

Opinion Of Health Care Providers Regarding Spiritual Dimension Of Health In India

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Citation

N Goel, D Walia, R Pathak, M Sharma, M Kalia, H Swami. *Opinion Of Health Care Providers Regarding Spiritual Dimension Of Health In India*. The Internet Journal of Health. 2007 Volume 7 Number 1.

Abstract

Purpose: To understand spiritual beliefs and practices of health care providers and to study their opinion regarding the role of spiritual health in day to day patient care.

Method: A cross-sectional study was conducted among health personnel in the north Indian city of Chandigarh. 78 clinicians and 94 Para-medical personnel participated in the study.

Results: Whereas 62% agreed to the existence of a spiritual dimension to health, 20% attached primacy to spiritual health, placing it above medical wellness. 59% of respondents felt that the spiritually healthy coped better with their illness and 86.05%, felt that a spiritual caregiver can provide better patient care. 60.47% also believed that it was important for caregivers to have a spiritual orientation.

Conclusion & Recommendations: Most healthcare personnel believe that a spiritually oriented doctor-patient dyad can fight more effectively against disease. There is considerable difference in understanding about spiritual dimension of health. A valid and reliable tool needs to be developed to assess spiritual well being of doctors and patients, which would be useful in populations of different faiths.

INTRODUCTION

The last few decades are witnessing resurgence in interest in spirituality in almost all the fields of human endeavor including health. There is growing awareness that spirituality is an important yet often neglected factor in the health of patients.¹ Many studies support the view that attention to a patient's spiritual health hastens recuperation and assists in prevention of the disease.^{2,3,4,5,6,7} An impressive body of research has shown convincing evidence that spirituality is positively related to health and there is a positive and consistent relation with hope and optimism, and negative association with depression, anxiety, psychotic symptoms and disorders as also substance abuse.^{2,3,4,5,6,7}

The 37th World Health Assembly adopted the historic resolution that the spiritual dimension should be added to the scope of health.⁸ During the 58th World Health Assembly at the United Nations in Geneva in May 2005, the growing realization necessitated a special panel discussion and several reviews on "Spirituality, Religion, and Health".⁹

Long term care which is essential for the individuals suffering from chronic non communicable diseases requires special attention to spiritual, emotional and mental state of the individual in addition to physical. The current movement in medicine towards providing patient-centered or quality care highlights the importance of assessing health care professional's core beliefs and personal philosophies. Religious and spiritual beliefs are often entwined within this domain. Moreover, the health care providers may not be equipped with the requisite skills to cater to spiritual needs of the patient and may not even be aware about the need for care of spiritual needs of the patients for healing. The objective of the study is to understand the knowledge and beliefs of health care providers i.e. doctors and paramedical workers regarding role of spiritual dimension of health.

MATERIAL & METHODS

The present cross-sectional study was conducted to know the opinion of health personnel including qualified doctors and paramedical workers regarding their spiritual beliefs,

practices and various other issues of spiritual health in the health care of patients. A two stage random sampling technique was adopted to select the respondents. At the first stage, a sample of three government health institutions namely, Government Medical College, General Hospital, Community Health Centre, were selected as random primary stage units and within the selected primary stage units, a sample of qualified allopathic doctors and paramedical workers was selected as respondents. Respondents were requested to provide their opinions regarding various issues of spiritual health in the health care of patients.

A pre-designed, pre-tested and self-administered questionnaire was used to collect information. The time of handing over questionnaires and collection of filled questionnaire was pre-decided depending upon the convenience of different sub-groups of respondents. Approval of hospital research and ethical review committee was taken before conducting the study. Free and informed consent of the participants was obtained and respondents were assured of confidentiality. A team of trained medical officer, medical social workers and interns distributed the questionnaire and collected it personally.

A total of 570 respondents with equal representation of 285 in each of the two groups were initially recruited for collecting the desired information. The optimum sample size was calculated on the basis of pilot survey result wherein about 20% respondents were aware of at least one component of spirituality allowing 5% margin of error and 95% confidence coefficient. The optimum sample size was found to be 246 for each class of respondents. Although an allowance of non-response was kept and it was decided to recruit 285 respondents in each group, thus inflating optimum sample size by 15%, yet a high degree of non response in present study was observed due to different reasons and ultimately only 172 respondents (including 78 doctors and 94 paramedical personnel) replied even after visiting and persuading them personally three times.

RESULTS

The analysis revealed that 107 out of 172 participants accepted the existence of the spiritual dimension of health apart from physical, mental and social dimension. Hither to, majority of the participants had put physical (43%) and mental dimension (36.5%) as first priority of health. Spiritual dimension was given first priority by 20% of the health care professionals only.(Table1) Social dimension was considered last priority by 50% of the participants.

Figure 1

Table 1: Priority Of Significance Attached To Various Dimensions (N=172). (DOCTORS = 78, PARAMEDICALS = 94)

Dimensions	Priority I		II		III		IV	
	No.	%	No.	%	No.	%	No.	%
Physical								
Doctors	40	51.9	18	24.0	11	14.6	07	9.33
Paramedical Personnel	33	35.7	27	29.3	15	16.5	10	11.4
Mental								
Doctors	28	35.8	40	51.9	5	6.66	4	5.33
Paramedical Personnel	34	37.02	32	34.4	15	16.5	7	7.65
Spiritual								
Doctors	18	24.00	7	9.33	18	24.0	33	42.6
Paramedical Personnel	14	15.3	12	12.7	21	22.9	42	44.6
Social								
Doctors	4	5.33	5	6.66	21	28.0	46	60.0
Paramedical Personnel	2	2.55	9	10.2	38	40.8	39	42.1

When asked about relation between spirituality and religion, 72% of the participants were of the opinion that religiousness can lead to spirituality. 60% of the doctors and 71% of paramedics thought that there is no relation between them. 102 participants stated that spiritually healthy person can cope with illness in a better way. Majority of the participants, 73(94.6%) doctors and 82(86.8%) paramedics believed that they can even deal better with stress. 87% of the participants opined that spiritually healthy person can face death better and 88% thought that they recover faster from illness whereas 74% believed that such persons fall ill less frequently.(Table-2)

Figure 2

Table 2: Advantages Of Spiritual Well Being In Patients (N=172) (DOCTORS = 78, PARAMEDICALS = 94)

Question asked	Agree		Don't agree		Not sure	
	No.	%	No.	%	No.	%
Copes better with illness						
Doctors	57	73.3	14	18.56	6	8.00
Paramedical Personnel	45	48.5	36	38.29	8	8.93
Deals better with stress						
Doctors	73	94.6	3	4.00	1	1.33
Paramedical Personnel	81	86.8	6	6.38	2	2.55
Can face/deal with death better						
Doctors	68	87.9	5	6.66	4	5.33
Paramedical Personnel	81	86.8	4	5.10	3	3.82
Recovers faster from illness						
Doctors	67	86.6	6	8.00	4	5.33
Paramedical Personnel	84	89.3	4	5.10	1	1.27
Falls ill less frequently						
Doctors	57	73.3	11	14.67	9	12
Paramedical Personnel	70	75.3	7	7.65	12	12.7

While describing features of spiritually healthy person, 78% doctors and 71% paramedical personnel stated that

spiritually healthy persons are peaceful, calm, satisfied and balanced in nature. 44% of the participants were of the view that such persons are physically sound, mentally alert and have strong will power (Table - 3).

Figure 3

Table 3: Features Of Spiritually Healthy Persons (n=172).

S.No.	Features	Respondents					
		Doctors (n=78)		Paramedics (n=94)		Total (n=172)	
		No.	%	No.	%	No.	%
1	Peaceful, Calm, Satisfied, Balanced	61	78	67	71	128	74
2	Helping in nature, loveable & empathetic	30	38.4	19	20.2	49	28
3	Strong will, physically sound & mentally alert	39	50	37	39	76	44
5	Optimistic & have aims & objectives in life	14	17.9	05	5.32	19	11
6	Honest & noble	08	10.2	12	12.7	20	11
7	Religious & God fearing	15	19.2	02	2.13	17	9.8

Most of the respondents i.e. 87.18% doctors and 86.1% paramedics believed that their own spiritual well being also helps in providing better patient care. Only 14% of the respondents thought that doctor's spiritual health has no role to play in patient care. 33.3% of doctors believed that reasons for spiritual needs of patient are for facing disease in a better way and for faster recovery. 26.6% paramedical persons were also of the same belief. 57% of doctors and 68% of paramedical persons believed that it is extremely important to have a positive attitude towards spiritual health in medical care. 3.5% of the participants suggested that it has no role in medical care (Table 4).

Figure 4

Table 4: Attitude Of Health Personnel Regarding Role Of Spiritual Health In Medical Care (n=172)

S.No	Importance	Respondents					
		Doctors (n=78)		Paramedical personnel (n=94)		Total (n=172)	
		No.	%	No.	%	No.	%
1	Extremely important	40	57.2	64	68.0	104	60.4
2	Less important	35	44.8	27	28.7	62	36.0
3	No role	03	3.85	03	3.19	06	3.48

Only 52% of health professional agreed that there is a need to address the spiritual needs of the patients. The main barriers to addressing these needs were lack of time (32%),

lack of training in taking a spiritual history (12%), and a concern about projecting their own beliefs onto patients (10%)(Table - 5)

Figure 5

Table 5: Barriers In Addressing Spiritual Needs Of The Patients (n=172)

S.No.	Barriers	% of respondents
1	Lack of time	71%
2	Inadequate training in taking spiritual history	59%
3	Difficulty in identifying patients who need it	56%
4	Fear of imposing thoughts on patients	42%

DISCUSSION

Among growing number of articles about spirituality and medicine, there are few open-ended empirical inquiries about health professional's understanding of spirituality and what it might mean to incorporate spirituality into family practice. So, an open ended self administered questionnaire was used to investigate medical personnel's perceptions of spirituality in clinical care and their personal beliefs and practices regarding spirituality. Out of 172 participants 107 believed in the existence of spiritual dimension of health. This is similar to findings from a national survey in USA on religious and spiritual beliefs of family physicians which showed that 79% of them believed in it.¹⁰ Another study depicts that 96% of the physicians believe that spiritual well being is important for health.¹¹

When asked to rank various dimensions of health in terms of their significance in maintaining health, spiritual health was given first priority by 20 % of the participants. The various reason for adopting spirituality in medicine as felt by health personnel in our study shows that they think spiritually healthy person can cope with stress and illness better (79%), can face death better(87%) recover faster from illness(87%) and fall ill less frequently(74%). This finding is similar to findings of other studies which show a strong correlation between health and spirituality.^{12,13,14,15,16,17,18,19,20,21}

87.18% of the doctors and 86.05% of the paramedical personnel believed that spiritual well being would help them in providing better patient care. This is comparable to the findings of a study on family physician's attitude and practice regarding spiritual health in which 96% of the participants believed that spiritual well being of the physicians is important in health.¹⁷

The respondents were asked whether they feel patients have spiritual need or do they take spiritual history and feel it is an important part of caring for the patient, only 52% of the participants responded positively. In a study conducted in Missouri, 58% of family physicians believed that they should address patients' spiritual concerns.¹⁸ Similar to the finding of this study, the present study also identified various barriers to addressing spiritual needs of the patients. Those barriers included lack of time (71%), inadequate training for taking spiritual histories (59%), and difficulty identifying patients who want to discuss spiritual issues (56%) and concern about projecting their own beliefs onto patients (10%).

In the present study, majority of the participants i.e. 104 (60.47%) believed that the attitude of the health personnel regarding spiritual health in medical care is extremely important. Though in a survey conducted in America by American Academy of family Physician in 1996, higher (99%) number of the physicians were convinced that strong religious belief can help in healing patients better.⁶ This finding is also similar to the review of about 1200 studies on religion and health in which two third have shown significant association between religious activity and better mental health or lower utilization of health services.⁷

LIMITATIONS

There are various limitations of our study:

- The results of our study can not be generalized as it was conducted in health professionals of a localized area. Although our respondents did not represent all major world religions, ethnic groups, and cultures, they did offer a diversity of spiritual and religious perspectives.
- The study is through self administered questionnaire so the response depends upon the understanding of the participants. The fact that different researchers have defined spirituality and related concepts in different ways so it is difficult to interpret findings and relate those with other studies.
- Response rate was also low due to lack of awareness, interest, time and inability to understand the role of spiritual health in promotion, treatment and cure of disease.
- The study is about spiritual health for which there

is a relative lack of standardized questionnaires (compared with many other fields of medicine) and absence of a relevant, valid and reliable measure of spiritual wellbeing that would be useful in different population.

CONCLUSION & RECOMMENDATION

It is concluded that the spiritual dimension of health is very important. It is the perceived need of the patients and should be given priority. The positive attitude of the health personnel regarding spiritual health in medical care may also contribute towards better healing. A paucity of published case report literature exists on religious and spiritual issues (.008% of the MEDLINE records), indicating that the increasing acceptance of these factors by patients and healthcare professionals is not yet reflected in scientific and clinical journals. A need exists for more documented examples of collaboration between healthcare and religious professionals. Public health advocates must join with other sectors to advance knowledge in this field and improve its use in support of health for all. Multi-centric studies should be conducted in different regions of world to find out a valid and reliable measure of spiritual well being that would be useful in different populations and to delineate exact requirement of spiritual health in their health care delivery system

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