

A Qualitative Study of Physicians' Views on Compassionate Patient Care and Spirituality: Medicine as a Spiritual Practice?

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ABSTRACT

BACKGROUND: Compassion and compassion fatigue are discussed in the medical literature. However, few studies address physicians and none examine physicians' spiritual beliefs related to their provision of compassionate care.

METHODS: This in-depth, qualitative interview study explores practicing physicians' views regarding the relationship between compassion and spirituality in medical practice. Interviews were audiotaped, transcribed verbatim and analyzed using the immersion/crystallization method.

RESULTS: Despite diversity of personal spiritual beliefs, all study physicians felt compassion was "essential for a physician." Most linked compassion to underlying spiritual values (religious and secular). Many physicians saw medicine as providing opportunities for them to grow in compassion, essentially employing medicine as a spiritual discipline. Significant barriers to compassionate care included time pressures and values of the current culture of medicine. Facilitators included time for self-care.

CONCLUSION: Physicians value compassion, linking it to spiritual values and self-care, but identify challenges in daily practice. Further study is needed to explore how to support physicians' provision of compassionate care and prevent burnout.

KEYWORDS: compassion, spirituality, compassionate care, physician self-care, resilience

INTRODUCTION

The ideal of combining clinical competence with compassion has been a central feature of the practice of medicine throughout history. Hippocrates is credited with the terms *philanthropia* (love of humanity) and *philotechnica* (love of technical skill or art) to describe this pairing. Much later Osler, while famed for his emphasis on equanimity, which he defined as "coolness and presence of mind under all circumstances, calmness amid storm, clearness of judgment in moments of grave peril," also reminded his students that "Medicine arose out of the primal sympathy of man with man; out of the desire to help those in sorrow, need, and

sickness," adding that " 'the human heart by which we live' must control our professional relations."¹

Echoing this idea, Lolak recently endorsed the definition of compassion as "the feeling that arises when witnessing another's suffering and motivates a subsequent desire to help."² The concept of compassion, married with equanimity, motivating physicians to action, without resulting in emotional paralysis, is critical to understanding the appropriate boundaries and balance physicians need to maintain in their work.

Despite the apparent central role of compassion in medicine, review of the medical literature reveals remarkably few articles specifically addressing compassion. Most relate to nursing or behavioral health, with many addressing the concerning issue of compassion fatigue and burnout.³⁻⁷ The few relating to physicians are mostly opinion articles, letters, and anecdotal stories.^{8,9} The medical education literature does address the erosion of values and ideas during medical training¹⁰⁻¹² and calls for curricula that specifically addresses fostering compassion and preventing burnout in physicians.^{2,12-14} However, there are very few research articles studying compassion in practicing physicians.

Addressing the current state of healthcare, Sulmasy writes: "Clinicians know in their heart that there is a better way to do healthcare. The gnawing feeling in doctors' and nurses' bellies when they return from work each night, in frustration with the system and with themselves is not caused by *Helicobacter pylori*. The only source of satisfaction for their hunger is spiritual."¹⁵ This 'spiritual need' in healthcare providers, that Sulmasy and others discuss, is a universal human need for meaning, purpose, inner peace and connection, when faced with numerous challenges to the ideals of compassion and service in their everyday lives.^{15,16} Individuals may draw upon religious or non-religious mechanisms to meet these universal human spiritual needs.¹⁶

Of the few articles that address compassion fatigue in physicians, most mention spiritual self-care and interventions drawn from the world's wisdom traditions as potential prevention techniques,^{2,7,17,18} in addition to other personal, professional and institutional strategies. There are, however, few, if any, studies directly examining the relationship between spirituality and compassionate patient care. This qualitative study explores practicing physicians' views regarding compassion, spirituality and their practice of medicine.

METHODS

Design

Given the complexity of the terms “compassion” and “spirituality,” we chose an in-depth qualitative, individual interview methodology. This study was part of a larger study examining physicians’ views regarding spirituality over time. IRB approval was obtained.

Participants

In 2011, we invited all 13 family physicians, who had graduated from the same family medicine residency program in Rhode Island in 2003, to participate.

Setting

Since participants were scattered throughout the USA, we utilized phone interviews for data gathering. The interviewer, a trained research assistant, did not know the participants.

Instrument

We developed a semi-structured qualitative interview guide. Questions focused on physicians’ thoughts regarding spirituality, compassion, and patient care, and on facilitators and obstacles to providing compassionate care. In order to facilitate participant comfort in providing a broad range of opinions, we asked them to explain their understanding of the terms ‘compassion,’ ‘spirituality,’ and ‘religion,’ rather than providing a narrow definition for them.

Analysis

Interviews were audiotaped and transcribed verbatim, with identifiers removed. Two researchers analyzed transcripts using the immersion/crystallization method of qualitative analysis,¹⁹ first individually and then by conference calls, until they reached consensus regarding themes in the data.

RESULTS

Qualitative data was obtained from 12 of 13 family physicians – 11 interviews and 1 written reflection to interview guide questions. Physician characteristics are summarized in **Table 1**. Major themes (**Table 2**) include: diversity of personal spiritual beliefs, importance of compassion, relationship between spirituality and compassion, work as a spiritual practice increasing compassion, obstacles, and importance of self-care.

Table 1. Physician Characteristics – N=12

Medical Specialty	All – Family Medicine
Years in Practice	All – Eight Years
Medical School	All USA medical schools, various schools
Residency	All – Brown Family Medicine Residency Program
Current Practice Location	2 California 1 Arizona 2 New York 2 Rhode Island 2 Massachusetts 3 not identified
Current Practice Type (some with more than one type)	4 Community Health Centers 5 Private Practice 2 Academics 2 Hospice Settings 1 Urgent Care
Previous Practice Locations	Arizona, Massachusetts, Rhode Island, California, Massachusetts, Nepal, East Africa
Previous Practice Type	Private practice, Community Health Center, Department of Corrections, Indian Health Service, Hospital Based, Hospice, Global Health Setting
Personal Importance of Spirituality/Religion	2 Not Spiritual or Religious 4 Spiritual, Not Religious 2 Searching 4 Religious
Religious Identification, if any	1 Christian 2 Methodist 1 Unitarian 4 Jewish 4 No specific religion identified

Table 2. Major Themes

Theme	Range of Responses
Diversity of Personal Spiritual Belief	Wide range from very important to unimportant Most embraced a broad definition of spirituality
Importance of Compassion in Medicine	Universally considered important
Relationship between spirituality and compassion	Compassion - a spiritual quality for most Compassion - a human quality for a few
Work as a spiritual practice that increases compassion	Majority used spiritual terms (eg., meaning and purpose) or religious terms to describe medical practice, especially with underserved or difficult patients
Obstacles to compassionate patient care	‘Busy-ness’ of medicine - inadequate time with patients Culture of medicine (negative qualities) Inadequate time for self and family
Importance of spiritual self-care for compassionate patient care	Universally considered important. Spiritual self-care included both religious and secular methods

Theme 1: Diversity of Personal Importance of Spirituality

Personal importance of spirituality differed greatly among participants (Table 1). Most articulated a conceptual difference between spirituality and religion; but for many these were intertwined. Participants generally considered spirituality a broader term encompassing meaning, purpose, values and connection. Religion was more aligned with community and practice.

Some physicians did not consider themselves spiritual at all. One physician stated that (s)he was “Not very” spiritual and “I think my personal beliefs have probably shied away much further from organized religion.” However (s)he went on to describe belief in a “higher” purpose, seeing her/his “role as contributing to community and well being.” Another described himself/herself as spiritual but not religious: Spiritual? “Yes...but I also consider myself vaguely questioning...I don’t personally have a religion that I feel like I can wholeheartedly endorse, because it seems like religion as an institution has some flaws. But I think all people are spiritual.” Others describe identifying with a certain religion but not practicing: “I’m Jewish, and there are certain cultural values, things that go along with religion and being part of that group. I don’t find that I gravitate towards religion.” Some physicians described a close link to their religion. One stated that “I’m Christian, so that would be my religious identity, and those are the traditions and rituals and things that I use to express my spirituality.”

Theme 2: Importance of Compassion in Medicine

Overwhelmingly, all participants, regardless of personal spiritual beliefs, discussed the importance of compassion in their medical practice. The quotes below illustrate these physicians’ philosophies about compassion and offer insight into their career choices.

One physician stated: “I try to focus on some principles that are important, thinking about the way we treat each other, seeing the whole human community as people that have human experience and that we are all struggling and suffering and trying to do our best to get through life and to try to approach that with as much understanding and compassion as possible.” Another said: “People who are drawn towards medicine or healthcare are helper-type people who derive meaning and value from helping other people. So, that is directly tied with being compassionate.”

Theme 3: Relationship between Spirituality and Compassion

Most physicians endorsed a relationship between spirituality and compassion. For some, their own spiritual beliefs were the foundation for their drive to be compassionate. For example one physician identified his/her work as a personal mission: “I have some of the sickest people and I am drawn to that. I feel like that’s part of my mission as a physician, really working with people who are suffering and trying to help them find a way out.” For some it revolved around

understanding the patient’s spiritual beliefs: “Healing and compassion are part of the art of medicine and related to understanding who your patient is and what your patient brings....It’s one of the hardest jobs as family doctors to try to understand where our patient is coming from...tapping into their spiritual voice.”

Several physicians, however, pointed out that being compassionate, while integral to the practice of medicine, does not require a spiritual or religious identity. “I think that being compassionate is not just a spiritual thing, but a very human thing. So even someone who does not define themselves as religious/spiritual still could be very compassionate and be very humanistic in their approach to medicine. I think that can be essential for a physician.”

Theme 4: Work as a Spiritual Practice that Increases Compassion

An unexpected finding in this study was the recurrent theme of physicians identifying their work as a method for increasing their capacity for compassion, which for several was a daily exercise in their personal spirituality (religious or secular). Several spoke of their choice of medicine as a career, their choices to work with vulnerable or underserved communities and their ability to care for “difficult patients” as related to a spiritual urge towards compassion and service (See Table 3 next page).

One physician indicated that the work that they were doing in a low-income health center helped them feel like they are “more connected with a spiritual life” and “being compassionate towards others...gives your life purpose... I think that part of a spiritual practice is being a good person.” Another physician recounted; “Serving the underserved...and seeing how difficult people’s lives are, I think helps me feel like a part of my life is at least connected with living a spiritual life...feeling like I am giving back to other people who are less fortunate.”

The idea of choosing a “difficult” patient population that could deepen one’s spirituality was indicated by another physician who began a career in a prison setting. “My first job was working in a prison with rapists and killers. I chose it intentionally to deepen my practice of compassion. Because, if I could bring compassion to a killer or a rapist or an arsonist or a pedophile, then I considered that the highest form of my job.” For another physician, working in an underserved community provided the spiritual opportunity to create a life consistent with the philosophy of creating “more good than harm...Sometimes when they (patients) are difficult...(I feel) that I have a bigger goal, that there is some part of a path of goodness that I’m participating in. And that affects my life. It’s a sense of spiritual, ethical, moral groundwork. It doesn’t involve prayer, it doesn’t involve participating in religious things.”

Another summarizes the circular effect of finding meaning and purpose (spiritual needs) as enhancing compassion and vice-versa. “I think for people to be compassionate they

have to go back to what gives them meaning and value in your life...I think the far majority of physicians get meaning and value in their life from feeling like they are helping others.”

Theme 5: Obstacles to Compassionate Patient Care

While all participants indicated the importance of compassion, they cited various obstacles in their professional and personal lives. One explained: *“Physicians often are alone in isolation and don’t know that they have enough tools to help people with the (bigger) issues.”* Another said; *“It’s the ‘busy-ness’ of medicine, trying to see so many patients so quickly and being around other physicians who are doing that. So you have this perpetual accepting that it is OK...That it is OK to snap at a nurse. I think doctors in training are exposed to that very early, and that culture is very prevalent in medical training, and shapes how doctors practice and how they treat colleagues and patients.”* That cited “busy-ness” was also shared by another physician who said; *“You are so caught up in the medical nitty-gritty when you are taking care of patients that sometimes you forget to back off and say; ‘Wait a minute, what does this person really want? What are they ready to do or not to do!’”*

Theme 6: Importance of Spiritual Self-Care for Compassionate Patient Care

Most participants discussed the importance of spiritual self-care (secular or religious) in maintaining the ability to provide compassionate care. However, they all also indicated a yearning for “time” to do this. *“I wish I had more time to do some kind of spiritual practice like meditation or something. I think it would be ideal for providers to really spend time taking care of themselves so that they can really be present for their patients. I think that people who have spiritual practices tend to be more centered, more calm and compassionate.”*

Another physician described a brief spiritual self-care strategy to prepare for ‘difficult’ patients: *“It’s very challenging to give patients an extra few minutes. ...I know that before going into a room, I fill myself with a deep breath and a mindset, ‘OK, my work is important’, and I find a place of compassion or a sense of generosity towards someone who may be difficult.”* Another physician, while admitting they were *“terrible at self-care,”* identified simple techniques they thought young physicians should learn including; *“Take a minute and look out the window,” “Stop what you are doing and enjoy the sunset,” “Say some type of*

Table 3. Theme 4 - Work as a Spiritual Practice

Sub-themes	Representative Quotation
1. Choice of career – a spiritual urge towards compassion and service	“My first job was working in a prison with rapists and killers. I chose it intentionally to deepen my practice of compassion. Because, if I could bring compassion to a killer or a rapist or an arsonist or a pedophile, then I considered that the highest form of my job. I went to work every day and I tried to approach each of my patients as an iteration of God, as a soul in front of me.”
2. Caring for “difficult patients” – opportunity to increase compassion	“I try to live my life in a way that is going to create more good than harm, and that means environmentally as well as among other humans and animals as well. I also feel that there is a spiritual or ethical pull towards my choice of working in an underserved community that helps me get through my day. Sometimes when they’re (patients) difficult, it’s feeling like at work that I have a bigger goal, that there is some part of a path of goodness that I’m participating in. And that affects my life. It’s a sense of spiritual, ethical, moral groundwork. It doesn’t involve prayer, it doesn’t involve participating in religious things. I almost returned to work to a suburban practice where everyone had a roof over their heads and food on their table. It would have been easier for me, but not as spiritually rewarding.”
3. Working in underserved settings – a spiritual practice	“Serving the underserved - it’s kind of a cliché - working in a community center that serves lower-income people and seeing how difficult people’s lives are, I think helps me feel like a part of my life is at least connected with living a spiritual life - not for everyone but for me - part of how I live a spiritual life is feeling like I am giving back to other people who are less fortunate.”
4. Being Compassionate – is a spiritual practice	“Being compassionate towards others, whether it’s personal or professional, gives for a more rewarding life, it gives your life purpose, and it feels like the right thing to do. I think that part of a spiritual practice is being a good person.”

self-affirmation when you are washing your hands,” “Take a deep breath before you go into a patient’s room.”

When asked if anything during their residency helped reinforce their drive towards compassion, most recalled annual spiritual self-care retreats, designed to accommodate both religious and secular approaches.²⁰ They remarked that the value placed on them as human beings, during a stressful and formative time in their lives, was a positive influence on their professional lives. *“What I took from some of the spirituality retreats was the importance of taking care of myself, not just my body, but my emotions and who I am.”* Many also recalled that role modeling and support by faculty were extremely formative in maintaining their orientation towards service and compassion.

DISCUSSION

All study participants (12 of 13 in their residency class), still believed strongly in the importance of compassion in their medical practice, eight years after graduating from residency. Although they varied tremendously regarding personal spiritual beliefs, all closely associated finding meaning and purpose (spiritual elements)^{16,21} with compassionate patient care and community service. Those with strong spiritual beliefs felt this fueled their desire to provide compassionate care. Interestingly, many also felt that the provision of compassionate care, especially to 'difficult patients,' was, in and of itself, a spiritual practice that increased their compassion and the depth of their spiritual lives.

To our knowledge, this is the first study examining practicing physicians' views on compassion and spirituality. A study of 34 family medicine residents²² found similar themes regarding the relationship between spirituality and compassion. However, our study of practicing physicians reveals a new theme of medicine as a spiritual practice, which may represent a maturing of meaning and purpose over time.

The identified barriers to compassionate care in our study are consistent with those found by others.¹⁸ The current culture of medicine which emphasizes productivity, efficiency, meeting benchmarks and documentation, distracts physicians from focusing on the patient as a human being. Our study suggests that attention to supporting spiritual self-care in physicians and reinforcing the concept of work as a spiritual practice for some, could contribute to improved compassionate patient care and help 'immunize' physicians against burnout. This data supports Sulmasy's 1999 conceptual argument that "medicine is a spiritual discipline."²¹

Study limitations include a small sample size. Additionally, although participants were scattered throughout the country, they were all family physicians and all attended the same residency program, which may influence their current opinions regarding compassion and spirituality. We therefore cannot extrapolate our findings to other medical specialties. However, studies of medical students suggests that compassion and service orientation are prominent features of most people drawn to medicine^{14,23} but that often these values are eroded through training.^{10,11}

The role of physicians in healthcare is unique. Although several studies examine compassion and compassion fatigue in nurses and other health care providers,³⁻⁷ the needs of physicians are likely to be different. Physicians are called upon to be expert decision makers, leaders of healthcare teams, productive income generators, and remain the 'calm in the storm.' Given these challenging demands, physicians are at risk for losing sight of the reasons they chose careers in medicine and the higher meaning and purpose of their daily work. Further research into elucidating the value of compassionate patient care for both physicians and patients is essential for the future of medicine.

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