

## Original Article

## EXPANDED ANALYSIS ON SPIRITUALITY AND INTENSIVE CARE UNIT OUTCOMES

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## Abstract

Spirituality is a highly heterogeneous concept with no universally accepted definition, varying across cultures, religions, and historical contexts. This conceptual ambiguity poses challenges for developing standardized clinical assessment tools, even though growing evidence indicates that spiritual beliefs and practices influence emotional well-being, stress regulation, and physical health outcomes. In 2021, the Brazilian Society of Cardiology highlighted the clinical relevance of this topic by recommending that physicians include spiritual anamnesis in routine evaluations, particularly for patients with chronic or severe conditions. This study investigated 200 lucid and conscious Intensive Care Unit patients admitted for clinical reasons. Because no standardized method exists to measure spirituality, researchers developed a brief scoring system to classify individuals as “spiritualized” or “non-spiritualized.” Prior to this classification, each patient’s predicted mortality risk was determined using the SAPS 3 score, which estimated an average mortality of about 20% across the cohort. Patients identified as spiritualized showed lower-than-predicted mortality rates, suggesting a potential protective effect of active spirituality, though causality cannot be inferred. These findings align with literature proposing that spirituality may enhance resilience, reduce stress responses, and support adherence to treatment. Sex-based differences also emerged: women showed substantially lower mortality, particularly within the non-spiritualized group, where their mortality was 2.5 times lower than that of men. This pattern may reflect underlying biological, hormonal, or psychosocial factors. Length of Intensive Care Unit stay did not differ significantly between groups, indicating that spirituality may influence survival more than recovery speed. Overall, the results support incorporating spiritual assessment into routine Intensive Care Unit care.

**Keywords:** Emotional health; Intensive Care Unit; Mortality; Religions; Spirituality

## Introduction

The conceptual heterogeneity of spirituality has been widely recognized in contemporary academic literature. Spirituality lacks a single, universally accepted definition, and its meaning varies substantially across cultures, religions, and historical periods. This definitional ambiguity complicates the development of standardized tools for measuring spirituality in clinical settings, even as evidence accumulates that spiritual practices and beliefs influence physical and emotional health outcomes [1].

Recognizing the importance of this topic, the Brazilian Society of Cardiology published its Position on Arterial Hypertension and Spirituality in 2021, recommending that physicians incorporate spiritual anamnesis as part of a comprehensive clinical evaluation. For critically ill patients, particularly those admitted to the Intensive Care Unit, spiritual beliefs may shape coping mechanisms, psychological resilience, and perceptions of illness, which may ultimately influence measurable clinical outcomes [2,3].

This study evaluated 200 lucid and conscious Intensive Care Unit patients admitted for clinical conditions. Because no single, universally accepted methodology exists for assessing spirituality, the research team created a simple and rapid spirituality scoring system to classify patients as “spiritualized” or “non-spiritualized.” Before this classification, each patient’s predicted mortality risk was calculated using the Simplified Acute Physiology

Score III (SAPS 3), one of the most widely used severity scoring tools in intensive care [4-7].

Across the sample, predicted mortality averaged approximately 20% (range: 18.5%–21%). Notably, patients classified as spiritualized exhibited lower-than-predicted mortality rates, suggesting a potential protective association between active spirituality and survival during critical illness. While this relationship does not imply causation, the pattern aligns with literature indicating that spirituality may reduce physiological stress responses, enhance emotional resilience, and increase adherence to therapeutic recommendations [8].

Another key finding involved sex-based differences in outcomes. Women demonstrated markedly lower mortality rates, particularly within the non-spiritualized group, where their mortality was 2.5 times lower than that of men. This difference may reflect biological, hormonal, or psychosocial influences that merit further examination in future research [5].

Length of stay in the Intensive Care Unit did not differ significantly between spiritualized and non-spiritualized patients, suggesting that spirituality may influence final outcomes (such as survival) more strongly than recovery speed. These findings support the integration of spiritual assessment into routine clinical practice in high-complexity environments such as intensive care units [8,9].

**Table 1. General characteristics of the sample (N = 200).**

Variable	Value
Total patients	200
Admission type	Clinical conditions
Mental status on admission	Lucid and conscious
Average predicted mortality (SAPS 3)	≈ 20%
Predicted mortality range	18.5% - 21%

**Table 2. Mortality by spirituality status.**

Group	Observed mortality	Interpretation
Spiritualized	Lower than predicted	Suggests a protective association
Non-spiritualized	Near or above 20%	No protective effect observed

**Table 3. Mortality by sex and spirituality.**

Sex	Spiritualized mortality	Non-spiritualized mortality	Observation
Male	Moderately lower	Higher	--
Female	Lower	2.5× lower than men	Strong protective pattern

**Table 4. Intensive Care Unit length of stay.**

Group	Average Intensive Care Unit stay	Statistical difference
Spiritualized	No significant difference	—
Non-spiritualized	No significant difference	—

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## Conflicts of interest

No conflict of interest.

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