
Beliefs and Attitudes of Hospital Inpatients About Faith Healing and Prayer

Dana E. King, MD, and Bruce Bushwick, MD
Greenville, North Carolina, and York, Pennsylvania

Background. Physicians rarely question patients about their religious beliefs. This lack of inquiry may be contrary to patients' wishes and detrimental to patient care. This study examines whether patients want physicians to discuss religious beliefs with them.

Methods. Two hundred three family practice adult inpatients at two hospitals were interviewed regarding their views on the relationship between religion and health.

Results. Many patients expressed positive attitudes toward physician involvement in spiritual issues. Seventy-seven percent said physicians should consider patients'

spiritual needs, 37% wanted their physicians to discuss religious beliefs with them more frequently, and 48% wanted their physicians to pray with them. However, 68% said their physician had never discussed religious beliefs with them.

Conclusions. This study supports the hypothesis that although many patients desire more frequent and more in-depth discussions about religious issues with their physicians, physicians generally do not discuss these issues with their patients.

Key words. Mental healing; religion; religion and medicine. (*J Fam Pract* 1994; 39:349-352)

Physicians seldom question patients about their religious beliefs.^{1,2} Although holistic medicine has received some attention in recent years,³⁻⁵ most of the emphasis in medical journals has been on ethical and humanistic rather than religious issues.⁶ Religion is rarely mentioned in medical school classes, and medical students are generally taught that a discussion of patients' religious and spiritual beliefs is inappropriate.^{4,5}

Because this lack of inquiry may be contrary to patients' wishes, it represents an area of concern in the care of patients.⁷ When Kurfees and Fulkerson⁸ questioned outpatients in urban Kentucky, they found that 40% of respondents wanted their doctors to pray for them. Maugans and Wadland² found that 40% of patients wanted physicians to discuss pertinent religious issues with them, and 21% expressed the opinion that it is the

physician's responsibility to inquire about religious issues. Further, patients have demonstrated the depth of their feeling regarding religion and health by attending faith-healing services. Thirteen percent of patients in one North Carolina study attended faith-healing services regularly, and 6% reported having been healed by faith healers.⁹ Physician attention to patients' religious concerns may result in improved patient care.^{4,5}

To further explore these issues, we questioned hospital inpatients regarding their views about faith healing and prayer. Our hypothesis was that patients want physicians to discuss religious beliefs and the role of prayer and faith in their healing, and that the presence of certain factors can predict which patients are more likely to want such a discussion.

Methods

This study was a cross-sectional survey of inpatients at Pitt County Memorial Hospital (PCMH), a community hospital and tertiary referral center affiliated with East Carolina University School of Medicine in Greenville, North

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From the Department of Family Medicine, East Carolina University School of Medicine, Greenville, North Carolina (D.E.K.), and the Department of Family Medicine, York Hospital, York, Pennsylvania (B.B.). Requests for reprints should be addressed to Dana E. King, MD, Family Practice Center, East Carolina University School of Medicine, Greenville, NC 27858-4354.

Carolina, and at York Hospital (York), a community and teaching hospital in York, Pennsylvania.

Patients admitted to the family practice service and hospitalized for 3 or more days were evaluated sequentially to determine their eligibility for the study (PCMH, March through July 1992; York, September 1992 through April 1993). Also included for evaluation were patients hospitalized for 2 or more days for an obstetrics-gynecology service (PCMH only, June and July 1992).

The population surveyed included adult patients (≥ 18 years old) who were able to respond to questions in a brief interview during which a questionnaire was administered. Demented, lethargic, anesthetized, disoriented, and unconscious patients were excluded, as were any other patients unable to communicate effectively.

In addition to soliciting demographic data (ie, age, sex, race, and health status), the questionnaire included items about religious preferences, religious beliefs, and frequency of attendance at religious services, which were based on a 1990 national survey of the general population.¹⁰ Patients were also asked about their previous experiences with faith healing and prayer, and whether their physician inquired about their religious beliefs. Attitudes toward the role of prayer and faith in healing were assessed by asking respondents to rate their degree of agreement with a series of statements, using a 5-point Likert-type scale.

Subjects were identified by using the family practice inpatient census and the hospital's obstetrical delivery listing, which provides room number, physician, and diagnosis. Eligible patients were identified, and consent to interview them was obtained from their attending physicians. A research assistant obtained the patient's consent and administered the questionnaire in the patient's room. The research assistant also reviewed the chart briefly to obtain the admitting diagnosis and up to three underlying conditions.

A power analysis was conducted before the survey. The study required at least 107 respondents in order to detect a 20% difference between subgroups at the $\alpha = .05$ level (two-tailed) with a power of .8, assuming 40% of respondents desired physicians to inquire about their religious beliefs. Relations between variables were examined using cross-tabulation and correlation. Significance tests were calculated using chi-square. Statistical significance was defined as $P < .05$.

Results

Two hundred three patients were interviewed (120 at PCMH; 83 at York). Mean age was 48 years in the PCMH group and 61 years in the York group ($P < .001$).

Thirty-seven percent of the respondents at PCMH were white, and 93% of those at York were white ($P < .001$). There were no differences between the sites with regard to the percentage of respondents who were women (67%) or respondents who were married (58%).

Ninety-eight percent of respondents said they believe in God, and 94% named a specific religious denomination (Table). Fifty-eight percent were "very strong" in their beliefs, and 35% were "somewhat strong." Seventy-three percent reported praying daily or more often, and 42% have attended at least one faith-healing service. Ninety-four percent agreed that spiritual health is as important as physical health.

Patients expressed a desire for physician involvement in spiritual issues. Forty-eight percent said that they would like their physician to pray with them (23% were uncertain, 28% disagreed), and 42% expressed the opinion that physicians should ask their patients about faith-healing experiences. Seventy-seven percent said that physicians should consider their patients' spiritual needs, and 37% wanted their physicians to discuss their religious beliefs more. However, 68% of the surveyed patients reported that their physician had never discussed religious beliefs with them, and 12% said they had rarely discussed them.

A comparison of PCMH and York respondents with respect to religion, faith, and prayer experiences and attitudes is presented in the table. Religious preferences are similar to state data from North Carolina and Pennsylvania with the exception that there were fewer Catholics in the current study.¹¹ There were no significant differences between the PCMH and York groups regarding reported strength of religious beliefs, frequency of attending religious services, frequency of prayer, whether physicians should ask about faith-healing experiences, and whether physicians should consider spiritual needs.

There were significant differences between respondents at the two sites regarding reported desire for personal spiritual involvement of the physician and faith-healing experiences. York respondents were more willing to discuss their religious beliefs with their physician as compared with PCMH respondents, but were more uncertain about praying with their physician. York respondents were less likely to want their physician to send someone to pray with them. PCMH respondents had attended faith-healing services more often than York respondents (50% vs 30%, $P = .006$). York respondents who had attended such services did so only rarely, whereas 53% of PCMH patients had attended several times a year or more ($P = .02$). York respondents agreed more often that reliance on faith healers would cause serious medical problems ($P < .001$).

Both white and nonwhite patients reported very

Table. A Comparison of Inpatients at Two Hospitals with Regard to Questions About Religious Preferences and Prayer (N = 203)

Selected Questionnaire Items	Pitt County Memorial Hospital No. (%)	North Carolina* (%)	York Hospital No. (%)	Pennsylvania* (%)	P Value
Religious preference					
Protestant	107 (89.2)	(85.6)	71 (85.5)	(58)	.59
Catholic	1 (0.8)	(5.9)	8 (9.6)	(33.2)	
Other religion	5 (4.2)	(3.7)	1 (1.2)	(3.2)	
No religion	7 (5.8)	(4.8)	3 (3.6)	(5.6)	
Feel physician should discuss religious beliefs					
More	33 (31)		29 (47)		.01
Same amount	14 (13)		9 (15)		
Less	1 (1)		4 (6)		
Not at all	59 (55)		20 (32)		
Want physician to pray with me					
Strongly agree	20 (17)		7 (10)		.04
Agree	44 (37)		22 (30)		
Uncertain	19 (16)		25 (34)		
Disagree	27 (23)		12 (16)		
Strongly disagree	9 (8)		7 (10)		
Want physician to send someone to pray with me					
Strongly agree	17 (14)		3 (4)		.03
Agree	42 (35)		23 (30)		
Uncertain	14 (12)		14 (18)		
Disagree	34 (29)		32 (42)		
Strongly disagree	12 (10)		4 (5)		

*State data, from Kosmin and Lachman.¹¹

NOTE: Some percentages do not add to 100 because of rounding. Not all respondents answered all questions.

strong religious beliefs, but there was a trend toward nonwhites attending religious services more often than whites (monthly or more often, 76% vs 56%, respectively, $P=.13$). Nonwhites reported attending faith-healing services more often than whites (54% vs 34%, respectively, $P=.005$). At both study sites, white respondents agreed more often than nonwhites that reliance on faith healers would cause serious medical problems (60% vs 28%, respectively, $P<.001$). When comparing white respondents only, those from York were more likely to agree with this statement than those from PCMH ($P=.005$).

Attendance at a faith-healing service was a predictor of other attitudes about prayer and physician involvement in religious issues. Of those who had attended a faith-healing service, 63% wanted their physician to pray with them. Of those who had not attended a faith-healing service, only 37% wanted a physician to pray with them ($P=.002$). Respondents who had attended a faith-healing service were also more likely to want to discuss their religious beliefs with their physician ($P=.003$), and more likely to have done so in the past ($P=.01$).

Discussion

The data support the hypothesis that some patients want to discuss their religious beliefs and the role of prayer and

faith in their healing with their physician. Patients who reported faith-healing experiences were more likely to want such discussion.

The hospital inpatients in the current study expressed strong religious feelings, as have outpatients in previous studies. Both Maugans and Wadland² and Kurfees and Fulkerson⁸ found that 40% of outpatients wanted prayer or religious discussion, whereas the current study found that 48% of inpatients wanted their physician to pray with them. King and colleagues⁹ found that 21% of outpatients had attended at least one faith-healing service; in the current study, 42% of hospital inpatients had attended such services. These data support the hypothesis that patients' expression of their religious beliefs and experiences may be greater when they are faced with serious illness and hospitalization, and that many desire direct physician involvement in spiritual issues. More than two thirds of the patients, however, reported that their physician had never discussed religious beliefs with them.

There is increasing evidence that attention to patients' religious beliefs and experiences can enhance physical healing and a feeling of general well-being in patients.¹² Koenig and colleagues¹³ have found that reliance on religious coping mechanisms resulted in fewer rehospitalizations in a group of elderly men. Byrd¹⁴ has found intercessory prayer effective in reducing medical compli-

cations among patients in a coronary care unit. Kurfees and Fulkerson⁸ have found that many outpatients want prayer and other forms of spiritual interaction with their physician. Many patients in the current study clearly expressed a desire to have their spiritual needs addressed. The effect of not addressing the spiritual needs of hospitalized patients is not examined in the current study.

Comparison of the data from PCMH and York highlights similarities as well as differences. Respondents in both groups reported strong religious beliefs and a similar frequency of prayer and religious services attendance. Respondents at both sites expressed a strong belief that physicians should consider patients' spiritual needs. PCMH respondents, however, had attended faith-healing services more often than had York respondents. Most York respondents reported believing that reliance on faith healers could cause serious medical problems, whereas most PCMH respondents did not. These differences may be partially explained by the racial differences between the two groups: blacks, who represent a larger proportion of the PCMH group than of the York group, attended faith-healing services more frequently. Some of the differences may be explained by regional differences in religious denominational preferences or other factors.

There are several limitations to this study that should be taken into consideration when interpreting the results. Because the interviews were conducted at only two hospitals and involved family practice and obstetrics patients only, the results may not be generalizable to other areas of the country or other patient types. Also, very complex issues are inherently simplified by the data collection method, which was limited to questionnaire responses during a brief interview.

The implications of this study for current clinical practice are that religious beliefs and experiences are an important aspect of hospitalized patients' lives. Practicing physicians should be attentive to the religious feelings of their hospitalized patients. Further research is needed to determine whether patients in other areas of the country have similar beliefs, and to explore various ways of addressing the role of prayer and faith in healing to determine what would be most beneficial to patients.

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