dilber, et.al. 7	100 University students (66% females), and no demographic data collection	Religiosity associated with greater self-efficacy, well-being and less exhaustion	SCL-90-R
2016	Deb, et.al. 19	475 Indian university students, (20-27 y/o), 234 females	Relationship of Gender, Status, Religious Background and Social Support with Spirituality and Mental Health	DUREL, NRCOPE, EWBS, MHCL, WHOQOL-bref
2016	Pillay, et.al. 6	230 medical students (21 y/o), both genders	High prevalence of depressive symptoms in the medical students (15.6%). Lower spirituality associated with non-adherence to a religion and history of mental illness.	Zung SDS, SIBS, WHOQOL, and a demographic data sheet
2021	Leung, et.al. 12	500 Chinese university students, both genders, (17-24 y/o)	Relationship between spiritual well-being and symptoms of psychological disorders	SHALOM, DASS- 21
2020	Okoro et.al. 11	711 Pharmacy students in northern Nigeria, (33.6% females), 15-50 y/o	S/R relation determining QOL	WHOQOL-BREF
2020	Peacock, et.al. 13	1069 university students (74.5% females), 22y/o	Relationship of spiritual well-being and attendance to church, patients exhibit better health behaviors	QVRS, CAS, SCBCS, SCS, SSRS, HRQOL
2017	Dar, Iqbal 14	92 college students, both genders, 17 - 21 y/o	Religious commitment is associated with indicators of well-being, such as positive emotions and moods, absence of negative emotions and satisfaction with life	RCI-10, WEMWBS, MLQ (Presence and Search)
2019	Felicilda-Reynaldo; et al, 16	659 university nursing students, 21 y/o, nationality (Greece, India, Kenya, USA), (83% males)	Relationship of QOL and religiosity in nursing students	DUREL, SCS, WHOQOL-BREF,

Fonte: The authors. S/R: spirituality/religiosity. QOL: quality of life.

Students from the first and second year of a medical course from the Central-West of Brazil were invited to participate. Out of 120 invitations sent, approximately 29 complete responses to the WHOQOL-SRPB instrument were received.From a total of 29 unidentified responses, it was found that 75.8% of the students consider spirituality as an auxiliary resource during difficult situations (Figure 1). Therefore, it can be concluded that spirituality, some extent, functions as a strategy and/or coping mechanism for the difficulties experienced during graduation.[3]

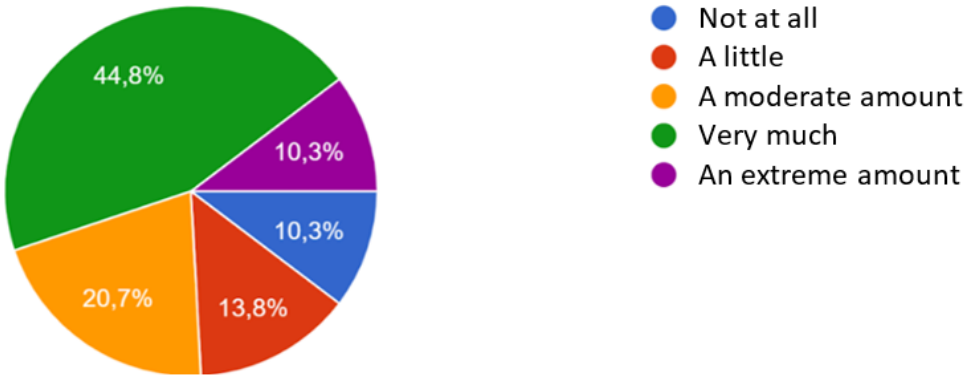

Figure 1 - To what extent does any connection to a spiritual being help you to get through hard times?
Source: The authors. (29 answers)

Machado et.al. (2018)[15] used the following instruments: Life Satisfaction Scale (SWL), Positive and Negative Affect Scale (PANAS), State of Pennsylvania Concern Questionnaire (PSWQ) and Duke's Religiosity Index (DUREL); found in a sample of 417 medical students (73.54% of total enrolled) a medium level of life satisfaction, low levels of positive emotions, and high levels of anxiety/discomfort. The data corroborate the negative association between subjective well-being (SWB) and anxiety. The authors highlight the need for creating preventive intervention programs to enhance SWB through positive psychological techniques and/or decrease anxiety, applying, for example, behavioral therapy and/or mindfulness techniques for medical students.

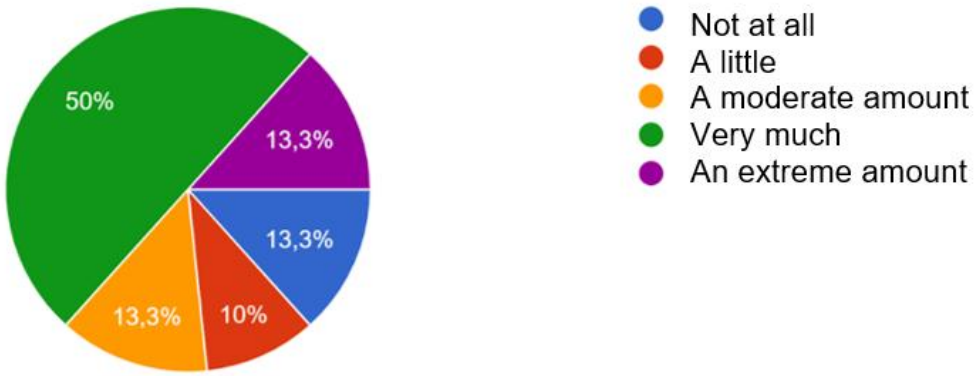

Figure 2 – To what extent does faith contribute to your well-being?
Source: The authors. (30 answers)

Regarding the contribution of faith to emotional well-being, 30 responses were obtained, with: "very much" (50%), "a moderate amount" (13.3%) and "an extreme amount" (13.3%) and are presented in Figure 2. This result aligns with studies that indicate the beneficial relationship of spirituality and religiosity with the well-being of university students.[6,13,14] Only 10% consider spirituality insignificant for tolerating the stress experienced (Figure 3). Thus, it can be seen that faith plays a beneficial role in

controlling and tolerating stress, given that academic life provides various stimuli to students, and often demands behaviors of resilience and adaptability. They therefore experience more stress, nervousness and vulnerability at this stage of life.[6,11] Spirituality has been usually indicated as an important contributing factor for the QOL of university students.[3,15] This positive association is influenced by the belief that the difficulties faced are temporary and that faith serves as a protective tool, aiding in the evolutionary process during academic life.[16]

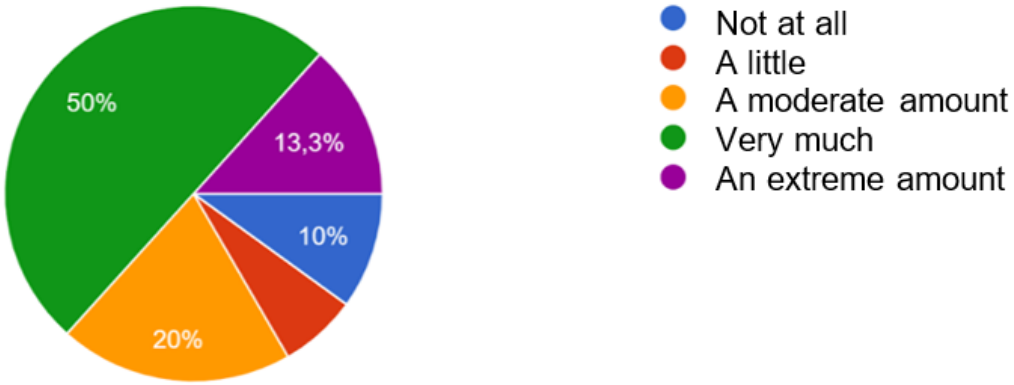

Figure 3 - To what extent does any connection to a spiritual being help you to tolerate stress?
Source: The authors. (30 answers)

A multicenter Brazilian study was conducted during the pandemic, analyzing 864 university students from the dentistry program (567 females; 20 y/o). Better satisfaction and quality of life indices were related to the presence of spiritual practices or religiosity.[17] It was observed that students who reported having some religion were found themselves in the satisfaction region regarding their QOL, which can be justified by the fact that spirituality and religiosity are associated with greater satisfaction of QOL. The belief that the problem they are facing is temporary and that their faith in something divine protects them may be determining factors in this association with better QoL levels. There is a consensus in the literature about the relationship between religiosity and spirituality as important stimulants for positive emotions and neutralizers for negative emotions.[3,4,18, 19, 21.]

In 2016, a group of 475 postgraduate students (20-27 y/o; 234 females) was observed in India. Spirituality was measured using the Spirituality Attitude Inventory, while mental health status was estimated based on scores from the psychological subscale of the WHO Quality of Life Questionnaire. Female students were found to be significantly more spiritual than male students, particularly in spiritual practice and sense of purpose/connection. Greater spirituality was associated with a family environment and more support from teachers and colleagues. There was a strong association between overall spirituality and two domains of spirituality (spiritual belief and sense of purpose/connection) with better mental health. Open dialogue about spirituality for university students is important as part of their mental health services and support that promote a positive mindset and increase resilience.[18,19]

Vitorino, et.al. (2023)[21] also considers solid evidence that spirituality and religiosity can reduce students' suicidal ideation. However, studies are scarce among medical students. Recently, a cross-sectional study involving Brazilian medical students was recently published. Sociodemographic and health variables were evaluated, including suicidal ideation (item 9 of the Beck's Depression Inventory - BDI), spiritual and religious coping (Brief SRC), religiosity (Duke's Religion Index), spiritual well-being (Meaning, peace and faith FACIT SP-12) and symptoms of depressive (PHQ-9) and anxiety (GAD-7). From a sample of 53 medical students, 62.0% presented significant depressive symptoms, 44.2% presented

significant anxiety symptoms, and 14.2% reported suicidal ideation. In the adjusted logistic regression models, meaning (OR = 0.90; p = .035) and faith (OR = 0.91; p = .042) were associated with lower suicidal ideation, while negative spiritual and religious coping was associated with higher suicidal ideation (OR = 1.08; p = .006).

PRACTICAL IMPLICATIONS

A highly valuable experience is provided by the observation of the dissected human body: it contributes to self-knowledge, facilitates the observation of equality among human beings, without any influence or hierarchy based on race, social status, religion, or human constitution; in other words, human mortality carries an inherent ethical and moral burden. This study enables the updating of literature on the tools to assess the influence of spirituality and religiosity on the quality of life of university students, especially those who come into contact with human mortality from the early years of the course.

It alerts the scientific community to the need to encourage studies dedicated to the mental health and quality of life of this population, which can indicate effective pedagogical directions for the humanistic training of health professionals, especially of those who practice dissection of the human body in anatomy course. Finally, it presents the preliminary results for the application of WHOQOL-SRPB in a sample of 30 medical students.

STUDY LIMITATIONS

Among the observed limitations, the convenience sample, composed of only 30 students from a health course, certainly compromises the representativeness of this population. Although the Quality of Life/spirituality, religion and personal beliefs (WHOQOL-SRPB) instrument has proven to be a reliable and valid multidimensional measure for quality of life, it was applied at the time when students returning to in-person activities after the COVID-19 pandemic, and for this reason, it had low participation from the sample. Another limiting factor is the absence of published works using WHOQOL-SRPB, that included medical students, during human anatomy courses. There is still a lack of studies that report possible positive effects of religious and/or spiritual practices on the well-being and quality of life of these students. This fact prevents the comparison of results; however, it encourages the development of further studies in this population.

CONCLUSION

Considering the relevance of training emotional skills, empathy, and humanistic training of medical professionals, it is essential to evaluate and implement effective strategies that benefit the quality of life of this population. Based on the bibliographic research conducted and data collected, it was possible to perceive a positive relationship between spirituality/religiosity with quality of life, and well-being of students of different nationalities and health education areas.

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