

Factors related to the use of religious coping by informal caregivers: an integrative review

Fatores relacionados ao uso do coping religioso por cuidadores informais: revisão integrativa
Factores relacionados al uso del coping religioso por cuidadores informales: revisión integrativa

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ABSTRACT

Objectives: to identify the factors related to the use of religious coping in informal caregivers. **Methods:** integrative literature review carried out through a search in the databases LILACS, PubMed, Scopus, Web of Science, and CINAHL, in addition to the Virtual Health Library and SciELO. The study selected primary articles in English, Portuguese, and Spanish, using the descriptors Coping Behavior, Caregivers, Spirituality, and Religion, which were combined with each other and with synonyms. There was no time limit for the publications. **Results:** nine articles were selected. Factors related to the use of religious coping in informal caregivers included: having an advanced age, experiencing traumatic situations, being under overload, being a spouse or mother, caring for hospitalized individuals, or for those with chronic diseases and high degrees of dependence. **Conclusions:** the factors related to the use of religious coping are multifaceted and involve physical, psychological, psychosocial, and situational aspects. **Descriptors:** Spirituality; Religion; Adaptation Psychological; Family Caregivers; Review.

RESUMO

Objetivos: identificar os fatores relacionados à utilização do *coping* religioso entre cuidadores informais. **Métodos:** trata-se de uma revisão integrativa da literatura, realizada por meio de busca eletrônica nas bases de dados LILACS, PubMed, Scopus, *Web of Science* e CINAHL, além da Biblioteca Virtual de Saúde e SciELO. Foram selecionados artigos primários nos idiomas inglês, português e espanhol, por meio dos descritores: *Coping Behavior*, *Caregivers*, *Spirituality* e *Religion*, que foram combinados entre si e com seus respectivos sinônimos. Não se estabeleceu limite temporal para as publicações. **Resultados:** foram selecionados nove artigos. Evidenciou-se que os fatores relacionados ao uso do *coping* religioso em cuidadores informais incluíram: possuir idade avançada, vivenciar situações traumáticas, apresentar sobrecarga, ser cônjuge ou mãe, cuidar de indivíduos hospitalizados, com doença crônica e com alto grau de dependência. **Conclusões:** os fatores relacionados à utilização do *coping* religioso são multifacetados e envolvem aspectos físicos, psicológicos, psicossociais e situacionais. **Descritores:** Espiritualidade; Religião; Adaptação Psicológica; Cuidadores Familiares; Revisão.

RESUMEN

Objetivos: identificar factores relacionados a la utilización del *coping* religioso entre cuidadores informales. **Métodos:** se trata de revisión integrativa de la literatura, realizada por búsqueda electrónica en las bases de datos LILACS, PubMed, Scopus, *Web of Science* y CINAHL, además de la Biblioteca Virtual de Salud y SciELO. Seleccionados artículos primarios en los idiomas inglés, portugués y español, por medio de los descriptores: *Coping Behavior*, *Caregivers*, *Spirituality* y *Religion*, que han combinados entre si y con sus respectivos sinónimos. No se estableció límite temporal para las publicaciones. **Resultados:** seleccionados nueve artículos. Evidenció que los factores relacionados al uso del *coping* religioso en cuidadores informales incluyeron: poseer edad avanzada, experimentar situaciones traumáticas, presentar sobrecarga, ser cónyuge o madre, cuidar de individuos hospitalizados, con enfermedad crónica y con alto grado de dependencia. **Conclusiones:** factores relacionados a la utilización del *coping* religioso son multifacetados y envuelven aspectos físicos, psicológicos, psicossociales y situacionales. **Descritores:** Espiritualidad; Religió; Adaptación Psicológica; Cuidadores Familiares; Revisión.

INTRODUCTION

Since the middle of the 1990 decade, the frequency of the pathologies presented by the population has become inverted, with a reduction in infectious diseases and an increase in chronic or noninfectious ones. Some of these health problems can be treated in the short-to-medium term, while others can last for years or even be incurable⁽¹⁾.

Furthermore, with the development of efficient resources targeted at the prevention and treatment of diseases, life expectancy has increased. The process of caring is necessary considering the assistance demands associated to aging and/or to pathologies⁽²⁾. In this context, relatives often assume the role of caregivers, and are called "informal caregivers", since they do not have the formation necessary⁽³⁾.

Among the health care modalities provided by informal caregivers, there are the support for the development of daily life activities, in addition to financial, psychological, and spiritual assistance⁽⁴⁾. The experience of being the main care provider can be a burden for the caregiver, leading to adaptations and deprivations that, in many cases, lead to overload, depressive symptoms, anxiety, increased stress levels, and a worse perception of the quality of life⁽⁵⁻⁷⁾.

Concerning the new demands related to the caring process, the development of coping mechanisms is not only necessary, it is indispensable, since it is an important moderator of stress that protects the health of the caregivers, in addition to functioning as a supporting tool to prevent, avoid, or control emotional and psychosocial suffering⁽⁸⁾.

In another words, coping strategies can be defined as cognitive and behavioral efforts to manage stressing situations, which are evaluated as burdens or exceed the resources of the person⁽⁹⁾.

Among the many coping strategies used by informal caregivers to deal with adversity, traumatic events, and stressors, the so called "religious coping" stands out, which is the use of religion and/or spirituality. Its benefits include physical, mental, and psychological health improvements, better satisfaction with life, positive feelings of hope and cure, in addition to the reduction of stress, anxiety, and depressive symptoms⁽¹⁰⁻¹²⁾.

In this context, this work attempted to answer the following question: What factors influence the use of religious coping by informal caregivers? Considering its benefits as a coping mechanism when dealing with the demand for care and with the responsibilities that burden these caregivers, it is paramount to identify factors related to its application, since the results can give support to public policies, interventions, and health professionals, aiming to promote its implementation and/or strengthening.

OBJECTIVES

To identify the factors related to the use of religious coping in informal caregivers.

METHODS

Ethical aspects

This is a literature review, using materials available in online databases, thus not requiring approval from the Research Ethics Committee according to Resolution No. 466/2012.

Study design

This study was carried out using the integrative review method, which allows for the collection of bibliographies, concept analysis, critical appreciation, and synthesis of the knowledge about the specific theme, in addition to enable the identification of gaps in the knowledge about the subject at hand that need to be filled in⁽¹³⁾.

This revision followed the following methodological order: 1) definition of the theme and guiding question; 2) establishment of criteria and search in literature; 3) categorization of studies; 4) analysis and evaluation of scientific production; 5) critical analysis and interpretation of results; and 6) synthesis of the knowledge, which is the presentation of the review itself⁽¹⁴⁾.

The guiding question was developed using the PICO strategy, which was defined as: P (Population) - informal caregivers; I - (interest) - related factors; and Co (context - the use of religious coping). Therefore, the question of this study was: What factors are related to the use of religious coping by informal caregivers?

Sample; criteria of inclusion and exclusion

The selection includes articles published in Portuguese, Spanish, and English, which presented qualitative or quantitative primary data that included informal caregivers that described the factors related to the use of religious coping. Secondary articles (editorials, letters to the editor, abstracts, specialist opinions, and revisions) were excluded, as well as articles which, after an integral reading, did not respond to the guiding question. For this study, we chose not to specify a time frame for the selection of publications, since this is a theme seldom explored and whose evidences are still being discovered.

Study protocol

Considering the question at hand, a single search conducted out in July 2019 in the following databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS), US National Library of Medicine (PubMed), Scopus e Web of Science, besides the *Biblioteca Virtual em Saúde* (BVS), and Scientific Electronic Library Online (SciELO). For the search, the following descriptors were adopted, which are present in the Health Science Descriptors (DeCS) and in the Medical Subject Headings (MeSH): Coping Behavior, Caregivers, Spirituality e Religion. The descriptors were crossed in a single combination, using the boolean operators AND and OR, according to the specificities of each database.

The articles found in the databases were selected by two evaluators independently, and the search took place in a single day, to guarantee the reliability of the article selection process. The reviewers analyzed the works applying the eligibility criteria; and in case of doubt or disagreement, a third evaluator was asked to provide his opinion for the inclusion or exclusion of the study.

The selection of works was carried out carefully, through the reading of titles and abstracts, and all those that attended to the inclusion criteria established were included. For the final selection, the articles were read in their entirety.

Data analysis

For the extraction and analysis of data, an instrument⁽¹³⁾ was used that contained the following information: title of the article, authors, country, year of publication, design, level of evidence, and degree of recommendation, in addition to the main results of the studies. The data found was grouped in thematic categories, separated according to content similarity.

The method used to evaluate the quality of the study, that is, the degree of recommendation and the level of evidence, was created by the Oxford Centre for Evidence Based Medicine, whose methodology can be seen in Chart 1⁽¹⁵⁾.

Chart 1 - Levels of scientific evidence according to the classification from the Oxford Centre for Evidence Based Medicine, according with the type of study, Brazil, 2019

Degree of recommendation	Level of evidence	Types of studies
A	1A	Systematic review of controlled and randomized clinical trials
	1B	Controlled and randomized clinical trial with a small confidence interval Validated cohort with good standards of reference Diagnostic criteria tested in a single clinical center
	1C	Therapeutic results of the type "all or nothing"
B	2A	Systematic review (with homogeneity) of cohort studies
	2B	Cohort study (including lower-quality randomized clinical trials)
	2C	Observation of therapeutic results Ecological study
	3A	Systematic review (with homogeneity) of control-case studies
	3B	Control-case study
C	4	Case report (including lower-quality cohorts or control-cases)
D	5	Opinion with no of critical evaluation or based on basic subjects (physiological study or study with animals)

Source: Oxford Centre Evidence Based Medicine⁽¹⁵⁾.

RESULTS

From the combination of the descriptors in the databases, 966 studies were carried out, from which 98 were selected after titles and abstracts were read. Among these, 31 were duplicated, that is, were copies of the same article in more than one database, and as such, these were excluded, after which 67 articles remained. Later, 58 articles received a thorough close reading, and 49 were excluded because they were not in accordance with the inclusion criteria. Finally, nine articles were left, which made up the sample. Figure 1 describes the route towards identifying, including, and excluding the studies.

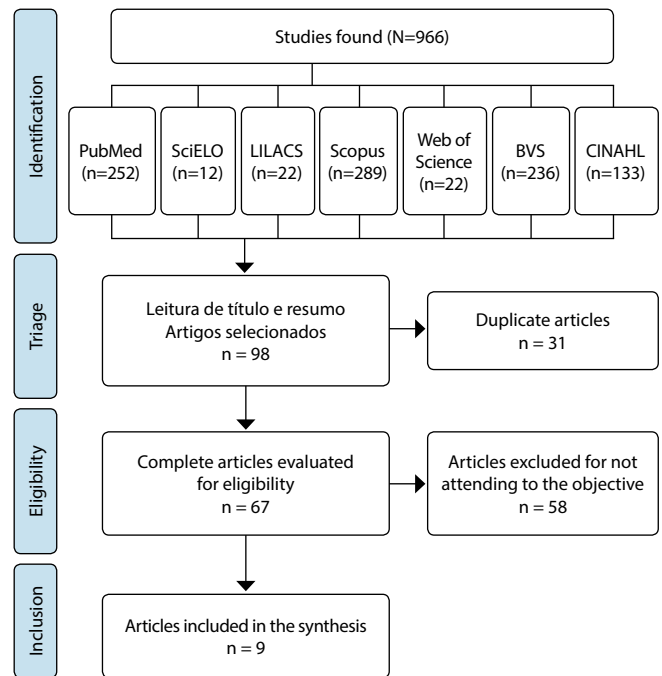


Figure 1 - Flowchart of the study selection process of this integrative review, Brazil, 2019

Among the nine articles selected, the oldest was from 1999, while the most recent were from 2018. All articles were available in English in international databases, having a "B" degree of recommendation and a "2c" level of evidence (100%; n=9). This means they were observations of therapeutic results or ecological studies, with insufficient evidences in favor or against (Chart 2).

The analysis of the studies selected lead to the identification of four thematic categories which influenced the caregivers in the use of religious coping, which included the factors: physical, social, psychological, and situational (Figure 2).

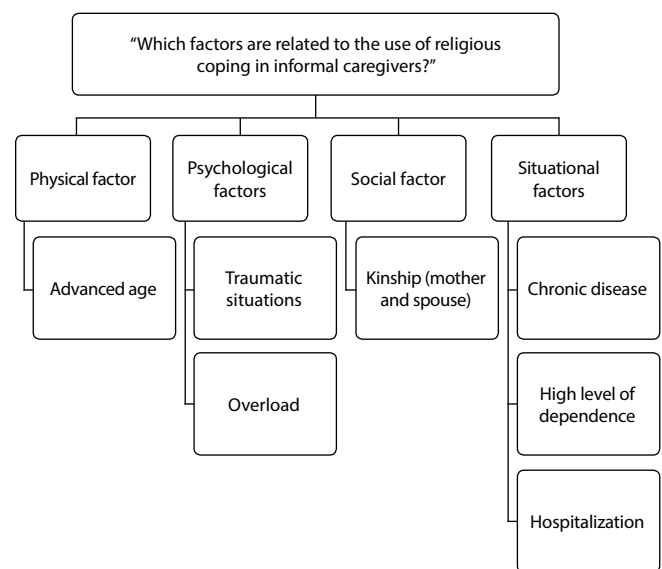


Figure 2 - Grouping, by similarity, of the themes related to the factors that influenced the caregivers to use religious coping, according with the articles included in the integrative review, Brazil, 2019

Chart 2 - Synthesis of the characteristics of the studies included in the review according with title of the article, authors, year, country, design, number of patients, interventions, outcomes, level of evidence, and degree of recommendation, Brazil, 2019

Title of the article	Year Country	Design / number of participants	Outcomes	Degree of recommendation and level of evidence
Correlate of burden and coping ability of caregivers of older adults with chronic illness in Nigeria ⁽²⁾	2018 Nigeria	Descriptive and cross-sectional / n = 325 caregivers of elders with chronic diseases	The use of religious coping was related to the act of caring for individuals with chronic diseases and to a higher level of dependency.	B, 2C
Family caregivers of liver transplant recipients: coping strategies associated with different levels of post-traumatic growth ⁽¹⁶⁾	2018 Spain	Descriptive and cross-sectional / n = 218 caregivers of liver transplant recipients	Post-traumatic stress was related to the use of religious coping.	B, 2C
Caregivers of family members with chronic diseases: coping strategies used in everyday life ⁽¹⁷⁾	2018 Brazil	Descriptive and cross-sectional / n = 30 caregivers of relatives with chronic noncommunicable diseases	Chronic disease and level of dependency are related to the use of religious coping.	B, 2C
Elderly caring for the elderly: spirituality as tensions relief ⁽¹⁸⁾	2018 Brazil	Descriptive and qualitative / n = 10 caregivers of elders	The advanced age of the caregiver favored the use of religious coping.	B, 2C
Caregiver burden among caregivers of mentally ill individuals and their coping mechanisms ⁽¹⁹⁾	2018 India	Descriptive and cross-sectional / n = 320 caregivers of individuals with mental disorders	Overload, being the spouse, and having to care for more than five years influenced the use of religious coping.	B, 2C
Experiences and strategies for coping in family companions of hospitalized in a hospital unit of Cacoal-RO ⁽²⁰⁾	2015 Brazil	Descriptive and qualitative / n = 5 relatives that accompanied hospitalized people	The use of religious coping was greater among the caregivers of hospitalized individuals.	B, 2C
Trouble won't last always: religious coping and meaning in the stress process ⁽²¹⁾	2013 USA	Descriptive and qualitative / n = 13 caregivers of elders with chronic diseases	The chronic disease and palliative care are factors that influence the use of religious coping.	B, 2C
The relationship between socio-demographic characteristics, family environment, and caregiver coping in families of children with cancer ⁽²²⁾	2013 USA	Descriptive and cross-sectional / n = 66 caregivers of pediatric patients	Mothers used the coping religious more than fathers.	B, 2C
Prayer and religious coping for caregivers of persons with Alzheimer's disease and related disorders ⁽²³⁾	1999 USA	Descriptive and cross-sectional / n = 64 caregivers of individuals with Alzheimer's.	Caregivers of individuals with chronic diseases used religious coping.	B, 2C

Note: *Evidence level of 2c - observation of therapeutic results or ecological studies.

DISCUSSION

As a physical factor, advanced age was found to influence the use of religious coping among informal caregivers. Aging is something inherent to human beings; to deal with its setbacks, difficulties and losses, this type of coping has been used⁽²⁴⁾.

In fact, an investigation from the USA, carried out with informal caregivers of elders with chronic advanced disease observed their use of religious coping, pointing out, among other characteristics, that

their mean age was 61 years old, making them, therefore, elders⁽²¹⁾.

Due to the aging process, the chances for the caregiver to develop chronic and/or incapacitation diseases increases. However, not only these caregivers are subject to this reality, they also informally care for another elderly relative. This can be a threat to their own self-care and wellbeing, leading to physical and emotional overload and to social isolation^(18,25). Elderly caregivers, actually, confronted with the process of caring, face stress and overload that lead to pain and sleep alterations, in addition to a bad perception with regard to their own health⁽²⁶⁾.

This in view, a research carried out in Brazil with ten elderly caregivers, which evaluated the forms of coping used during the health care process, showed that they used, mainly, the religious coping to deal with adverse situations, and this provided them with adaptation mechanisms and strength to age while caring for another elder⁽¹⁸⁾.

Psychological factors that influenced the use of this coping mechanism in informal caregivers include the experience of traumatic situations and the overload, cases in which it provides physical and emotional help to the patient, allowing the caregiver to find inner strength and prolong their time living with the patient⁽²⁰⁾.

In agreement with these findings, a study carried out in Spain, with 218 caregivers and relatives of liver-transplant recipients found that they used

positive resignification and religious coping as coping mechanisms⁽¹⁶⁾.

The act of praying, finding solace in religion or spiritual beliefs, is an alternative for caregivers, who aim to understand what they are experiencing, including suffering⁽¹⁶⁾. Therefore, caregivers with under greater overload — a multidimensional phenomenon that affects the individual as a whole, in addition to demanding from this person the use of many coping mechanisms — use religious coping because it offers resignification, planning, acceptance, and social support to improve their experience together⁽¹⁹⁾.

Caregivers who present overload, who care for individuals with greater needs/impairments, and do not receive support during care are those who used religious coping the most. Despite the challenges they experience, they reported that their experience with the act of caring is positive, indicating feelings of comfort and hope^(2,17,27).

The kinship degree, that is, being a mother or spouse, also influenced the use of this type of coping among informal caregivers. In fact, mothers who care for children with cancer adopt this coping modality more than the fathers, probably due to the fact they are responsible for providing the care⁽²²⁾.

Ratifying this finding, a study carried out in India showed that the informal caregivers who used either religious or other types of coping were spouses⁽¹⁹⁾. These findings reiterate that patients that are closer to the relatives generally assume the role of caregivers.

Related situational factors included chronic diseases, high degrees of dependency, and hospitalization. The latter is known to bring significant changes in the daily life of both patient and caregiver. To deal with this process, these caregivers use religion, that is, they attempt to experience this moment with less anguish⁽²⁰⁾.

To this end, a Brazilian study with informal caregivers of hospitalized patients found that the most used coping strategy was the religious one, which was a tool to preserve their own balance and wellbeing⁽²⁰⁾. Furthermore, different researches found that belief and religion are considered to be the main coping strategies used to deal with the stress of dealing with people with chronic diseases^(2,21,23). In addition, this type of coping was found to be the most important one to deal with adversities, since it resignifies life and the caring process⁽¹⁷⁾.

A research carried out in Nigeria with 325 caregivers of elders with chronic diseases found that religious coping was used when there were high levels of overload, which were associated to the care of patients with cancer in an advanced stage, those with cerebrovascular accident, kidney diseases, cardiopathies, diabetes, and high degrees of dependency with little to no financial support. Therefore, when these informal caregivers experience anguish, they tend to turn to religion and/or spirituality as a starting point or last resort⁽²⁾.

The experience of witnessing the suffering of loved ones and caring for a person during the development of an advanced and

chronic disease leads the caregiver to use religious coping, that is, this type of coping is essential in this type of situation⁽²¹⁾. As time went by, informal caregivers that used religious coping alleged to receive strength, guidance, and support when coping with the chronic and incapacitating situation of the patient⁽²³⁾.

Knowing the profile of the informal caregivers that use religious coping may direct public policies or interventions, since they are very likely to find themselves physically and psychosocially vulnerable. However, more important than identifying the factors related to this situation, is to know the caregivers that do not use religious coping, and interventions can be proposed to favor adherence to this type of coping, considering its benefits.

Finally, the application of the religious coping was found to be multifaceted, involving physical, psychological, psychosocial, and situational aspects. These results reiterate the possibility of its use as an indicator of the health of this population.

Study limitations

A limitation of this study is the fact that all articles considered here have a low level of evidence, some of them having small non-randomized samples. Furthermore, the inclusion of studies may have been limited by the fact that only publications in English, Portuguese, and Spanish were considered.

Contributions to the Field of Nursing

The study contributes to a deeper discussion about the factors related to the use of religion as a coping mechanism by informal caregivers.

CONCLUSIONS

The advanced age, the experience of traumatic situations, the overload, being a spouse or mother, caring for hospitalized individuals, or for those with chronic diseases and a high level of dependence were factors related to the use of the religious coping by informal caregivers.

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