

## Effect of faith on the acceptance of chronic disease patients

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### ABSTRACT

**Aim** To examine the influence of religion on the acceptance of illness in chronic patients who find solace in religion and spiritual beliefs, according to gender, age and chronic disease type.

**Methods** The study included 100 patients (40 males and 60 females) suffering from chronic diseases that were treated at the Clinic of Internal Medicine, University Hospital Osijek during the period between August 10 and September 30, 2011. The Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being (FACIT-Sp) scale was used as a research instrument. Data were presented as absolute and relative frequencies, the observed differences between groups were tested by Fisher exact test and significance level was set at 0.05.

**Results** Comparison of the area of spirituality in relation to gender showed the difference in the significance for males (Sv-12.5) and females (13.5) ( $p=0.033$ ). Respondents older than 60 years had the highest mean score in all three areas of spirituality, (meaning 13.4, peace 11.3, religion 11.9), the overall mean value was 36.6. The rating of spirituality in the area of meaning ( $p=0.041$ ) and peace ( $p=0.007$ ) was significantly lower for subjects suffering from rheumatic diseases. The total value of the Facit-Sp scale was significantly higher for patients suffering from lung diseases (38.0 Sv). Significant correlation in the areas of meaning and peace was found ( $p<0.001$ ) in all tested subjects.

**Conclusion** The research has shown that religion had a significant influence on the acceptance of illness in chronic patients.

**Key words:** FACIT-Sp, spirituality, chronic patient.

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## INTRODUCTION

A large number of medical studies confirmed the positive connection between spirituality and faster recovery from various illnesses, greater resistance to diseases and improving quality of life of chronic and terminal patients. The development of science and technology in medicine, as well as increasing need for material goods replaced the spirituality in the medical application (1).

The importance of the spiritual dimension of human beings is often most prominent during some difficult ordeal such as the confrontation with illness or death (2). Religion is certainly not a cure in medical terms, but religion as a basis for life stand may decisively contribute to healing (3). Today, however, the medicine is increasingly dominated by a broader approach; health is defined as the welfare of organism as a whole, and its good and successful effect on the physical, emotional, social, and spiritual levels of personality. Christian anthropology observes human life through physical, psychological, social, and spiritual levels (4). In studies examining the usefulness of religion, its association with health and acceptance of disease, the most common questions are: Are believers healthier than those who do not believe? Is the suffering of the believers easier than those who do not believe? Is the dying of the believers easier (nicer, better) than those who do not believe? (4).

Hagiotherapy (therapeutic methods of spiritual medicine) is originally a Croatian model of spiritual care, developed by Dr. Tomislav Ivancic, professor at the Catholic Theological Faculty in Zagreb. Hagiotherapy is a science which studies human spiritual dimension, a spiritual pathology of the soul (5).

The origins and development of a disease are influenced by many factors: individual, psychological, social, physical and spiritual (5).

Science and religion are two biggest global powers. There are more and more scientists who take religion seriously and are interested in the spiritual dimension. In other words, science and religion attempt to make sense of the same mystery (1).

In her book "The basic principles of health care", Virginia Henderson listed 14 basic components of health care, where number 11 ensured hel-

ping the patients to practice their religion, and treatment in accordance with their own understanding of good and evil (6). Enabling the patients to live in accordance with their religion even during the disease should be done by a series of means: helping the patient to come to a place where religious rites are celebrated, or inviting the servants of his or hers religious community to come to him/her, making sure that the patient can talk to the minister in seclusion, enabling the act of receiving the sacraments, which are an integral part of patient's religious life (6).

Humanistic psychologist A.G. Maslow in his theory of personality emphasized that people behaved and acted in accordance with meeting their own needs. Knowledge of Maslow's hierarchy of motives helps us to understand human needs and provides us with opportunities to improve in helping the person, especially a patient that in most cases does not even meet the lowest level of this hierarchy (7). We expect that all health professionals (psychologists, doctors, nutritionists, physical therapists, chaplains, nurses and caring staff) ask patients whether they have the ability to seek assistance in meeting their basic human needs, and if they need assistance, providing them (8). Dr. Arthur Jores, a medical anthropologist from Hamburg, came to the conclusion that almost 70% of all somatic diseases are caused by, and have its origin in the psychological and even more in the spiritual domain, and that only 30% of diseases are caused by bacteria, viruses, and parasites (1). In recent years, it becomes evident that the number of those patients who express religious beliefs is growing. The broader the nurse's knowledge of different religions, the more aware the nurse is of positive effects of religion on patient's health, the more developed nurse's own spirituality is and the broader nurse's tolerance to all religions is, the easier is for nurse to help the patient (9). Religious officials are specially trained to work with patients and doctors are joining them in studying the healing process (10).

The aim of this study was to examine whether chronic patients found solace in religion and spiritual beliefs to accept the disease, whether there were differences in the acceptance of the disease between males and females, differences depending on chronic disease type and chronically ill patients' age (10).

## PATIENTS AND METHODS

The study was conducted at the Clinic of Internal Medicine, University Hospital Osijek during the period between August and September 2011.

The study included 100 subjects with different chronic diseases. The average age of respondents was 54.4 ( $\pm$  9) years. Out of the total number of respondents 40 (40%) were male with mean age 56.2 ( $\pm$  10.7) years, and 60 (60%) were females with mean age 53.2 ( $\pm$  7.5) years.

The Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being (FACIT-Sp) scale was used as a research instrument for the functional assessment of the importance of spirituality in the therapy of chronic diseases (11). FACIT-Sp questionnaire contains 12 items. The questionnaire assessed the areas of spiritual well-being: meaning, peace and faith (Table 1- 4).

Response for each item was assessed according to Likert scale 0-4 (0 - not in any event, 1 - small, 2 - somewhat, 3 - a lot, 4 - severe). Particles 4 and

8 were assessed vice versa. The field of spiritual significance assessed cognitive aspect, and the area of peace and faith affective aspect of spiritual well-being. The results in each area were expressed as the mean response to the particles that described it. The total score for each area was in the range 0-16, and total score of the whole scale was between 0 and 48. In all areas of the questionnaire higher scores indicated better quality of life, that is a spiritual well-being.

Testing was conducted in groups according to gender (male and female respondents), age ( $\leq$  45, 46-65,  $>$  65), and diagnosed diseases (pulmonary disease, cardiovascular diseases, diseases of the digestive organs, and rheumatic and immune diseases).

Numeric data were described in the basic measure of environment and dispersal. Normality of the distribution of observed numerical variables was tested by Kolmogorov-Smirnov test. Categorical variables were described in absolute and relative frequencies. To explore the differen-

**Table 1. Distribution of answers to questions about the meaning of spirituality, by gender**

Question/Meaning	No (%) of patients			p*
	Males	Females	Total	
<b>I have a reason for living</b>				
Not at all	0	2 (3.3)	2 (2)	0.007†
A little bit	1 (2.5)	0	1 (1)	
Some-what	1 (2.5)	0	1 (1)	
Quite a bit	17 (42.5)	9 (15)	26 (26)	
Very much	21 (52.5)	49 (81.7)	70 (70)	
<b>My life has been productive</b>				
Not at all	1 (2.5)	0	1 (1)	0.244*
A little bit	2 (5)	4 (6.7)	6 (6)	
Quite a bit	18 (45)	18 (30)	36 (36)	
Very much	19 (47.5)	38 (63.3)	57 (57)	
<b>I feel a sense of purpose in my life</b>				
Not at all	1 (2.5)	0	1 (1)	0.153*
A little bit	2 (5)	7 (11.7)	9 (9)	
Quite a bit	18 (45)	17 (28.3)	35 (35)	
Very much	19 (47.5)	36 (60)	55 (55)	
<b>My life lacks meaning and purpose</b>				
Not at all	12 (30)	28 (46.7)	40 (40)	0.421*
A little bit	10 (25)	10 (16.7)	20 (20)	
Some-what	4 (10)	8 (13.3)	12 (12)	
Quite a bit	10 (25)	10 (16.7)	20 (20)	
Very much	4 (10)	4 (6.7)	8 (8)	
<b>Total</b>	<b>40 (100)</b>	<b>60 (100)</b>	<b>100 (100)</b>	

\* $\chi^2$  test; <sup>†</sup>Fischer exact test

Table 2. Distribution of answers to questions about the meaning of spirituality in relation to patients' condition

No (%) of patients						
Question/Meaning	Lung disease	Diseases of the heart and blood vessels	Diseases of the digestive organs	Rheumatic diseases	Total	p*
<b>I have a reason for living</b>						
Not at all	0	0	1 (5)	1 (6.3)	2 (2)	0.453
A little bit	0	1 (2.6)	0	0	1 (1)	
Somewhat	0	1 (2.6)	0	0	1 (1)	
Quite a bit	7 (26.9)	7 (18.4)	8 (40)	4 (25)	26 (26)	
Very much	19 (73.1)	29 (76.3)	11 (55)	11 (68.8)	70 (70)	
<b>My life has been productive</b>						
Not at all	0	0	0	1 (6.3)	1 (1)	0.328
A little bit	1 (3.8)	1 (2.6)	1 (5)	3 (18.8)	6 (6)	
Quite a bit	10 (38.5)	13 (34.2)	7 (35)	6 (37.5)	36 (36)	
Very much	15 (57.7)	24 (63.2)	12 (60)	6 (37.5)	57 (57)	
<b>I feel a sense of purpose in my life</b>						
Not at all	0	0	0	1 (6.3)	1 (1)	0.033
A little bit	0	2 (5.3)	6 (30)	1 (6.3)	9 (9)	
Quite a bit	9 (36.4)	13 (34.2)	6 (30)	7 (43.8)	35 (35)	
Very much	17 (65.4)	23 (60.5)	8 (40)	7 (43.8)	55 (55)	
<b>My life lacks meaning and purpose</b>						
Not at all	10 (38.5)	19 (50)	6 (30)	5 (31.3)	40 (40)	0.624
A little bit	6 (23.1)	6 (15.8)	4 (20)	4 (25)	20 (20)	
Somewhat	2 (7.7)	5 (13.2)	4 (20)	1 (6.3)	12 (12)	
Quite a bit	5 (19.2)	6 (15.8)	6 (30)	3 (18.8)	20 (20)	
Very much	3 (11.5)	2 (5.3)	0	3 (18.8)	8 (8)	
<b>Total</b>	<b>26 (100)</b>	<b>38 (100)</b>	<b>20 (100)</b>	<b>16 (100)</b>	<b>100 (100)</b>	

\* $\chi^2$  test

ce between two independent groups T-test was used, to compare more than two independent groups ANOVA test was used.

The difference between categorical variables was tested with  $\chi^2$  test and Fisher exact test. The relationship among the parameters was evaluated by Pearson (r) correlation coefficient. The level of importance was  $\alpha = 0.05$ .

SPSS for Windows program was used for statistical data processing (version 13.0, SPSS Inc., Chicago, IL, USA).

For the testing of the internal reliability the Cronbach ( $\alpha$ ) coefficient scale was used.

The research was approved by the chief and head nurse of the Clinic of Internal Medicine. All participants were informed of the research aim, they were given written notification for participation. The study was conducted in accordance with et-

hical principles and human rights in biomedical research.

## RESULTS

Two (2%) female respondents had no reason for living whatsoever, 26 (26%) respondents had enough reason for living and 70 (70%) of respondents had a strong reason for living. There were differences between males and females concerning the meaning of spirituality, 49 (81.7%) female respondents had a strong reason for living ( $p = 0.007$ ) (Table 1).

Considering the meaning of spirituality, 17 (65.4%) lung disease patients and 23 (60.5%) patients suffering from diseases of the heart and blood vessels felt their life had a strong meaning ( $p=0.033$ ) (Table 2). Among the subjects who suffered from lung dise-

**Table 3. Distribution of answers to questions about the peace in relation to patients' condition**

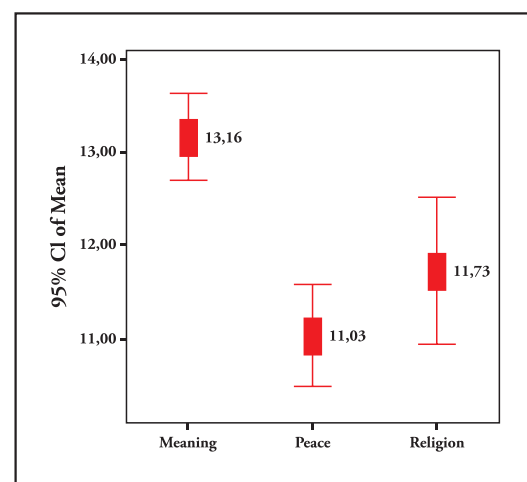
Question/Meaning	No (%) of patients					p*
	Lung disease	Diseases of the heart and blood vessels	Diseases of the digestive organs	Rheumatic diseases	Total	
<b>I feel peaceful</b>						
Not at all	0	0	1 (5)	3 (18.8)	4 (4)	0.068
A little bit	2 (7.7)	3 (7.9)	4 (20)	3 (18.8)	12 (12)	
Somewhat	2 (7.7)	7 (18.4)	3 (15)	2 (12.5)	14 (14)	
Quite a bit	14 (53.8)	18 (47.4)	11 (55)	4 (25)	47 (47)	
Very much	8 (30.8)	10 (26.3)	1 (5)	4 (25)	23 (23)	
<b>I have trouble feeling peace of mind</b>						
Not at all	9 (34.6)	10 (26.3)	3 (15)	2 (12.5)	24 (24)	0.469
A little bit	4 (15.4)	12 (31.6)	8 (40)	4 (25)	28 (2)	
Somewhat	7 (26.9)	7 (18.4)	4 (20)	3 (18.8)	21 (21)	
Quite a bit	2 (7.7)	7 (18.4)	4 (20)	5 (31.3)	18 (18)	
Very much	4 (15.4)	2 (6.3)	1 (5)	2 (12.5)	9 (9)	
<b>I am able to reach down deep into myself for comfort</b>						
Not at all	0	1 (2.6)	0	1 (6.3)	2 (2)	0.235
A little bit	1 (3.8)	0	1 (5)	2 (12.5)	4 (4)	
Somewhat	3 (11.5)	5 (13.2)	5 (25)	2 (12.5)	15 (15)	
Quite a bit	8 (30.8)	14 (36.8)	10 (50)	6 (37.5)	38 (38)	
Very much	14 (53.8)	18 (47.4)	4 (20)	5 (31.3)	41 (41)	
<b>I feel a sense of harmony within myself</b>						
Not at all	1 (3.8)	4 (10.5)	3 (15)	2 (12.5)	10 (10)	0.412
A little bit	7 (26.9)	6 (15.8)	5 (25)	7 (43.8)	25 (25)	
Quite a bit	11 (42.3)	17 (44.7)	10 (50)	4 (25)	42 (42)	
Very much	1 (26.9)	11 (28.9)	2 (10)	3 (18.8)	23 (23)	
<b>Total</b>	<b>26 (100)</b>	<b>38 (100)</b>	<b>20 (100)</b>	<b>16 (100)</b>	<b>100 (100)</b>	

\* $\chi^2$  test

ases, eight (30.8%) felt the most tranquil, while nine (34.6%) felt the most peaceful. At the same time they were also the ones who were mostly able to look deep into themselves and find solace. The feeling of harmony was the most common in patients suffering from cardiovascular diseases (Table 3).

Strong consolation and strength in faith were more frequently found among the respondents of the youngest age group (under 45 years of age), in 8 (57,1%) cases, who also consider that their condition greatly strengthened their faith or spiritual beliefs, 7 (50,0%). Five (5%) respondents (none of which were from the youngest age group) believed that nothing was going to be fine, no matter what the outcome of their disease would be. Most of the respondents had a strong attitude that everything would be fine regardless

of the disease, nine (64.3%) of them were from the youngest age group, 24 (38.7%) from the gro-



**Figure 1. The mean value and confidence interval assessment subscale FACIT-Sp12**

Table 4. Distribution of answers to questions about the faith, by age group

Question/Meaning	No (%) of patients			Total	p <sup>*</sup>
	Age group				
	≤ 45	46 - 65	> 65		
<b>I find comfort in my faith or spiritual beliefs</b>					
Not at all	1 (7.1)	5 (8.1)	1 (4.2)	7 (7)	0.467
A little bit	2 (14.3)	2 (3.2)	0	4 (4)	
Somewhat	2 (14.3)	9 (14.5)	4 (16.7)	15 (15)	
Quite a bit	1 (7.1)	19 (30.6)	7 (29.2)	27 (27)	
Very much	8 (57.1)	27 (43.5)	12 (50)	47 (47)	
<b>I find strength in my faith or spiritual beliefs</b>					
Not at all	1 (7.1)	5 (8.1)	1 (4.2)	7 (7)	0.523
A little bit	2 (14.3)	4 (6.5)	0 (0)	6 (6)	
Somewhat	2 (14.3)	9 (14.5)	5 (20.8)	16 (16)	
Quite a bit	1 (7.1)	14 (22.6)	8 (33.3)	23 (23)	
Very much	8 (57.1)	30 (48.4)	10 (41.7)	48 (48)	
<b>My illness has strengthened my faith or spiritual beliefs</b>					
Not at all	1 (7.1)	8 (12.9)	2 (8.3)	11 (11)	0.917
A little bit	1 (7.1)	5 (8.1)	1 (4.2)	7 (7)	
Somewhat	2 (14.3)	10 (16.1)	5 (20.8)	17 (17)	
Quite a bit	7 (50)	17 (27.4)	8 (33.3)	32 (32)	
Very much	3 (21.4)	22 (35.5)	8 (33.3)	33 (33)	
<b>I know that whatever happens with my illness, things will be okay</b>					
Not at all	0	3 (4.8)	2 (8.3)	5 (5)	0.378
A little bit	2 (14.3)	4 (6.5)	2 (8.3)	8 (8)	
Somewhat	0	5 (8.1)	4 (16.7)	9 (9)	
Quite a bit	3 (21.4)	26 (41.9)	7 (29.2)	36 (36)	
Very much	9 (64.3)	24 (38.7)	9 (37.5)	42 (42)	
<b>Total</b>	<b>14 (100)</b>	<b>62 (100)</b>	<b>24 (100)</b>	<b>100 (100)</b>	

\* $\chi^2$  test

up of 46-65 years of age and nine (37, 5%) of them were over 60 years of age. As measured by FACIT-infection, respondents did not differ by age group considering faith (Table 4).

Mean value of the total FACIT-Sp12 scale was 35.9 ( $\pm 7.1$ ), with the minimum of 0 and a maxi-

imum of 16 (Figure 1). Comparison of the area of spirituality in relation to gender showed the difference in significance ( $p = 0.033$ ). There was no significant difference in the area of peace and faith in relation to gender. Respondents older than 60 years of age had the highest mean score

Table 5. Differences in the assessment of the differences between the meanings of peace and faith, and the total scale by gender and age groups

Areas FACIT-Sp	Sv (SD)*		p <sup>†</sup>	Sv (SD)*			p <sup>‡</sup>
	Gender			Age group			
	Males	Females		≤ 45	46 - 60	> 60	
Meaning	12.5 (2.4)	13.5 (2.2)	0.033	12.8 (2.8)	13.1 (2.4)	13.4 (1.9)	0.467
Peace	10.6 (2.8)	11.3 (2.7)	0.230	10.2 (3.2)	11.1 (2.4)	11.3 (3.3)	0.523
Religion	11.7 (3.6)	11.7 (4.1)	0.951	11.9 (3.8)	11.6 (4.1)	11.9 (3.8)	0.917
Total	34.9 (7.3)	36.6 (6.9)	0.230	35 (7.6)	35.9 (6.9)	36.6 (7.3)	0.378

Mean (standard deviation); <sup>†</sup>T-test; <sup>‡</sup>ANOVA

**Table 6. Differences in the areas of spirituality in relation to the disease from which patients suffer**

Areas FACIT-Sp	Sv (SD)*				P <sup>†</sup>
	Lung disease	Diseases of the heart and blood vessels	Diseases of the digestive organs	Rheumatic diseases	
Meaning	13.5 (1.9)	13.7 (2.1)	12.6 (2.3)	12 (3.2)	0.041
Peace	11.8 (2.8)	11.7 (2.1)	10.2 (2.1)	9.4 (2.6)	0.007
Religion	12.7 (3.2)	11.5 (4.8)	11.1 (3.3)	11.5 (3.5)	0.493
Total	<b>38.0 (5.9)</b>	<b>36.9 (8.1)</b>	<b>33.8 (4.9)</b>	<b>32.9 (7.2)</b>	0.046

Mean (standard deviation) ; \*ANOVA

in all three areas of spirituality, with the overall mean of 36.6 (Table 5).

The rating of spirituality, in the area of meaning ( $p = 0.041$ ) and peace ( $p = 0.007$ ) was significantly lower for patients suffering from rheumatic diseases. The total value of the scale FACIT-Sp12 was significantly higher in subjects who suffered from lung diseases (38.0 Sv). Comparison of the total value of spirituality in relation to the illnesses that subjects were suffering from showed a difference ( $p = 0.046$ ) (Table 6).

The coefficient of internal reliability of FACIT-Sp-12 scale was high for the entire scale ( $\alpha = 0.804$ ), for the meaning / peace it was acceptable ( $\alpha = 0.679$ ), while it was high for the faith ( $\alpha = 0.829$ ) also. In all subjects a significant correlation in the areas of meaning and peace ( $r = 0.517$ ,  $p < 0.001$ ) was found. With regard to gender, no association was found for females between different areas of FACIT-SP12, while for males, meaning and peace were in correlation ( $r = 0.552$ ,  $p < 0.001$ ).

## DISCUSSION

Patients want to be seen and treated as a whole person, not as a "disease". A whole person is someone who has a physical, emotional and spiritual dimension. Neglecting any of these parts of human beings leaves the patient feeling incomplete, which may even interfere with recovery (1). Going to a religious institution (church, mosque) strengthens group integration and enables individuals for teamwork, faith helps individuals to accept and understand others, relieves tension, anxiety, phobias and depression, encourages individual maturation in young people and develops social awareness by helping to preserve social values and standards (9).

According to the results of this study females

had a great reason for living and that in most cases they viewed their life as a productive, meaningful and purposeful. The strongest reason for living had subjects from the middle-age group, they were in their prime strength, knowledge and skills, and halfway towards reaching their goals, which they wanted to finish. The largest number of respondents, equally males and females, felt harmony within themselves. They were aware of increased possibility of morbidity due to their age, but also they had faith in the recovery (1).

Out of the total number of respondents who could see deeply into themselves and find solace, most of them were from the youngest age group. This data seems optimistic, because the young and those older than 65 years were able to help themselves the best by finding solace looking within themselves (12).

Strong consolation and strength in faith was more present in respondents from the youngest age group who also found that their condition greatly strengthened their faith or spiritual beliefs. Literature on ageing, religion and healing states that religious and spiritual care affect increasing of well being and health quality in older people (12), which it was confirmed in this study too. Religious engagement is of great importance in finding meaning and purpose of life, and in finding a support system. For some, religion can be means for facing challenges that follow ageing, such as chronic diseases, isolation, dependence and disability (12).

In the United States it was reported that there was a significant association between all areas of spiritual well-being scale FACIT-Sp (11). In this study, the correlation between areas of spiritual significance and benefits of peace was significant. With regards to gender, no association was found

in females concerning the areas of spiritual well-being, while for males meaning and peace were in correlation.

Results of other studies showed a good internal scale reliability and moderate to strong correlation between all FACIT-Sp subscales (13). In this study, the coefficient of internal reliability of FACIT-Sp-12 scale was high for the entire scale, for FACIT-Sp meaning / peace subscales was acceptable, and for faith subscale it was high. The results showed that in patients younger than 45 years of age, as well as in subjects older than 60 years of age, the correlation between meaning subscale and peace subscale was highly positive.

The findings from this study that subjects who suffer from lung diseases had a good positive correlation between meaning and peace, while respondents who suffered from diseases of the heart and blood vessels and subjects suffering from rheumatic diseases had a high positive correlation between peace and faith are in accordance with results of other authors (13) who found a positive correlation between spiritual well-being and peace with the quality of life.

Numerous studies indicated that higher values of the spiritual well-being, area of meaning that speaks of the cognitive spirituality and areas of spiritual well-being, tranquility, which speaks of affective spirituality of the respondents, were associated with a higher quality of life (13). Greater spiritual well-being was associated with the acceptance of illness and better recovery outcomes (11). If there was a strong spiritual or religious belief, faith could improve the quality of life during treatment (13). Scientific studies show (National Institute of Health USA) that spiritu-

ality and faith contribute to good health (13). People who attended religious services enjoyed better health, lived longer, recovered from illness more quickly with fewer complications, accepted the disease more easily and were not depressed (14).

The results obtained from this research are consistent with studies that suggest a positive relationship between spirituality, religion, health and quality of life and they showed that faith had a significant influence on the acceptance of the disease in chronic patients (13).

In conclusion, the results of this study have shown that a religion influenced the acceptance of diseases in chronic patients. Health care practitioners should support the patient's religious involvement as long as it does not interfere with necessary medical care because such involvement may contribute to good health. People who are actively involved in religious groups, particularly those in major religious traditions, tend to be healthier (12).

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## TRANSPARENCY DECLARATIONS

Competing interests: none to declare

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## Utjecaj vjere na prihvaćanje bolesti kod kroničnih bolesnika

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### SAŽETAK

**Cilj** Ispitati utjecaj vjere na prihvaćanje bolesti u kroničnih bolesnika, koji nalaze utjehu u vjeri i duhovnim vjerovanjima, po spolu, dobi i vrsti kronične bolesti.

**Metode** Istraživanjem je obuhvaćeno 100 bolesnika (40 muškaraca i 60 žena) s kroničnom bolešću, liječenih na Klinici za unutarnje bolesti KBC-a Osijek, u razdoblju od 10. kolovoza do 30. rujna 2011. godine. Kao instrument istraživanja upotrijebljena je skala funkcionalne procjene značaja duhovnosti kod terapije kroničnih bolesti (FACIT-Sp). Podaci su predstavljeni apsolutnim i relativnim frekvencijama, razlike između promatranih skupina testirane su Fisherovim egzaktnim testom, a razina značajnosti postavljena je na 0,05.

**Rezultati** Usporedba područja duhovnosti u odnosu na spol pokazuje razliku u području značenja: muškarci (Sv-12.5), žene (13.5), ( $p=0.033$ ). Ispitanici stariji od 60 godina imaju najveću srednju ocjenu u sva tri područja duhovnosti, (značenje 13,4; mir 11,3; vjera 11,9) ukupna srednja vrijednost 36,6. Ocjena duhovnosti, područja značenje ( $p=0,041$ ) i mir ( $p=0,007$ ) značajno je niža kod ispitanika koji boluju od reumatskih bolesti. Ukupna vrijednost skale Facit-Sp značajno je viša u ispitanika koji boluju od plućnih bolesti (Sv 38.0). U svih ispitanika značajna je povezanost u područjima značenje i mir ( $p<0,001$ ).

**Zaključak** Istraživanje pokazuje kako vjera značajno utječe na prihvaćanje bolesti u kroničnih bolesnika.

**Ključne riječi:** FACIT-sp, duhovnost, kronični bolesnik.