

Original Research Article

Role of spirituality in health care: knowledge, attitude and practices amongst medical professionals in a tertiary care hospital

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ABSTRACT

Background: Spirituality has been integral part of medicine and health since ancient age. The extent of spiritual component in medical practice in India is largely unknown. Therefore, the present study was undertaken to assess the extent of knowledge (awareness), attitude and practice among medical professionals regarding the role of spirituality in management of health. Objectives of the study were to study the knowledge, attitude and practices of spirituality in medical practice amongst medical professionals.

Methods: A cross-sectional study was conducted in Shri B. M. Patil Medical College Hospital and Research Centre, Vijayapura from November 2015 to December 2015. 150 doctors of all specialties were interviewed using a self-reported multiple choice questionnaire, after obtaining informed consent. Information regarding demographic profile, knowledge, attitude and practices of spirituality in medical practice was collected. Analysis was done using percentages.

Results: The response rate was 60% (150/250). More than 80% had a good deal of knowledge of spirituality but were unable to distinguish between spiritual practices and traditional religious rituals. 67% of them felt that spirituality may have resounding effects on psychiatric illnesses in adults. 75% of them practice spirituality in any form of self-health. Majority of the participants agreed that spirituality offers maximum health benefits in chronic diseases.

Conclusions: It is evident from this study that there is a wide gap between reality and physician's perception of spirituality. Concepts regarding spirituality and its application in health is lacking. Hence, redefining the place of spirituality in health and disease by way of conducting collaborative research by qualified and dedicated professionals is the need of the hour.

Keywords: Diseases, Health, Medical professionals, Spirituality

INTRODUCTION

Spirituality has been integral part of medicine and health since ancient age. It is a global concept with no consensus on how to define it.¹ Though religiosity and spirituality are not synonymous, there can be a wide overlap among them.² In monotheistic faiths, one acts justly to know God, whereas in Buddhism one acts justly to be released from suffering. Overall, the concept of spirituality is fundamentally similar for most people.¹

Victor Frankl, a psychiatrist who wrote of his experiences in a Nazi concentration camp, wrote: "Man is not destroyed by suffering; he is destroyed by suffering without meaning."² So helping a person find meaning and acceptance in the midst of suffering and chronic illness is one of the many challenges a physician has to face. Spirituality has been defined as "a state of being where an individual is able to deal with day-to-day life in a manner which leads to the realization of one's full potential; meaning and purpose of life; and happiness

from within.”³ Addressing the spiritual dimensions of the patient can help provide the physician with a more in-depth understanding of the patient and his or her needs. All clinicians are healers through the caring relationships they form with their patients which requires spiritual resources that support integration or wholeness of body, mind and spirit. Doctors’ own religious or spiritual practices or non-practices can affect their ability to function effectively in this area of clinical practice. As doctors, we have been trained to separate our own beliefs and practices, but over time we have become ignorant to patients’ beliefs, spiritual needs and supports which may be integral to their wellbeing and recovery.¹

Despite remarkable advances in science and technology and in-depth understanding of molecular biology, the present treatment strategy is neither successful nor effective in controlling the diseases, particularly Non Communicable diseases (NCDs). The effect of spirituality on health is an area of active research right now. Besides being studied by physicians, it is studied by psychologists and other professionals worldwide. The extent of spiritual component in medical practice in India is largely unknown.

Also, this is an area that makes many physicians uncomfortable since training in medical colleges and continuing medical education programs are limited. Learning how to deal with the spiritual aspects of medical care is not a typical part of medical school or college curricula, yet there is evidence that it is something that our patients expect as part of the care given to them. Therefore, the present study was undertaken to assess the extent of knowledge (awareness), attitude and practice among medical professionals regarding the role of spirituality in management of health.

Objectives of the study were to study the knowledge, attitude and practices of spirituality in medical practice amongst medical professionals.

METHODS

A cross-sectional study was conducted in Shri B. M. Patil Medical College Hospital and Research Centre, Vijayapura from November 2015 to December 2015. Institutional Ethics committee permission was taken prior to start of the study.

Study participants included resident doctors pursuing postgraduate courses in various subjects at the institute, internees and teaching faculty. A questionnaire was prepared according to standard format for KAP studies.⁴ Informed consent was taken from all the participants. Initially questions were pilot tested on 30 participants who were selected randomly for adequacy and validation purpose. Suitable modifications were made according to responses obtained from the pilot study. Subsequently, the final questionnaire was distributed among 250 participants and collected back personally. The

participants had the liberty to attempt some or all questions. Also they were free to mark more than one option wherever necessary. Information regarding demographic profile including age, gender, area of specialization was collected. Questions were asked to know the extent and depth of understanding about spirituality and also to evaluate the practical application of knowledge and attitude among participants.

Statistical analysis

Analysis was done and the results were expressed in percentages.

RESULTS

Of the 250 participants, only 150 responded to our appeal making the response rate of 60%. Some of the non-responders were not interested to be a part of the study while many others were not available at the time of collection of the questionnaires. 54% were in the age group of 21-25years. 82.7% were Hindus by religion. 54% of the participants had less than 1 year of experience (Table 1).

Table 1: Demographic data of the participants.

Title	Subgroup	Number	Percentage (%)
Age (years)	21-25	81	54
	26-30	66	44
	31-35	3	2
Sex	Male	79	52.7
	Female	71	47.3
Religion	Hindu	124	82.7
	Muslim	22	14.7
	Others	4	2.7
Experience (Year)	<1	81	54
	1-2	53	35.3
	2-5	12	8
	5-10	4	2.7

Most of the participants opined in favor of having some knowledge regarding health benefits from spiritual practices. More than 80% had a good deal of knowledge of spirituality but were unable to distinguish between spiritual practices and traditional religious rituals. 88% of them considered regular praying and 84% of them considered going to pilgrimage as spiritual activities. Only 42.7% of them considered practicing transcendental relaxation techniques to be a spiritual activity (Table 2).

Regarding mechanisms responsible for spiritual healing, 92% attributed it to Psychological, 30.7% to Neuroendocrine, 11.3% to immunological and only 5.3% said that all the above mentioned factors are responsible (Figure 1). All the participants felt that there was an increase in the incidence of diseases. On further probing, 49.3% attributed this to improved diagnostic modalities,

46% attributed this to modern lifestyle. 38% felt that the increase was due to environmental degradation while 15.3% stood for overzealous competition as the cause. 21.3% of the participants cited that all the above mentioned factors were responsible for the increase in the incidence of chronic non-communicable diseases (Figure 2).

Table 2: Activities considered being spiritual.

Activities	No. of respondents (n=150)	Percentage (%)
Regular praying	132	88
Reciting mantra	111	74
Observing silence for some time in a day	32	21.3
Protecting environment	43	28.7
Donation	92	61.3
Going to pilgrimage	126	84
Transcendental relaxation techniques	64	42.7
All	6	4

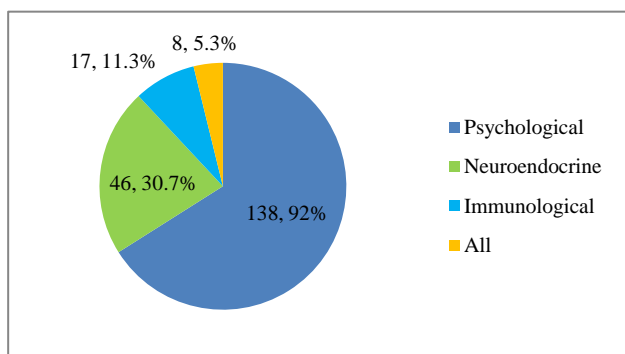


Figure 1: Mechanisms involved in spiritual healing.

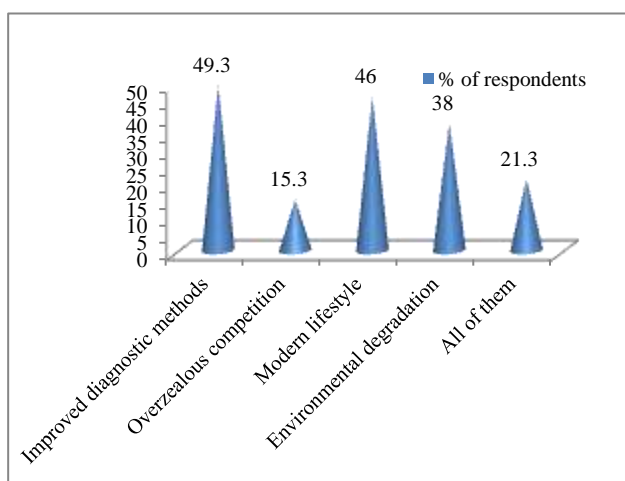


Figure 2: Reasons for increase in chronic diseases.

67% of the participants felt that spirituality may have resounding effects on psychiatric illnesses in adults and

also on terminal illnesses. 22% of them opined that a person in great despair is helped by spirituality. 42% of them denied that spirituality deprives patients from rational therapy. 68% opined that preferably a medical person with spiritual background should teach spirituality. 50% of them have read articles on spirituality and health. 28% of the participants felt that there is a relation between medical science and religious rituals. Only 12.7% of the participants have attended conferences regarding spirituality and health. Notably, 74.7% of the participants practice spirituality in any form for self-health (Figure 3).

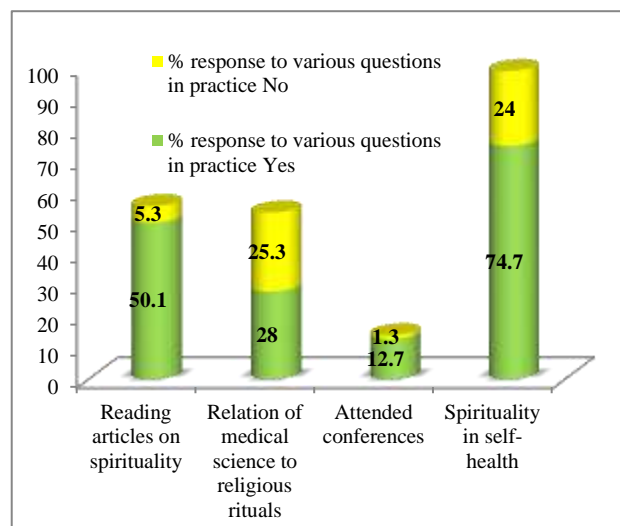


Figure 3: Percentage response from respondents to various spiritual practices.

DISCUSSION

A whole person has physical, emotional, social and spiritual dimensions. Ignoring any of these leaves the patient feeling incomplete and may even interfere with healing.¹ Patients who are spiritual may utilize their beliefs in coping with illness, pain, and life stresses. Several studies indicate that those who are spiritual tend to have a more positive outlook and a better quality of life.⁵

This study was an attempt to explore level of understanding about spirituality among medical professionals in a tertiary care hospital. It was observed that majority of the participants have a good deal of knowledge regarding positive impact of spirituality on health. Jain M M et al conducted a similar study which showed that majority of the medical professionals were aware of spiritual aspects of health care but lacked precise understanding of what really constitute spiritual practices and the scientific basis of spiritual healing.⁶ Some of the indexed text books of medicine and physiology have introduced separate chapters on Spiritual medicine in their latest editions.^{7,8} With regard to mechanisms involved in spiritual healing, 92% of the participants attributed psychological as a major factor. In

the study conducted by Jain M M et al, 90% of the participants attributed it to psychological factors.⁶ But, from current literature it is evident that functional changes in neuroendocrine and immunological processes are responsible for restoring good health in many of the chronic and incurable diseases as a result of spiritual interventions. When asked about activities related to spiritual practices it was noted that most of them did not understand what actually constitutes spiritual practices. The study conducted by Jain M M et al showed similar findings.⁶ All the activities under the related question were part of spiritual practices but varied in terms of significance. This was expected as there are no clear guidelines as to what constitute spiritual practices.

Spirituality is not the trend with modern medical practitioners even though a variety of studies conducted worldwide have successfully established the positive role of spiritual practices in the treatment of cancer, hypertension and depression.⁹ In this study, 75% of them said that they were practicing spirituality for their own health. In the study conducted by Jain M M et al, 98% of the participants said they practiced spirituality for self-health.⁶ Recent international and Australian surveys have shown that there is a need to incorporate the spiritual and religious dimension of patients into their management. By considering the spiritual dimension of the patient, the doctor is sending an important message that he or she is concerned with the whole person. This enhances the physician-patient relationship and is likely to increase the therapeutic impact of interventions.¹ According to World Health Organization; the present medical curriculum puts undue emphasis on chemotherapy for symptomatic relief rather than the overall status of an individual.

CONCLUSION

There is a huge gap between physician's perception and practice as seen in the present study. Although the concept of spirituality is known by majority of the physicians, it is not applied in their day to day practice. Multidisciplinary research is the need of the hour to redefine the importance of spirituality in health and disease which can greatly contribute to the health scenario.

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Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. D'Souza R. The importance of spirituality in medicine and its application to clinical practice. *Spirituality and health*. MJA. 2007;186(10):S57-9.

2. Puchalski CM. The role of spirituality in health care. *Baylor University Medical Center Proceedings*. 2001;14 (4):352-7.
3. Sen S, Pal D, Hazra S, Pandey GK. Spiritual health of students in government medical colleges of Kolkata and their coping skills in a crisis situation. *Indian J Public Health*. 2015;59(3):196-203.
4. Kaliyaperumal K. Guideline for Conducting a Knowledge, Attitude and Practice (KAP) Study. *AECS Illumination*. 2004;4(1):7-9.
5. Yates JW, Chalmer BJ, St James P, Follansbee M, McKegney FP. Religion in patients with advanced cancer. *Med Pediatr Oncol*. 1981;9:121-8.
6. Jain MM, Joshi A, Tayade NG, Jaiswar SR, Thakkar KB. Knowledge, attitude and practices regarding the role of spirituality in current medical practice amongst medical professionals in a tertiary care hospital. *J Evolution Med Den Sci*. 2013;2(3):204-12.
7. Eklund C. Complementary and alternative medicine. In, Kasper, Brawnwald et al. *Harrison's principle of Internal medicine*, 17th edition, Newyork, Mc Graw Hill companies. 2010;56-60.
8. Bijlani RL, Manjunatha S. Yogic practices: Meditation. In RL Bijlani (ed). *Understanding medical physiology: a Textbook for medical students*, 4th edition. New Delhi, Jaypee Brothers. 2011;760-4.
9. Bansal R, Maroof KA, Parashar P, Pant B. Spirituality and health: A knowledge, attitude and practice study among doctors of North India. *Spiritual Health Int*. 2008;9:263-9.
10. Mohan M, Mahadevan SK, Balakrishnan S, Gopalakrishnan M, Prakash ES. Effect of six weeks yoga training on weight loss following step test, respiratory pressures, handgrip strength and handgrip endurance in young healthy subjects. *Indian J Physiol Pharmacol*. 2008;52:164-70.
11. Manchanda SC, Narang R, Reddy KS, Sachdeva U, Prabhakaran D, Dharmanand S et al. Retardation of coronary atherosclerosis with yoga lifestyle intervention. *J Assoc Physicians India*. 2000;48:687-9.
12. Patel C, Marmot MG, Terry DJ, Carruthers M, Hunt B, Patel M. Trial of relaxation in reducing coronary risk: four year follow up. *BMJ*. 1985;290:1103-6.
13. Paul S, Mueller, David J, Plevak, Teresa A, Rummnas. Religious Involvement, Spirituality, and Medicine: Implications for Clinical Practice. *Mayo Clin Proc*. 2001;76:1225-35.
14. Shapiro SL, Carlson L, Astin J, Freedman B. Mechanisms of mindfulness. *Journal of Clinical Psychology*. 2006;62(3):373-86.

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