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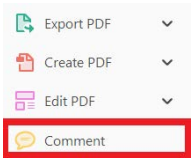

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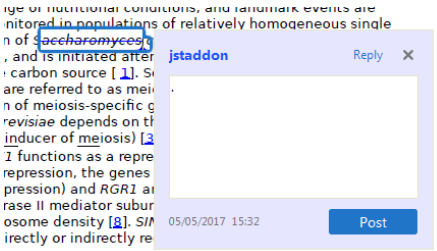

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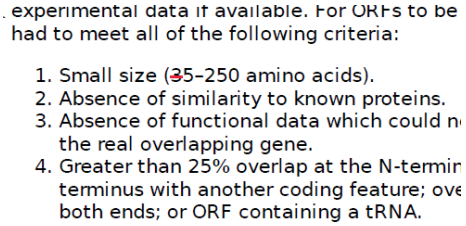

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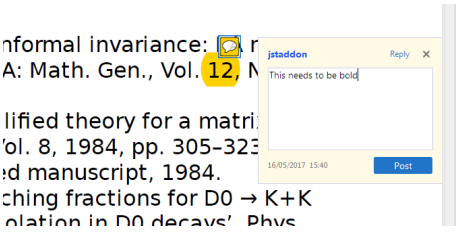

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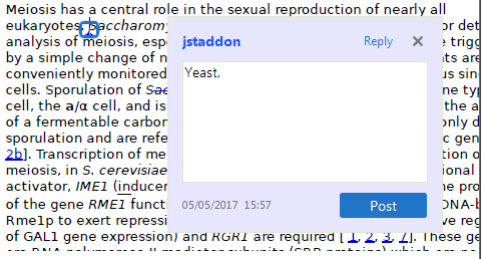

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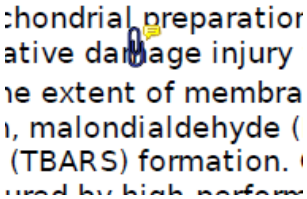

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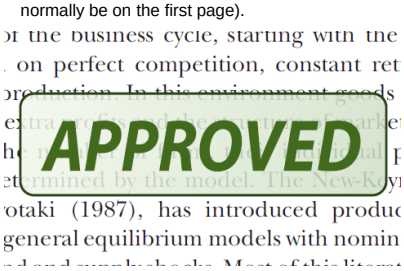

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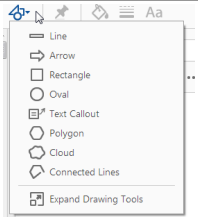

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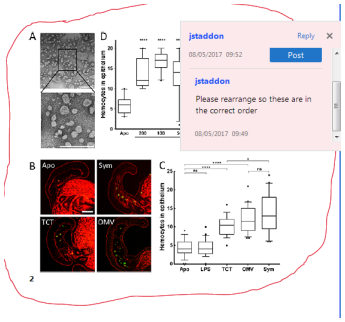

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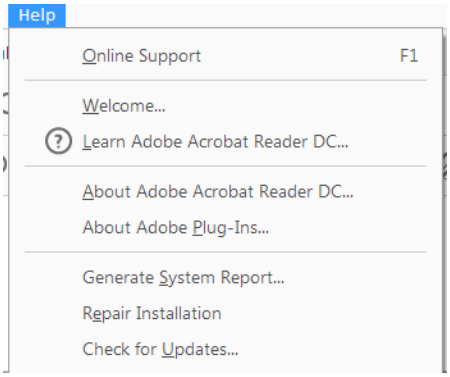

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Accepted: 24 February 2018

DOI: 10.1111/jocn.14340

ORIGINAL ARTICLE

WILEY Journal of Clinical Nursing

Opinions and attitudes on the relationship between spirituality, religiosity and health: A comparison between nursing students from Brazil and Portugal

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Aims and objectives: To compare the opinions and attitudes of Portuguese-speaking nursing students from Brazil and Portugal on the relationship between religiosity/spirituality and the ability to approach these issues with patients, in their undergraduate training and practice.

Background: Although there are studies investigating nursing students' opinions concerning religiosity and spirituality in clinical practice, few have investigated if there are cross-cultural differences between countries.

Design: Observational, cross-sectional and multicenter study carried out in 2010 and 2011 in Brazil and in 2016 in Portugal.

Methods: A total of 260 third and fourth year nursing students (139 from Portugal and 121 from Brazil) from four nursing schools were included. Religious beliefs (Duke Religion Index), attitudes and opinions about spirituality and health (Curlin's questionnaire) were assessed. A comparison between students from both countries was carried out.

Results/Findings: Significant differences were found between nursing students from Brazil and Portugal, which are countries with the same language, but with different nursing training programs and population characteristics. Brazilian students were more religious and have stronger opinions on the influence and appropriateness of spirituality in clinical practice than Portuguese students. However, both groups of students indicated they should be prepared to address religiosity and spirituality with patients, that these subjects should be included in the curriculum and that they were not properly prepared to address spiritual issues.

Conclusion: Although different opinions and attitudes were found between Brazilian and Portuguese nursing students, more training in these issues should be implemented in the undergraduate education. Cross-cultural studies could help fostering a broad discussion in the field.

Relevance to clinical practice: These findings could contribute to raise awareness on the importance of improving the training of relational competencies that prepare students to address the dimension of spirituality and religiosity with their patients.

KEYWORDS
cross-cultural, education, nursing, religion and medicine, spirituality

1 | INTRODUCTION

Although there is increasing evidence pointing to a relationship between spirituality and health and several organisations have incorporated this issue in their statements (Koenig, 2012; Moreira-Almeida, Koenig, & Lucchetti, 2014), most students state that they are not fully prepared to address these issues in their practice (Chandramohan & Bhagwan, 2015; Espinha, de Camargo, Silva, Pavelqueires, & Lucchetti, 2013; Tomasso Cde, Beltrame, & Lucchetti, 2011), and there is still insufficient training for nurses concerning this issue (Reinert & Koenig, 2013). A recent study found that few nursing schools in Brazil and Portugal have courses or curricular units on spirituality and health and no standard curriculum exists (Caldeira et al., 2016).

In this context, different countries have diverse opinions and attitudes towards this issue, particularly due to the cultural and religious idiosyncrasies (Ross et al., 2014). Understand these differences are important to develop in the future a sensitive curriculum that allows students to develop the ability to address religious and spiritual needs with their patients, identifying the similarities and differences between cultures with the aim to enhance the curriculum development of nursing programs internationally.

What does this paper contribute to the wider global clinical community?

- Contribute to the expansion of Nursing knowledge regarding the potential impact that the opinions and attitudes of students/professionals have on their ability to offer care that is sensitive and directed to the needs of individuals;
- Providing guidance with regard to the understanding and appreciation of an aspect (the spirituality and religiosity) which is critical and often considered intangible in the set of competencies that must be developed in the education and training of nursing students;
- Raise awareness on the importance of highlighting in nursing training programs, along with the development of instrumental competence, the training of relational competencies that prepare students to address the dimension of spirituality and religiosity with their patients.

1.1 | Background

Several studies have been showing the positive and negative associations between religiosity, spirituality and health outcomes (Koenig, 2012; Lucchetti & Lucchetti, 2014). Positive religious and spiritual beliefs are usually related to higher levels of quality of life and well-being and lower levels of depression, use of drugs, suicide attempts, hospitalisation, cardiovascular events and mortality. Nevertheless, negative beliefs could also be associated with worse outcomes such as worse mental health and higher levels of mortality (Koenig, 2012; Moreira-Almeida et al., 2014).

Based on this scientific evidence, several organisations in the field of nursing and medicine (e.g., American College of Physicians, the Joint Commission on Accreditation of Healthcare Organizations and the American Nurses Association) are including spirituality in their guidelines for clinical practice (Moreira-Almeida et al., 2014). According to the diagnostic nurse taxonomy of NANDA I (North American Nursing Diagnosis Association), spiritual well-being is proposed as a diagnostic label (00068), defined as the ability to experience and integrate the meaning and purpose of life by connecting with the self, others, art, music, literature, nature or a higher power to one's own self, and which can be reinforced. Other tags related to spirituality in the nursing field are shown in the 2005 Nursing Outcomes Classification (NOC) with the expression "Spiritual Health (2001)," which is used to achieve or strengthen the bond with oneself, others, a higher power, nature and the universe. In the Nursing Interventions Classification (NIC), we found the expression "Spiritual Support" (5420), defined as helping the patient to feel the balance and connection with a supernatural power.

A recent bibliometric review (Cullen, 2016) found that the study of religiosity and spirituality in the nursing field has grown steeply over recent years and continue to accelerate. Despite these efforts to integrate a more holistic care in the nursing field, education and research on these subjects are still insufficiently addressed. According to some authors (Reinert & Koenig, 2013), there are still several gaps in this area of knowledge including the lack of a consensual definition of spirituality, the need of a sensitive training in nursing students to approach this dimension of the individuals and the lack of studies assessing cultural differences in spiritual care or spirituality perceptions. Filling these gaps will have repercussions on new opportunities for spiritual care.

Although there are some studies investigating nurses and nurse students' opinions concerning spirituality and religiosity in clinical practice (Cooper & Chang, 2016; Cruz, Alshammari, Alotaibi, & Colet, 2017; Dhamani, Paul, & Olson, 2011; Espinha et al., 2013; Riklikiene, Vozgirdiene, Karosas, & Lazenby, 2016; Tomasso Cde et al., 2011), a little have investigated if there are cross-cultural differences between countries. A recent study (Ross et al., 2014) have investigated six universities from four European countries (Wales, Netherlands, Malta and

Norway) and found that students held a broad view of spirituality/spiritual care and considered themselves to be marginally more competent than not in spiritual care. However, further comparisons between countries are needed, particularly countries with the same language but from different continents, economic backgrounds and undergraduate training. These comparisons could help in the understanding of how these subjects are addressed in nursing education and clinical practice and may assist in the development of an internationally oriented and sensitive curriculum in this field.

2 | THE STUDY

2.1 | Aims

Therefore, the aim of this study was to compare the opinions and attitudes of nursing students from Brazil and Portugal on the relationship between spirituality/religiosity and the ability to approach these issues with patients, in their undergraduate training and clinical practice.

2.2 | Design

This is an observational, cross-sectional and comparative study carried out in 2010 and 2011 in Brazil and in 2016 in Portugal.

2.3 | Participants

Students from the third and fourth year of the nursing courses from Portugal (School of Health of University of Algarve and School of Health of Polytechnic Institute of Santarém) and Brazil (UNINOVE and Marilia School of Medicine and Nursing) were invited to participate. University of Algarve is a public university with 10,000 students located in the city of Faro, Portugal; The Polytechnic Institute of Santarém is also a public institute with 4,000 students located in Santarém, Portugal. UNINOVE is a Brazilian private university with 100,000 students located in São Paulo, Brazil, and Marília School of Medicine and Nursing is a public university with 1,000 students located in Marília, Brazil. All institutions have health-related courses including nursing.

Students who wished to participate voluntarily and signed the consent form were included. Essential requirement was to be enrolled in the 3rd or 4th year of Nursing Degree, to ensure that students have had experience in clinical settings. Those who were absent or did not want to participate were not included.

2.4 | Data collection

Brazil data were obtained in two moments: 2010 at UNINOVE university and 2011 at Marília School of Medicine and Nursing. In Portugal, data were collected in 2016 with the same questionnaire used by the Brazilian sample to compare both groups. Students were approached before or after classes, were informed about the objectives of the study and were invited to participate. All questionnaires were anonymous and students could voluntarily choose if they want to participate or not without any penalties. We tried to reach all students, however those absent or who refused to participate were not included.

2.5 | Ethical considerations:

The study was approved by the IRB of the UNINOVE (University Nove de Julho) and by the IRB of the "Marilia School of Medicine and Nursing" in Brazil and by the IRB of the Algarve University in Portugal. The authors of this study have followed the ethical principles contained in the Declaration of Helsinki.

2.6 | Data analysis

First, a descriptive analysis was performed using frequency, percentage, mean and standard deviation. Then, an inferential analysis was carried out aiming to compare students from Portugal and students from Brazil. Sociodemographic, religious characteristics, opinions concerning "spirituality in clinical practice" and "spirituality in nursing education" were compared between countries using chi-square or Independent Samples *t* test. Some items were dichotomised to reduce the number of empty cells and to make analyses clearer. For example, the question "Should the student be prepared to address spirituality, religiosity issues?" was dichotomised into "Very much/Much" and "Some/A little/very little or none."

Finally, a logistic regression was performed to see which factors (age, ethnicity, country, religious affiliation and self-reported religiosity) could be associated with the following opinions: influence of spirituality, religiosity on patients' health, ability to approach spirituality, religiosity issues, influence of spirituality, religiosity on the nurse–patient relationship and if the student should be properly prepared to address these issues.

All analyses were performed using SPSS version 22 (SPSS Inc.). No multiple comparisons adjustment was considered because of the exploratory nature of this study. Therefore, a $p \leq .05$ was considered as significant and we adopted a confidence interval of 95%.

2.7 | Power of the study

The power of the study was calculated based on our main outcomes using the G*POWER 3.1 software. Based on the proportion difference obtained by the main outcomes and given an alpha of .05 (two-tailed), the power (1-Beta) of our study varies from .62 (To what extent do you think it is appropriate to address S/R issues?), .86 (Should the student be prepared to address R/S issues?), .87 (Overall, how much influence do you think R/S has on patients' health?) and .99 (How much influence do you think R/S has on the nurse–client relationship).

2.8 | Validity, reliability and rigour

The questionnaire was self-reported, took approximately 15 min to be completed and included the following:

- Sociodemographic data: gender, age, ethnicity, religion and year of undergraduate nursing training.

- Student religiosity: The Duke University Religion Index (DUREL) (Koenig, Parkerson, & Meador, 1997) validated for Portuguese was used (Lucchetti et al., 2012). This is an instrument with five questions concerning the religious aspects of a person, including organisational religiosity (religious attendance), nonorganisational religiosity (private religious practices) and intrinsic religiosity (religion as an important part of life). In the present sample, the Cronbach's alpha for the DUREL scale was 0.88 for the entire scale and 0.90 for the Intrinsic Religiosity subscale.
- Attitudes and opinions about spirituality and health questionnaire: The questionnaire used was an adaptation of the Curlin's instrument, "Religion and Spirituality in Medicine, Perspectives of Physicians—RSMPP" (Curlin, Lawrence, Chin, & Lantos, 2007). The questions were translated and adapted by two Portuguese speakers with knowledge in the field of health care and "Spirituality and Health" and tested in previous studies (Kørup et al., 2017; Lucchetti et al., 2016). RSMPP psychometrics characteristics have already been assessed in previous international and Portuguese language studies, showing appropriate reliability and the possibility of using both individualised questions or different subscales (Kørup et al., 2017; Lucchetti et al., 2016). The instrument assesses two types of students' opinions. The first part deals with religion, spirituality and clinical practices (spirituality's influence on health, attitudes and barriers to address these questions with patients and the influence of these on the professional–patient relationship). The second part evaluates students' opinions about academic training and teaching (whether students have already had contact with the theme or not, how they sought knowledge about these questions).

3 | RESULTS

A total of 286 students (135 in Brazil and 151 in Portugal) were invited to participate. From these, a total of 260 nursing students were included, 139 (92%) from Portugal (53 students from University of Algarve, Faro and 86 students from Santarem Polytechnic Institute) and 121 (89.6%) from Brazil (60 from UNINOVE university and 61 from Marília university). Only two students from Brazil refused to participate, and the others were absent during data collection.

Table 1 presents the sociodemographic and the religious characteristics of participants. Students were mostly female (86.3% in Portugal and 90.1% in Brazil, $p = .444$), from white ethnicity (91.9% in Portugal and 67.5% in Brazil, $p < .001$) and with a mean age of 22 years in Portugal and 25 years in Brazil ($p < .001$). All students were from the 3rd or 4th years of undergraduate training. Concerning religious aspects, Brazilian students were significantly more religious than Portuguese students, in all dimensions of religiosity (intrinsic, organisational and nonorganisational).

Table 2 presents the comparison between countries on students' opinions and their attitudes in relation to clinical practice. Brazilian students had a more religious concept of spirituality; tended to report that spirituality had a stronger influence on patient's health (71.0% in Portugal and 89.1% in Brazil, $p < .001$) and that this influence was positive (63.3% in Portugal and 79.3% in Brazil, $p = .041$). They also indicated in a greater extent that addressing religion and spirituality was appropriate (29.5% in Portugal and 49.2% in Brazil, $p < .001$) and that religion and spirituality could have a high influence on the nurse–patient relationship (18.1% in Portugal and 44.5% in Brazil, $p < .001$). Although most students have already inquired about patients' religion, spirituality issues (77.4% in Portugal and 73.7% in Brazil, p = NS), students from both countries felt they were not prepared to address these questions (11.3% in Portugal and 9.5% in Brazil, p = NS). The most common barriers for addressing these subjects were the "concern of imposing religious beliefs" for both countries, followed by "insufficient time" and "insufficient training" in Brazil and "insufficient knowledge" and "concern of offending patients" in Portugal. The most cited spiritual interventions for both countries were prayer and reading religious books, followed by laying on of hands in Portugal and reading religious books in Brazil.

Table 3 shows the interface between spirituality and nursing education. Portuguese students tended to report more that universities were providing enough information on how to address religion and spirituality issues (35.6% in Portugal and 15.2% in Brazil, $p < .001$), but they had less religion, spirituality activities than Brazilian students (5.0% in Portugal and 14.4% in Brazil, $p = .015$). Students from both countries indicated they should be better prepared to address religion and spirituality issues (54.0% in Portugal and 57.1% in Brazil, p = NS) and that this matter should be included in the curriculum (80.3% in Portugal and 83.8% in Brazil, p = NS). When questioned in which way these students search for information in religion, spirituality and nursing care, Portuguese students said they did not search for this kind of information (42.4%) or searched in scientific articles (31.7%). On the other hand, Brazilian students used their own religion to search this information (45.8%) or did not search (25.0%).

Finally, the logistic regression (Table 4) revealed that younger students tended to indicate more on the appropriateness of addressing R/S issues. Brazilian students tended to rate more on the influence of R/S on patients' health, on the appropriateness of addressing R/S issues and on the influence of R/S on the nurse–patient relationship and religious students tended to rate more on the appropriateness of addressing R/S issues.

4 | DISCUSSION

The present study found significant differences between nursing students from Brazil and Portugal, which are countries with the same language, but with different nursing training and population characteristics. Brazilian students were more religious and had stronger opinions on the influence and appropriateness of spirituality in clinical practice than Portuguese students. However, both groups of students indicated they should be prepared to address the dimension of religion and spirituality, reported these issues should be included in the curriculum and that they were not properly prepared to address

them. These results highlight that, albeit there are differences between countries, their opinions on nursing training are very similar.

Concerning religious and spiritual beliefs, although 14% of Portuguese nursing students stated that they did not believe in God, this assertion did not occur among Brazilian students. In both cases, more than 40% declared themselves Catholics, being the most prevalent religion in Portugal and in Brazil (Healy & Breen, 2014; Alexander Moreira-Almeida, Pinsky, Zaleski, & Laranjeira, 2010). In Brazil, Catholics were followed by Evangelical Protestants and Spiritists, reinforcing the religious diversity found in this Latin American country, while at the same time, it prevails the respect and social tolerance by the same. In Portugal, the variety is not so obvious and Catholics were followed by people who had no religious affiliation but believe in God.

The level of religiosity and personal practice as well as the incorporation of beliefs in the way of directing one's life with the presence of God was higher in Brazilian students, which is in accordance with another study about religious participations and importance of religion in the lives of Brazilian people (Alexander Moreira-Almeida et al., 2010). In fact, most nursing students from Brazil considered themselves very or moderately religious in contrast to the Portuguese group. The greater religion experience in Brazilian nursing students makes them more prone to indicate that spirituality is linked mainly with religious elements. By the other hand, Portuguese

TABLE 1 Sociodemographic and religious characteristics

	Portugal	Brazil	*p*
Gender			
Female	120 (86.3%)	109 (90.1%)	.444
Male	19 (13.7%)	12 (9.9%)	
Year			
3	79 (56.8%)	59 (48.8%)	.214
4	60 (43.2%)	62 (51.2%)	
Age	22.07 (3.36)	25.52 (6.38)	**<.001**
Ethnicity			
White	125 (91.9%)	81 (67.5%)	**<.001**
Other	11 (8.1%)	39 (32.5%)	
Religion			
Catholic	57 (41.9%)	53 (44.5%)	**<.001**
Protestant	5 (16.1%)	26 (21.8%)	
Other	14 (10.3%)	26 (21.8%)	
None, but believe in God	41 (30.1%)	14 (11.8%)	
None and do not believe in God	19 (14.0%)	0 (0.0%)	
To what extent do you consider a religious person?			
Very religious/Moderately religious	60 (43.2%)	94 (77.7%)	**<.001**
Slightly religious/Not religious at all	79 (56.8%)	27 (22.3%)	
How often do you attend church or other religious meetings?			
More than once a week/Once a week	10 (7.4%)	41 (34.5%)	**<.001**
Less than once a week	126 (92.6%)	78 (65.5%)	
How often do you spend time in private religious activities (i.e., prayer, meditation, Bible study)?			
Daily/More than once a day	19 (13.8%)	59 (48.8%)	**<.001**
Less than daily	119 (86.2%)	62 (51.2%)	
In my life, I experience the presence of the Divine			
Definitely true of me	26 (18.7%)	83 (69.7%)	**<.001**
Definitely not true/Tends not to be true/Unsure/Tends to be true	113 (81.3%)	36 (30.3%)	
My religious beliefs are what really lie behind my whole approach to life			
Definitely true of me	20 (14.4%)	47 (39.2%)	**<.001**
Definitely not true/Tends not to be true/Unsure/Tends to be true	119 (85.6%)	73 (60.8%)	
I try hard to carry my religion over into all other dealings in life			
Definitely true of me	11 (7.9%)	31 (25.8%)	**<.001**
Definitely not true/Tends not to be true/Unsure/Tends to be true	128 (92.1%)	89 (74.2%)	

TABLE 2 Students opinions' concerning spirituality in clinical practice

	Portugal	Brazil	*p*
What do you consider to be spirituality? (check all that apply)			
Ethical and humanistic posture	29 (21.0%)	14 (11.6%)	**.046**
Search for meaning in human life	60 (43.5%)	46 (38.0%)	.379
Belief and relation to God/Religiosity	36 (26.1%)	65 (53.7%)	**<.001**
Belief in the something other than matter	63 (45.7%)	28 (23.1%)	**<.001**
Belief in the existence of soul and life after death	28 (20.3%)	28 (23.1%)	.651
Overall, how much influence do you think religion/spirituality has on patients' health?			
Very much/Much	98 (71.0%)	106 (89.1%)	**<.001**
Some/A little/very little or none	40 (29.0%)	13 (10.9%)	
Is the influence of religion/spirituality on health generally positive or negative?			
Generally positive	88 (63.3%)	96 (79.3%)	**.041**
Generally negative	1 (0.7%)	1 (0.8%)	
Equally positive and negative	48 (34.5%)	23 (19.0%)	
It has no influence	2 (1.4%)	1 (0.8%)	
How much influence do you think religion/spirituality has on the health-disease understanding and on the nurse–patient relationship			
High influence	25 (18.1%)	53 (44.5%)	**<.001**
Moderate/Low/No influence	113 (81.9%)	66 (55.5%)	
Do you want to address spiritual/religious issues with your patients?			
Yes	97 (70.8%)	90 (75.0%)	.485
No	40 (29.2%)	30 (25.0%)	
To what extent do you feel prepared to address S/R issues?			
Very much/Much	15 (11.3%)	11 (9.5%)	.683
Some/A little/very little or none	118 (88.7%)	105 (90.5%)	
To what extent do you think it is appropriate to address S/R issues?			
Very much/Much	41 (29.5%)	59 (49.2%)	**.001**
Some/A little/very little or none	98 (70.5%)	61 (50.8%)	
Do you ever inquire about patients' religious/spiritual issues?			
Yes	106 (77.4%)	84 (73.7%)	.555
No	31 (22.6%)	30 (26.3%)	
How often do you inquire R/S issues?			
Always/Often	35 (28.2%)	34 (40.0%)	.099
Sometimes/Rarely	89 (71.8%)	51 (60.0%)	
Do any of the following discourage you from discussing religion/spirituality with patients? (check all that apply)			
Insufficient knowledge	58 (43.0%)	31 (26.3%)	**.006**
Insufficient training	33 (24.4%)	34 (28.8%)	.476
Insufficient time	26 (19.3%)	41 (34.7%)	**.007**
General discomfort with discussing religious matters	21 (15.6%)	13 (11.0%)	.357
Concern of imposing my religious beliefs	69 (51.1%)	65 (55.1%)	.531
Religion is not relevant for the treatment	3 (2.2%)	1 (0.8%)	.652
It is not my job	2 (1.5%)	2 (1.7%)	1.000
Concern of offending the patients	48 (35.6%)	24 (20.3%)	**.008**
Concern that my colleagues will disapprove	8 (5.9%)	7 (5.9%)	1.000
Which tools or spiritual treatments do you believe should be recommended for your patients? (check all that apply)			
Prayer	102 (76.1%)	90 (76.3%)	1.000
Religious books	43 (32.1%)	61 (51.7%)	**.002**
Magnetised water/Holy water	3 (2.2%)	3 (2.5%)	1.000

(Continues)

TABLE 2 *(Continued)*

	Portugal	Brazil	*p*
Spirit release therapy/Exorcism	2 (1.5%)	1 (0.8%)	1.000
Laying on of hands/Reike/Spiritist Passe/Johrei	37 (27.6%)	5 (4.2%)	**<.001**
Charity work in religious temples	10 (7.5%)	12 (10.2%)	.506

TABLE 3 Students opinions' concerning spirituality in nursing education

	Portugal	Brazil	*p*
Does university provide to students enough information on how to address R/S issues?			
Very much/Much/Some	48 (35.6%)	17 (15.2%)	**<.001**
A little/very little or none	87 (64.4%)	95 (84.8%)	
Should the student be prepared to address R/S issues?			
Very much/Much	74 (54.0%)	64 (57.1%)	.701
Some/A little/very little or none	63 (46.0%)	48 (42.9%)	
Have you ever took part of an activity related to Spirituality and health?			
Yes	7 (5.0%)	17 (14.4%)	**.015**
No, but I would like to participate	121 (87.1%)	87 (73.7%)	
No and I would like not to participate	11 (7.9%)	14 (11.9%)	
Should Spirituality and Health be included in the curriculum?			
Yes	110 (80.3%)	98 (83.8%)	.516
No	27 (19.7%)	19 (16.2%)	
In which way you like to get further information on health, medicine, spirituality and religiosity? (check all that apply)			
I do not search for this content	59 (42.4%)	30 (25.0%)	**.004**
I watch conferences or classes or congresses	6 (4.3%)	15 (12.5%)	**.021**
I read books	23 (16.5%)	27 (22.5%)	.270
I read scientific articles	44 (31.7%)	14 (11.7%)	**<.001**
I search this information with my teachers	17 (12.2%)	7 (5.8%)	.088
I search this information inside my own religion	22 (15.8%)	55 (45.8%)	**<.001**

students considered that spirituality had a bigger composition of transcendental, nonmaterial, ethical and humanistic elements.

These distinct concepts obtained from the different countries underscore the challenges of defining spirituality. Although nursing was traditionally associated to religious experience, currently, this concept is more related with a personal search of life meaning and purpose, with deep cultural influences, that may or may not be rooted with religion (Reinert & Koenig, 2013). This distinction is also shared by other authors (Coscrato & Villela Bueno, 2015), who consider that addressing spirituality is a nurse responsibility and implies in respecting the beliefs and values of the patients without imposing own beliefs.

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It is precisely this latter aspect that most concerns nursing students in general. They feel that the major drawback to facing religious or spiritual care with the patients is the fear of imposing their own beliefs that could be influenced by differences in culture or views (Keall, Clayton, & Butow, 2014). Another barrier commonly described in the scientific literature (Keall et al., 2014), and the second reason identified by Brazilian nursing students, was lack of time. This aspect supports the fact that instrumental activities are taken in greater consideration, by health professionals, with respect to others dimensions of care, whereas for many patients, their relevance is essential or greater than that given by professionals (Carrasco Rodríguez, 2016). By the other hand, Portuguese students report that the lack of knowledge about religion and spirituality was the second most important factor and that training is important to overcome this barrier (Lucchetti, de Oliveira, Koenig, Leite, & Lucchetti, 2013).

Concerning the influence and appropriateness of spirituality in clinical practice, nursing students in both countries wish to face themes related with religion and spirituality, considering that the influence on the understanding of the health-illness process and nurse–patient relationship is moderate and that the influence of these issues on patients' health is mostly positive, which is in accordance with previous studies (Lucchetti et al., 2013). However, in Portugal, there is also a significant percentage of participants who think that such influence is equally positive and negative, in a more balanced way. Most evidence shows that religious beliefs could have a positive or negative effect depending on the way it is used (Koenig, 2012).

Concerning the most appropriate spiritual interventions, prayer stands out as the preferable method used by all students. This tool

TABLE 4 Factors associated with students' opinions concerning spirituality and health

	OR	95% CI		p
Overall, how much influence do you think R/S has on patients' health? Very much/Much = 1 vs. Some/A little/very little or none = 0				
Age	0.993	0.945	1.044	.785
Ethnicity—White	1.104	0.536	2.272	.788
Country—Brazil	2.295	1.243	4.240	**.008**
Have a religious affiliation	1.835	0.955	3.528	.069
Very religious/Moderately religious	1.080	0.574	2.034	.635
To what extent do you think it is appropriate to address S/R issues? 1 = Very much/Much 0 = Some/A little/very little or none				
Age	0.946	0.909	0.984	**.006**
Ethnicity—White	0.815	0.474	1.402	.460
Country—Brazil	1.736	1.049	2.874	**.032**
Have a religious affiliation	2.025	1.094	3.749	**.025**
Very religious/Moderately religious	0.987	0.587	1.658	.468
How much influence do you think R/S has on the nurse-client relationship 1 = High influence 0 = Moderate/Low/No influence				
Age	0.988	0.953	1.025	.535
Ethnicity—White	1.174	0.676	2.038	.569
Country—Brazil	3.588	2.076	6.201	**<.001**
Have a religious affiliation	1.299	0.673	2.509	.435
Very religious/Moderately religious	1.552	0.899	2.680	.144
Should the student be prepared to address R/S issues? 1 = Very much/Much 0 = Some/A little/very little or none				
Age	0.974	0.938	1.012	.175
Ethnicity—White	1.212	0.700	2.098	.493
Country—Brazil	0.865	0.529	1.416	.565
Have a religious affiliation	1.526	0.856	2.721	.152
Very religious/Moderately religious	1.421	0.853	2.368	.177

is considered a complementary treatment and may also help in enhancing communication, health professional–patient relationship and emotional support in several fields, such as palliative care (Carvalho, Acioly, Santos, Valdevino, & Alves, 2014). Praying with a patient is a delicate ethical issue and nurses can respond in different ways. A recent study showed that most nurses have a positive response to patient requests for prayer. For these nurses, prayer is a natural component of nursing care. However, other nurses may have an uncomfortable reaction (Minton, Isaacson, & Banik, 2016). The second most common intervention reported by Brazilians was use of religious books, reflecting the high level of religiosity in the Brazilian sample and laying on of hands in Portugal, which can reflect the role of therapeutic touch and complementary therapies in this country.

Another interesting finding was that students from both countries, although having approached the religion and spiritual dimension directly with patients on some occasion, did not feel prepared for it. In addition, they referred to having done so on specific occasions (sometimes or rarely). Due to the undervaluation of care practices as a feminised work, professionals opt for technical activities in collaboration with other professionals. This is one of the reasons for the invisibility and neglect of care as accompaniment, conviction, comfort, spiritual support, etc. (Chan, 2010). Nevertheless, students of this study considered appropriate this approach, being greater the perception for Brazilian students in relation to the Portuguese students. These findings are corroborated by other studies, showing that 91% of physicians consider appropriate to discuss religion and spiritual issues if the patient raised them (Curlin, Chin, Sellergren, Roach, & Lantos, 2006) and that nurses indicate that the approach to the spiritual distress is their responsibility (Kristeller, Zumbrun, & Schilling, 1999).

For our study, this shows the presence of a positive attitude towards this issue in the absence of training that responds to the insecurity that may occur in the clinical approach. Most students investigated referred that the university provided a lack of information about the subject and reported that they did not participate in activities related with this subject. However, Brazilian nursing students were more critical as they have participated in more training activities and at the same time found insufficient knowledge acquired by their undergraduate training. This large discrepancy between the attitudes and expectations of students and professionals with the religion and spirituality training is also evidenced by other authors (Lucchetti et al., 2013; Sánchez et al., 2016).

Portuguese nursing students claimed to seek less content in this subject and attended fewer conferences than the Brazilian students attend. However, the main strategies for obtaining information by Brazilian students were from their own religious beliefs, whereas in the case of Portuguese students (less religious participants), they tended to use more scientific resources such as journal articles.

The regression analysis revealed that students' country was the most important factor related to the belief that religion and spirituality influence patient's health and to the importance of its approach and the appropriateness to address these issues. These findings highlight that cross-cultural issues are more important than demographic factors such as gender, ethnicity and age. In both cases, Brazilian students tended to have more favourable opinions towards religion and spirituality. These results may be explained by several factors, including the higher levels of religiosity in the Brazilian nursing students. Previous studies have shown that most religious persons tend to be more prone to address and be aware of patients' spiritual and religious issues (Berg et al., 2013; Lucchetti et al., 2016).

Finally, the most cited factors that discourage students from discussing religion and spirituality themes with patients include insufficient knowledge, concern of offending patients, concern of imposing religious beliefs and insufficient training. All these barriers could be overcome by training (Osorio et al., 2017). In fact, some authors emphasise the importance of enhancing the personal sphere and maturation of students (deeper understanding of one's spirituality, spiritual essays and assessments in classroom and clinical practice) to improve the quality of patient's spiritual care (Briggs & Lovan, 2014; Cone & Giske, 2013). Likewise, there are significant positive correlations between religion and spirituality of health professionals and

understanding of spiritual care and willingness to apply such care both in nurses (Chan, 2009; Chan, 2010; Labrague, McEnroe-Petitte, Achaso, Cachero, & Mohammad, 2016) as in physicians (Curlin et al., 2006). A broad discussion in the field of nursing is welcome, including an international consensus pointing to the minimum acquisition of religion and spirituality attitudes for nurse students, considering the cultural and religious backgrounds to create a sensitive curriculum to develop such competencies.

4.1 | Limitations

This study has some limitations, which should be considered. First, although this is a multicenter study including four nursing schools from two countries, these institutions are not nationwide representative. Therefore, it is possible that in other institutions, the nursing students' opinions could be different of what was found here. Second, the data collection was obtained in different moments. The reason for this time gap is the fact that the Brazilian studies were carried out first. Then, a cross-cultural comparison was suggested by the other European authors who contacted the Brazilian authors and adapted the questionnaire to Portugal context. Finally, the results were tabulated and analysed together. Although there is a possibility of the current Brazilian students have different opinions as the time passed, no religion and spiritual educational interventions that could impact their perceptions were carried out in these institutions. Third, although Curlin's instrument is used in several healthcare studies, it is more related to religious care than spiritual care. Therefore, some nonreligious contemplative practices or nondiscrete interventions (such as listening or presence) were not included as a student's response option, which should be a considered while investigating a broader holistic spiritual care (Clarke, 2013). Despite these limitations, our study has also a number of strengths. This is a multicenter study, using same validated instruments of data collection, with a deep description of religious aspects as well as attitudes and opinions concerning religion and spirituality.

5 | CONCLUSION

This study highlights that, although there are different opinions and attitudes between Brazilian and Portuguese nursing students, there is a need of more religion and spiritual training in the undergraduate formation to overcome some of the barriers students face in addressing this kind of subject in clinical practice. Cross-cultural comparisons allow further development of educational strategies and the identification of religion and spiritual competences for the training of future nursing professionals, fostering a discussion in the field and an international sensitive curriculum related to this issue.

From the results find in this research, one of the educational strategies will be to increase the importance given to the theme throughout the course, using a longitudinal, practical and student-centred approach, focusing on the aspects of assertive communication and a holistic and integrative care.

ACKNOWLEDGEMENT

None.

CONTRIBUTIONS

Study conception and design: RDC, BBR, FAM, EC, GL; data acquisition: RDC, BBR, FAM, DCME, CST; data interpretation: RDC, BBR, FAM, EC, DCME, CST, ALGL, GL; data analysis: RDC, ALGL, GL; drafting of the article: RDC, BBR, GL; critical revision of the article for important intellectual content: RDC, FAM, EC, DCME, CST, ALGL; and final approval of the version to be submitted: RDC, BBR, FAM, EC, DCME, CST, ALGL, GL.

CONFLICT OF INTERESTS

The authors declared no competing interests.

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How to cite this article: Cordero RD, Romero BB, de Matos FA, et al. Opinions and attitudes on the relationship between spirituality, religiosity and health: A comparison between nursing students from Brazil and Portugal. *J Clin Nurs*. 2018;00:1–10. https://doi.org/10.1111/jocn.14340