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# Spirituality and Religiosity in Health and Healthcare



# Spirituality

*“breath”*

Meaning /

Purpose in Life

Transcendence

Connectedness

Values

# Religion

*“to bind together”*

Organizing collective spiritual experiences into a system of beliefs and practices



# William Osler (Hopkins SOM)

*Faith in the gods or in the saints cures one,  
hypnotic suggestion another,  
faith in a plain common doctor a third.*

*Without faith a man can do nothing,  
with it all things are possible.*



# Current Trends

- How prominent is religion/spirituality in daily lives of general population?
- How common is it to connect R/S and perceptions of health and recovery?
- What are the relationships between R/S and physical/mental health?
- Should R/S be addressed in medical care setting?



# R/S & Health Beliefs

- 90% of Americans believe in a higher power; 58% view religion as very important in their lives (Princeton Religion Research Center Report, 1996)
- Prayer was second only to medication use among hospitalized adults coping with moderate to high pain (76% vs. 82%) (McNeill et al., 1998)
- 94% of patients regard spiritual and physical health as equally important
- 79% believe faith can help people recover (McNichol, 1996)
- 72% “pray often” for the health of a family member; 52% pray for world peace; 27% for success in careers (Newsweek, 2003)



# The Meaning of Illness

- Illness can create an existential crisis (*Why?*)
- Raises questions about meaning, values, relationships
- Illness disrupts routines, forces change (financial, geographical, interpersonal)
- Many/most rely on religious or spiritual beliefs
  - Framework to understand and respond
  - Hope through rituals
  - Integration of caring relationships, higher meaning



# Potential Pathways linking Spirituality and Adaptive Coping

- Provides emotional comfort
- Finding strength in the face of ongoing pain
- Linking individuals to caring communities that provide social roles and intimacy
- Activities result in calming, relaxing response
- Encourages/facilitates better self-care
- Connecting with a higher power offers unique physical and mental benefits



# Religious/Spiritual Coping

## o Positive

- Thinking about how life is part of a large force
- Working together with God as partner
- Looking to God for strength, support, guidance

## o Negative

- Feeling punished for sins or lack of spirituality
- Feeling abandoned by God
- Avoiding/discontinuing medical care
- Unrealistically high expectations of selves



# R/S and Health Outcomes

## ○ All-Cause Mortality

- Lower religious involvement linked with 25% greater odds of death at follow-up (30% unadjusted) (McCullough et al., 2000)
- Dose response relationship (Hummer et al 1999)
- Evidence strongest for risk protection; 25% reduction in risk of death in healthy people (Powell et al., 2003)

## ○ Cardiovascular Disease

- RR of .83 with weekly attendance (Oman et al 2002)
- RR of .72 for religious orthodoxy (with attendance) (Goldbourt et al 1993)



# R/S and Health Outcomes

- Some evidence for:
  - Cancer Mortality
  - Illness Recovery
  - Remote Prayer
- Inadequate evidence for:
  - Deep religiosity reducing mortality
  - R/S slowing cancer progression
  - R/S as coping mechanism



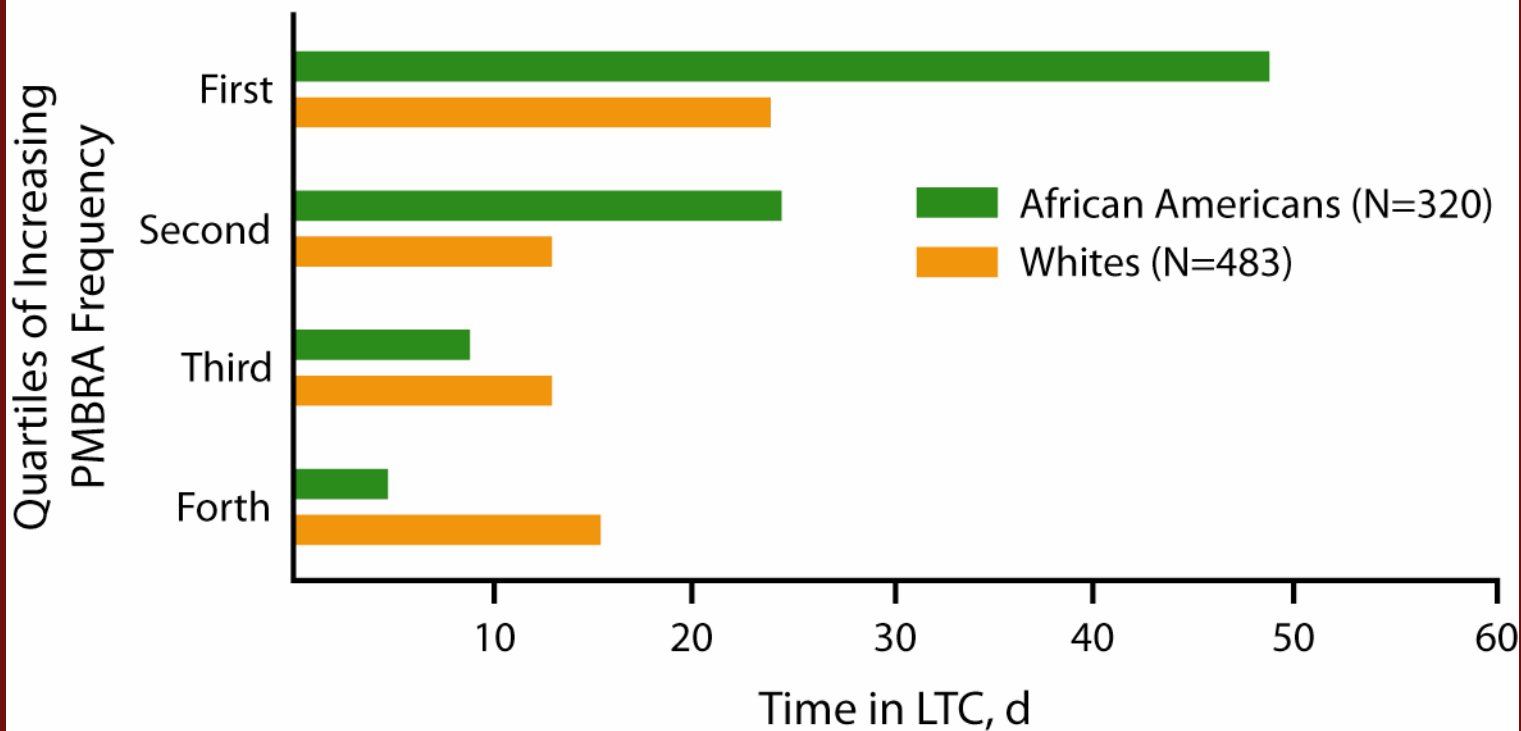
# R/S and Health Outcomes

## o Mental Health

- **Less risk of depression; faster recovery** (Braum et al., 1997; McCullough et al., 1999)
- **Less anxiety / fear** (Koenig et al., 2001)
- **Less substance abuse** (Koenig et al., 2001)
- **R/S Coping- more positive affect/less depression**  
(Pressman et al., 1990; Kennedy et al., 1996; Koenig et al., 1992; Levin et al., 1996; Woods et al., 1999; Bartlett et al., 2004)
- **R/S Coping- buffer the effects of stressful life events, especially in the elderly** (Krause, 1998)



## Time Spent in a Long-Term Care by Frequency of Prayer, Meditation, and/or Bible Reading Activity



Adapted by CTLT from Koenig, H.G. et al. Arch Intern Med 2004;164:1579-1585.





# Results in RA patients

- Spirituality was associated\* with:
  - More positive self-ratings of health ( $r=.29$ )
  - Use of adaptive coping strategies
    - Positive thinking ( $r=.22$ )
    - Drawing on strength of others ( $r=.31$ )
    - Less escapism and avoidance ( $r=-.37$ )

$p's < .05$



# *Discussing R/S with Patients*

72% of Americans say they would welcome a conversation with their physician about faith

*Newsweek Poll, 11/10/2003*



# Patient Care & R/S

- Beyond disease management -- attending to the needs of the whole person
- WHO Health & Well-being
  - “A state of complete physical, mental and social well-being, not merely the absence of disease.”
- U.S Joint Commission on the Accreditation of Healthcare Organizations
  - Calls for routine assessment of patient spiritual needs
- American Psychiatric Association
  - Inquire about religious/spiritual orientation to “to properly attend to them in the course of treatment”



# Patient Perspectives on Spirituality and the Patient-Physician Relationship

- Patients wanted open communication and exchange
- Providers need strong interpersonal skills and a well-developed relationship PRIOR to discussing spirituality
- Patients did not expect providers to initiate or pursue spiritually oriented discussions

# ● ● ● | Patient Perspectives on Spirituality and the Patient-Physician Relationship

- Patients wanted providers to ask about social support and coping, mention religious holidays (*opens the door*)
- Do not want providers to prescribe or dictate religious behaviors
- Some may fear that the mention of R/S suggests a poorer outcome



# Patients' Perceptions of Physician Barriers to Discussing Spirituality

- Too busy
- Not interested
- Prohibited from discussing
- Fear of offending patient
- Lack training



# Assessing Spiritual Needs

- *Faith or beliefs.* Do you consider yourself spiritual or religious?
- *Importance or influence.* Is it important in your life? What influence does it have on how you take care of yourself? ....in regaining health?
- *Community.* Are you part of a spiritual or religious community? Is this of support to you?
- *Address.* How would you like me to address these issues in your care?

*Christine Pulchaski, MD MS*

*George Washington Institute for Spirituality & Health*



# Professional Boundaries

- Half of patients want providers to pray with them (King et al., 1994)
- 64% think providers should join patient in prayer if patient asks (Time/CNN, June 12, 1996)
- Boundaries may not be as clear to patient (*“God is working through my doctor”*)
- Inquiries about provider’s beliefs
- Consider referral to clergy



# Back to those questions...

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# Food for Thought

- What are some of the connections between R/S and culture or other aspects of identity?
- How might R/S traditions, practices, beliefs bring a group together or divide them?
- What about different groups?
- Do any aspects of R/S seem universal?
- How can R/S be used to promote health?
- What are risks or considerations for doing so?