

Spirituality approach in Brazilian higher education institutions of dentistry

Abordagem da espiritualidade nas instituições de ensino superior de odontologia do Brasil

Enfoque de la espiritualidad en las instituciones brasileñas de enseñanza superior de odontología en Brasil

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ABSTRACT

Objective: to evaluate the teaching of spirituality in Dentistry courses. **Method:** this cross-sectional study was conducted with professors and students of Dentistry in higher education institutions in Brazil. **Results:** a low level of spirituality was more prevalent (53.3%), which was statistically significant for students (60.1%) and female gender (55.8%). When asked whether spirituality was addressed in curricular activities, 82.1% answered never or rarely, 78.5% said that the information received was insufficient or very insufficient to address spirituality with patients. When asked if they believed that topics relating to Health and Spirituality should be part of Dentistry curricula, 81.5% answered affirmatively. **Conclusion:** religiosity/spirituality is scarcely addressed in undergraduate Dentistry courses or is only incipient, although the study revealed that the subject should be addressed in order to prepare students properly.

Descriptors: Dentistry; Universities; Students, Dental; Spirituality.

RESUMO

Objetivo: avaliar o ensino da espiritualidade nos cursos de Odontologia. **Método:** estudo transversal, realizado junto a docentes e discentes do curso de odontologia em diferentes instituições de ensino superior (IES) do Brasil. **Resultados:** a baixa espiritualidade foi mais prevalente (53,3%), sendo esta estatisticamente significante para a alunos (60,1%) e o sexo feminino (55,8%). Quando os participantes foram questionados sobre a abordagem do tema espiritualidade nas atividades curriculares, 82,1% responderam que nunca ou raramente; 78,5% disseram que as informações recebidas são poucas ou muito poucas para abordarem a espiritualidade com os pacientes. Quando questionados se acreditam que temas relacionados a Saúde e Espiritualidade deveriam fazer parte dos currículos de Odontologia, 81,5% responderam afirmativamente. **Conclusão:** a religiosidade/espiritualidade é escassamente abordada nos cursos de graduação em odontologia, ou acontece de forma incipiente, contudo, a pesquisa revela que o tema deveria ser abordado, preparando o acadêmico adequadamente.

Descritores: Odontologia; Universidades; Estudantes de Odontologia; Espiritualidade.

RESUMEN

Objetivo: evaluar la enseñanza de la espiritualidad en los cursos de odontología. **Método:** estudio transversal, realizado con profesores y estudiantes del curso de odontología en diferentes instituciones de educación superior (IES) de Brasil. **Resultados:** la baja espiritualidad fue más prevalente (53,3%), lo que fue estadísticamente significativo para la categoría (es decir, estudiantes) (60,1%) y el sexo (es decir, mujeres) (55,8%). Cuando se les preguntó a los participantes sobre el enfoque de la espiritualidad en las actividades curriculares, el 82,1% respondió que nunca o rara vez; el 78,5% dijo que la información recibida es poca o muy poca respecto a abordar la espiritualidad con los pacientes. Cuando se les preguntó si creen que los temas relacionados con la Salud y la Espiritualidad deberían formar parte del programa del curso de odontología, el 81,5% respondió afirmativamente. **Conclusión:** la religiosidad/espiritualidad apenas se aborda en los cursos de odontología de pregrado, o sucede de manera incipiente, sin embargo, la investigación revela que el tema debe abordarse, preparando al académico adecuadamente.

Descritores: Odontología; Universidades; Estudiantes de Odontología; Espiritualidad.

INTRODUCTION

Currently, Religiousness and Spirituality (R/E) are extensively discussed topics and are increasingly necessary in the life of human beings. The terms religiousness and spirituality are usually used as synonyms in empirical studies¹; however, there is an epistemological debate on the use of these concepts.

Spirituality is a universal experience that encompasses the existential domain and the essence of what it is to be human; it can be considered as a philosophy of the individual, values and meaning of life. On the other hand, religiousness is related to a collective, community, historical and ritual dimension, associated with spiritual issues and being a way for individuals to express their spirituality through the adoption of values and beliefs.

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This apparently subtle differentiation between spirituality and religiousness has important significance, as people who do not follow any religion can have in spirituality an important source of support that strengthens their struggles and, in the opposite sense, people who follow religions do not always find strengthening in their doctrines².

Spirituality has been increasingly incorporated into the human health context. The World Health Organization (WHO), for example, has deepened on the concept of health, taking into account not only the corporeal, psychic and social dimensions, but also the spiritual one³. The growing number of research studies on spirituality, carried out in the different areas of health sciences, has shown the clear desire to obtain revitalizing sources that expand the possibilities of seeking solutions to human distress^{4,5}. The training courses should thus invest in their curricula in terms of the sensitization of professionals as multipliers, in view of the importance of spirituality, in addition to others that have an interface, such as well-being and quality of life for society and university².

Health professionals need to understand the meaning of R/E, understanding that these elements influence the way in which patients deal with diseases, death and other health conditions. The fact that health professionals ignore or exclude Religiousness and Spirituality affects the interconnections between the dimensions of bio-psycho-social-spiritual human beings. In opposition, when spiritual and religious care is incorporated, better adherence to the defined preventive and therapeutic procedures is expected among the patients.

In the Dentistry scientific and technical environment, Spirituality has not been frequently addressed or put into practice. For this purpose, certain reorganization of the curricular grid is pointed out as necessary in order to motivate Dentistry students to overcome the biological limits.

Considering all of the above, the objective of this study is to assess how Spirituality is taught in Dentistry courses.

METHOD

A cross-sectional study conducted between May and June 2020 with professors and students from the Dentistry course in different Brazilian Higher Education Institutions. Through the e-MEC Register of Higher Education Institutions and Courses, it was possible to identify 410 Dentistry courses in Brazil, from which it was possible to obtain the email address of 276 coordinators or boards.

In possession of these email addresses, messages were sent informing the research subject and asking if the coordinator or director could collaborate with it by sending the form and the free and informed consent form (FICF) to the students and professors. Thus, 28 course coordinators answered the email message. All professors and students who consented to voluntarily participate in the study and who electronically signed the FICF were included, constituting a final sample of 390 questionnaires between professors and students.

The data collection instruments used were the questionnaire of the SBAME (*Spirituality and Brazilian Medical Education*) Multicenter Study⁶ and the "Spirituality Self Rating Scale (SSRS) scale⁷, which evaluates aspects of the individual's spirituality. The SSRS score varies from 6 to 30 points and, the higher it is, the greater the Spirituality. For data analysis, SRSS was dichotomized into low and high Spirituality, based on the median (24 points).

To analyze the categorical variables, they were represented as relative and absolute frequencies, whereas the continuous ones were submitted as mean and standard deviation. To identify the difference between the proportions of the independent variables in the low and high spirituality groups, a chi-square test was performed, with a 5% significance level for all the analyses. The data were tabulated in Excel and subsequently analyzed by means of the STATA® program (version 14.0).

The research protocol was approved by the Research Ethics Committee of the participating institutions, with voluntary participation and signature of the FICF. All the procedures were in full compliance with Resolution No. 466/2012 of the National Health Council.

RESULTS

A total of 390 participants were evaluated, with a mean age of 33 (± 13) years old and prevalence of students (54.9%) and female gender (63.6%). Regarding spirituality, the low spirituality category was the most prevalent (53.3%), which was statistically significant for the categories of students (60.1%) and female gender (55.8%).

Table 1 below allows verifying the other variables according to the categorization of Spirituality.

TABLE 1: Variables according to the categorization of Spirituality. Brazil, 2020.

	High Spirituality n (%)	Low Spirituality n (%)	p-value
Category			0.03
Student	89 (48.9)	125 (60.1)	
Professor	93 (51.1)	83 (39.9)	
Gender			<0.01
Male	50 (27.5)	92 (44.2)	
Female	132 (72.5)	116 (55.8)	
Skin color			0.30
White	82 (45.1)	103 (49.5)	
Black	16 (8.8)	20 (9.6)	
Asian	1 (0.5)	5 (2.4)	
Indigenous	0	1 (0.5)	
Brown	83 (45.6)	79 (38.0)	
Income			0.86
Up to 3 wages	62 (34.0)	71 (34.2)	
>3 wages	120 (66.0)	137 (65.8)	
Religion			<0.01
Catholic	65 (35.7)	92 (44.2)	
Evangelical/Protestant	48 (26.4)	30 (14.4)	
Spiritist	11 (6.0)	5 (2.4)	
None	18 (9.9)	55 (26.4)	
Others	40 (22.0)	26 (12.5)	

Regarding the academic aspects, the HEIs researched were mostly public (55.1%), including both state and federal institutions, and from the Northeast region (72.8%). When the participants were asked if the “professors had already addressed topics about Spirituality in the curricular activities”, 82.1% answered “Never” or “Rarely”.

When the question “Does university education provide sufficient information for students to be able to approach Spirituality with the patients?” was asked, 78.5% answered “A little” or “Not at all”. When they were asked if they believed that topics related to Health and Spirituality should be part of the Dentistry curricula, 81.5% answered “Yes” (Table 2).

TABLE 2: Characterization of the aspects linked to Spirituality in the educational process of Dentistry professors and students. Brazil, 2020.

	n (%)
Have the professors already addressed topics about Spirituality in the curricular activities?	
Never/Rarely	320 (82.1)
Sometimes/Usually/Always	70 (17.9)
Does university education provide enough information so that the students are able to address Spirituality with the patients?	
A little/Not at all	306 (78.5)
More or less	38 (9.7)
Pretty much/Very much	5 (1.3)
I prefer not to answer	41 (10.5)
Do students need to be trained in College to address Spirituality with the patients?	
A little/Not at all/More or less	152 (38.9)
Pretty much/Very much	192 (49.2)
I prefer not to answer	46 (11.8)
Do you believe that topics related to “Health and Spirituality” should be part of the Dentistry curricula?	
Yes	318 (81.5)
No	72 (18.5)

DISCUSSION

In this study it was evidenced that, when compared to the professors, the students attending the Dentistry courses evaluated presented low Spirituality. It is known that adulthood, life phase to which most of the professors herein evaluated belong, represents a moment of identity exploration and solidification of relationships⁸. From a social

perspective, religious involvement is useful to provide more experienced adults with a network of social connections that can be beneficial in providing emotional support and other socially mediated benefits⁹.

Some differences evaluated between men and women are probably attributed to gender socialization, specifically with regard to risk-taking. Men are more likely to engage in risk behaviors when compared to women from the age of three¹⁰. It is considered that gender differences in religiousness are related to the fact that women express stronger spiritual beliefs and report more spiritual experiences and practices than men^{11,12}.

Despite the emphasis given to the association between spirituality and its benefits in the treatment of patients, in the Dentistry scope, the field of spirituality is not yet fully covered or fostered in research or in the clinical practice. In a large part of their constitution, the undergraduate disciplines are focused on the biological and technical side, individualism, mechanism and training focused on the disease and not necessarily for health¹³, evidencing the need for a discussion on the topic in undergraduate studies so that these values may be part of a more comprehensive approach to the patient¹⁴.

Additionally, during graduation these topics are not addressed or are little discussed. When they are, they are surrounded by taboos and fears, regardless of academic backgrounds¹⁵. Understanding what students think about religiousness/spirituality and health is very important in understanding the preparation offered in the undergraduate course in the training of new professionals¹⁴. In a study conducted with health professionals from Adult Intensive Care Units, 90% of the interviewees reported that, during their undergraduate studies, they had no contact with the topic of spirituality, 81% would have liked to have participated in some activity related to it, and 70% stated that it should be part of health professionals' curricula¹⁶.

The curricular guidelines of the health courses emphasize humanistic training and commitment to comprehensive health of human beings. However, health professionals do not regularly screen the spiritual history to identify patients' beliefs, values or spiritual needs. Thus, it is necessary to use resources that allow enrichment of diagnoses, in addition to the organic approach.

This need can be met with the introduction, in the training of these professionals, of the theme of spirituality, especially when considering the reflections on new methodological proposals in Higher Education for performance of the professors' academic practice for health students during undergraduate and graduate courses¹³.

Thus, there is a favorable and urgent context to expand the development of projects involving the themes of spirituality and health, both in undergraduate and graduate studies, which also involves reflection groups to foster a more open discussion in the development of programs aimed at the inclusion of spirituality as an element for more humanized health care, a challenge with a promising horizon¹⁷. In order to fill this gap, for example, the project called "Spirituality and Dentistry: More humanized care" was implemented at the Dentistry School of the Federal University of Pelotas, fostering teaching that includes Spirituality in order to offer a comprehensive and more humanized treatment for the patients in the dental context¹⁸.

CONCLUSION

Given the aforementioned, it can be observed that, despite the explanation that the topic should be addressed in the training context and that the professionals should be prepared to deal with such issues in their work practice, the theme of Spirituality is scarcely addressed in undergraduate Dentistry courses or is dealt with in an incipient way. In addition to that, greater spirituality among professors and women was evidenced.

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