

Introduction to Spirituality and Medical Practice

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Spirituality has gained increasing attention in the medical literature over the last twenty years. A PubMed search from 1881 to December 1993 reveals 7,032 articles with the words spirituality, spiritual, religion, religious, religiosity or faith in the title or abstract. A search to December 2013, however, shows 32,505 articles using the same search parameters (25,473 in 20 years), with 11,012 articles including these words in the title. Although spirituality was originally mostly explored within the context of end-of-life care, contemporary articles are found regarding every medical specialty as well as multiple other healthcare fields. Early studies included religious or spiritual factors as one among several secondary variables. Recent studies focus on these as primary study variables, resulting in an increasing understanding of the complexity of the construct of spirituality and a refining of definitions.

Although there remains no clear consensus on definitions, there is growing acceptance of a broad definition of spirituality as a multidimensional aspect of the human experience encompassing: (1) cognitive/existential aspects (beliefs, values, meaning and purpose); (2) emotional aspects (need for connection, love, hope, inner strength and peace); and (3) behavioral aspects (specific spiritual practices and life choices). Human spirituality may be expressed through religious or non-religious frameworks, depending on an individual's unique life experience. A 2011 Gallup poll reveals that 92% of Americans believe in God, suggesting that most people are likely to express their spirituality using the language of religion. As a result, many medical researchers have attempted to further refine their study of religion by examining variables such as external and internal religiosity, while others focus on general aspects of spirituality, such as forgiveness, hope, and altruism.

Why this explosion of interest in spirituality and what impact, if any, does this have on the daily lives of practicing physicians? It is now clear from studies that spiritual factors play a much larger role in patients' experience of illness than previously recognized. When faced with suffering, illness and death, people are likely to search for meaning in their experience – the question “why is this happening to me (or my child)” in this context, is fundamentally a spiritual question, with no easy answer. Patients also need to draw upon sources of strength and hope, often spiritual, to overcome the challenges they face. Finally, specific spiritual beliefs may underpin the medical decisions patients make. Spirituality

often plays a positive role in patients' illness experience. However, sometimes spiritual factors, such as fears regarding death or worries that current illness is a result of past transgressions, can result in spiritual distress affecting coping, recovery or medical decisions. In these situations, the ability of healthcare providers to diagnose spiritual distress and provide appropriate spiritual care and referrals to trained clinical chaplains can significantly affect patient care.

The role of spirituality in medicine also encompasses the needs of healthcare providers. Like patients, physicians bring their own spiritual world-view to patient

encounters. When these differ from those of their patient, physicians are challenged to develop skills in cross-cultural spiritual communication and negotiation of treatment plans. However, recent studies show that doctors still encounter barriers to assessing and addressing patients' spiritual needs, including lack of training and time. Additionally, the current healthcare environment, with its increasing emphasis on efficiency and documentation, places significant stressors on health professionals, resulting in a pressing need for physicians to find ongoing meaning and purpose in their work. The study of spirituality in medicine, then, ultimately provides opportunities to reintegrate the human experience of both patient and doctor into the practice of medicine. This may in part explain the explosion of articles on this subject in the last 20 years.

In this special issue of the *Rhode Island Medical Journal* we present a collection of articles exploring spirituality in medicine. Since most physicians are somewhat familiar with spirituality in end-of-life care, these articles focus on other aspects of spirituality in healthcare. **HAYLEY R. TRELOAR, MA; MARY ELLA DUBREUIL, RN, LCDP;** and **ROBERT MIRANDA, JR., PhD,** review spirituality in addiction treatment; **ALEXIS DRUTCHAS, MD,** reviews spirituality in pediatric chronic disease coping and **RICHELLE C. RUSSELL, M.DIV.,** provides an overview of the training and role of chaplains (spiritual care specialists) on healthcare teams. **PRIYA SARIN GUPTA, MD, MPH,** presents a qualitative study in which we hear the voices of patients regarding spirituality in diabetes self-management. The final two articles examine spirituality from the physician perspective. **JANET LYNN ROSEMAN, PhD,** and I present a qualitative study of practicing physicians' thoughts on compassion and spirituality and **GUY R. NICASTRI, MD, FACS,** provides a surgeon's perspectives on spirituality in surgical care. We hope that this collection, although far from comprehensive, provides insights into the growing field of spirituality and health. ❖

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