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Wpływ religijności na deklarowane zachowania prozdrowotne

STRESZCZENIE

Religion can serve in five essential roles or functions in relation to a person's health, such as explication, giving meaning, normative and control, caring and charity, healing and therapeutic roles.

Religion and spirituality affect both mental and physical health. They can, for example, have a positive impact on diseases such as hypertension and cancer, as well as life expectancy. Individuals with higher religiosity are more likely to exhibit healthy behavior, i.e., they do not smoke and do not drink.

The main goal of this study was to evaluate the effects of religiosity on health behaviors in a population of people of different ages and in the role of pastor in the above hospital.

Specific objectives were to evaluate the effects of religiosity on: health-related behaviors (habits, preventive behaviors, positive attitudes and mental health practices), and various elements of the physical, mental and social dimensions of health locus of control. These elements include internal locus of control (the belief that control over our own health depends on me alone); the influence of others (the belief that the state of their health is the result of the impact of other, mostly medical, personnel) and the impact of the event (state of health is dependent on chance or other external factors). Objectives included verifying the perception of the role of hospital chaplains in promoting healthy behavior, and the use of religion in situations where personal and social resources for coping with the disease have been exhausted. The study also examined whether there are differences between people depending on their age.

In terms of practical application, results may be useful in determining the role of hospital chaplains in promoting healthy behavior and the use of religion in situations where the personal and social resources to cope with the disease have been exhausted.

The research was approved by the bioethics committee of Medical University of Białystok R-I-002-434-2014 and the Directorate General Hospital in Wysokie Mazowieckie, Bialystok University Hospital, General Hospital in Wysokie, University Hospital in

Bialystok, Regional Hospital No 2. St. Hedwig Queen in Rzeszow and the Provincial Hospital in the Biała Podlaska.

The study was conducted from November 2014 to November 2015 and included a total of 790 people, including 259 persons aged 18-24 years (group I), 189 people aged 25 to 49 years (group II), 188 people aged 50- 70 years (group III), and 173 people aged > 70 years (group IV).

The study applied a diagnostic survey method using a copyrighted questionnaire and standardized questionnaires: The Santa Clara Strength of Religious Faith Questionnaire (SCSORF), Inventory of Behavioral Health (IZZ) by Juczyńskiego, Letters Health Criteria - LKZ Juczyńskiego, Multidimensional Scale of Health Locus of Control (MHLC) version B, Wallstone, BS Wallstone, R. Devellis (Polish adaptation, Juczyńskiego), and Satisfaction with life Scale (SWLS- the Satisfaction with life Scale), Diener, Emmons, Larsen, Griffin by Juczyński.

The results led to the formulation of the following conclusions: General religion and health behaviors

- Most respondents were convinced that religion had an important place in their lives and evaluated their religiosity as high or very high.
- The basic factors that lead people to faith were the need to rely on and trust the Mother of God to help in difficult times, the impact of education, and the loss of faith, a critical assessment of the church and priests, one's own thoughts and life experiences, and the negative behavior of believers.
- Most respondents compliant with such prohibitions of the church as the killing of unborn children, contraception and in vitro fertilization.
- Half of the respondents declared that they contact a doctor only when sick.
- The majority of respondents reported that they did not smoke, drink coffee, occasionally consumed alcohol occasionally reaches for, and the number of non-smokers and non-drinkers increased with age.
- The most common ailments that bothered respondents were daily physical fatigue and pain in the lumbar region of the spine, weekly physical fatigue, headaches and mental fatigue, monthly physical fatigue and mental fatigue, and occasional abdominal pain and headaches.

- Using a standardized questionnaire IZZ (Index Behavioral Health) showed that the respondents were characterized by a rather average level of health behaviors, highest in the area of mental attitude, and lowest for health practices.
- Older respondents had higher levels of health behavior.
- The Health Locus of Control (MHLC) questionnaire showed that in the group dominated by the belief that control over one's own health depends on them (internal health locus of control), and its parent group comprised of people with placement of health checks, there was no differentiation between weak and strong.
- Internal health control was similar across all age groups, and the importance of the influence of other people and events increased with age.
- The majority of respondents accepted the presence of chaplains of various denominations in hospitals and hospices. They thought that the affect they have a positive effect on strengthening the patient's health, they should be medically trained and be a member of the therapeutic team.

The impact of religion on the chosen health behavior

- In the group of respondents confirming its religiosity, the percentage of smokers who consume alcohol was lower than in the group of non-believers.
- Those not frequently practicing religion rated their level of health behavior as owl.
- Those who believe and religious practitioners showed slightly better indicators of health in terms of healthy eating habits, behaviors, prevention and mental attitude.
- People who declare themselves as non-believers and non-practitioners more frequently applied internal controls.
- Religiosity as assessed by the SCSORF showed that it was associated with the type of health locus of control, with the lowest level of religious beliefs among persons decreasing the influence of others on their own health, and the strongest level magnifying the influence of others and reducing the impact of events.
- Age was the statistically significant differentiating factor in the level of religiosity, measured using the SCSORF. The older the respondent, the greater the strength of religiosity.
- Respondents having a higher strength of religious beliefs were more often non-drinkers and nonsmokers.
- Participants with stronger religious beliefs presented a higher level of health behaviors, with the strongest relationship appearing for the total scale value IZZ and

the weakest for the assessment of health practices and rates of validity of impact on health.

- In the case of measures defining opinions on the factors affecting health MHLC, the strongest correlation with religiosity related to the category of "the influence of other," and trace - assess the validity of the impact of the case on health.
- The average assessment of the level of health behaviors (except for the practice of health) was slightly higher among the religious, and the difference was slightly greater in the younger age groups.
- The elderly were characterized by greater pro-health behavior, a factor increasing their level was the fact of being a religious believer.
- In the age groups 18-24, 25-49 and 50-70 years old, perception of health did not depend on the depth of faith. In the group of people over the age of 70, more religious people believed that impacts to their health were more subject to various external factors.
- In the group of children aged 18-24 years, religiosity affected the more frequent occurrence of feeling of strong internal controls, and fewer assigned a large role to chance in the group of people aged 25-49, showing no significant effect of religiosity on health locus of control. The oldest group demonstrated a relatively frequent attitude toward the widening influence others among the non-religious.
- With the rise of religiosity comes an increase in satisfaction with life in the age group 50-70 years and above 70 years.