

# Addressing Spiritual Concerns of Patients

## Family Physicians' Attitudes and Practices

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**BACKGROUND.** Our goals were to assess family physicians' spiritual well-being, identify their perceived barriers to discussing spiritual issues with patients, and determine how often they have these discussions.

**METHODS.** We mailed a questionnaire to 231 Missouri family physicians (80 residents, 43 faculty, and 108 community physicians). The questionnaire included the Ellison Spiritual Well-being Scale (ESWS), as well as questions about physicians' attitudes toward spirituality and the barriers to and frequency of discussions of spiritual issues with patients.

**RESULTS.** The response rate was 74%. The mean ESWS score indicated that the physician respondents had a high level of spiritual well-being. Nearly all respondents (96%) considered spiritual well-being an important health component, 86% supported referral of hospitalized patients with spiritual questions to chaplains, and 58% believed physicians should address patients' spiritual concerns. Fear of dying was the spiritual issue most commonly discussed, and less than 20% of physicians reported discussing other spiritual topics in more than 10% of patient encounters. Barriers to addressing spiritual issues included lack of time (71%), inadequate training for taking spiritual histories (59%), and difficulty identifying patients who want to discuss spiritual issues (56%).

**CONCLUSIONS.** Family physicians in this survey had high spiritual well-being scores. Most believed spiritual well-being is an important factor in health. Despite this belief, however, most reported infrequent discussions of spiritual issues with patients and infrequent referrals of hospitalized patients to chaplains. Lack of time and training were key barriers to spiritual assessment.

**KEY WORDS.** Religion and medicine; physician-patient relations; attitude of health personnel; physicians, family. (*J Fam Pract* 1999; 48:105-109)

Spirituality deals with "the search for meaning and purpose in life" and is "that part of the psyche that strives for transcendental values, meaning, and experience."<sup>1</sup> Many cultures have linked spirituality and medicine.<sup>1</sup> Recently, researchers have begun using scientific methods to demonstrate a correlation between spiritual well-being and health.<sup>1,4</sup> Despite progress in spirituality research, important areas remain unstudied. For example, little is known about the extent that physicians incorporate spiritual issues into medical care.

Patients often express strong spiritual beliefs. In a survey of 203 hospitalized family practice patients in North Carolina and Pennsylvania, 93% professed a strong or somewhat strong belief in God.<sup>5</sup> Most (94%) thought spiritual health was as important as physical health, and 70% stated that physicians should consider

patients' spiritual needs. A study of 72 older adults in Illinois revealed that 78% want their physician to pray with them during times of emotional or physical distress.<sup>6</sup>

In a survey of 210 Illinois family physicians about attitudes toward spiritual health, 68% believed that strong religious convictions positively affect older patients' mental health; 42% believed such convictions have a positive affect on physical health.<sup>7</sup> Eighty-eight percent of respondents believed spiritual issues should be pursued when directly requested by patients; 66% believed spiritual issues should be discussed when patients face bereavement or impending death. Less than half (45%) reported regularly referring these patients to hospital chaplains, however, as was similarly reported in a study of British general practitioners.<sup>8</sup> Larson<sup>3</sup> and Maughans and Wadland<sup>9</sup> speculated that physicians' reluctance to address patients' spiritual concerns may be due to lack of training, bias against religion, personal unfamiliarity with religion, and fear of projecting beliefs onto patients. However, we have not found any published studies of how often physicians discuss spiritual issues with patients. Also, no study has examined physicians' perceptions of barriers to such discussions.

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We conducted this study to assess family physicians' spiritual well-being, identify the barriers physicians perceive in discussing spiritual issues with patients, and determine how often family physicians discuss spiritual issues with patients.

**METHODS**

In May 1997, we mailed a questionnaire to 231 family physicians practicing in Missouri: 80 residents and 43 faculty from 3 training programs, and 108 physicians in community practice. Community physicians were randomly selected from the 1996 list of board-certified Missouri family physicians.

The questionnaire included the Ellison Spiritual Well-being Scale (ESWS) and a section on attitudes toward spiritual health in medical care, barriers to addressing patients' spiritual issues, and the frequency of discussing 8 spiritual topics in 3 clinical settings. The ESWS is a 20-item instrument used to assess strength of belief in a divine power (religious well-being) and to measure the magnitude of life direction and satisfaction (existential well-being). Representative scale items include "I have a personally meaningful relationship with God" (religious well-being) and "I feel fulfilled and satisfied with life" (existential well-being). Each item in the spiritual well-being questionnaire is scored from 1 to 6, with a total possible score ranging from 20 to 120. Higher scores indicate greater spiritual well-being. The instrument has been used in more than 200 studies and has demonstrated high test-retest reliability, internal consistency, and validity.<sup>10-13</sup>

We developed the survey items on physicians' attitudes, practices, and perceived barriers to spiritual assessment on the basis of our literature review<sup>6,9</sup> and several focus group discussions. We assessed how often physicians discuss spiritual concerns in outpatient, hospital, and nursing home settings using a list of 8 spiritual topics described by Kuhn<sup>14</sup> (Figure). We based physician response categories (0%, 0% to 1%, 1% to 10%, and more than 10% of patient encounters) on our assumption that most physicians infrequently address spiritual topics. Before developing a final version of the questionnaire, we pilot-tested the questionnaire on residents, faculty, and community physicians.

**DATA ANALYSIS**

We performed univariate analyses of demographic characteristics, physician attitudes, perceived barriers, and how often physicians reported addressing spiritual topics and referring patients to chaplains. We used one-way analysis of variance (ANOVA) to compare ESWS scores by sex, years in practice, size of community, location of residency, and type of practitioner (resident, faculty, or community physician). We also used ANOVA to compare mean questionnaire results concerning physician views,

occurrence of barriers, and practice of spiritual assessment and referral between residents, faculty, and community practitioners.

**RESULTS\***

The questionnaire response rate was 74% after 2 mailings, with response rates for residents of 88%; faculty, 93%; and community physicians, 53%. The demographic characteristics of the physicians surveyed are summarized in Table 1. Table 2 compares the characteristics of responders and nonresponders to the questionnaire.

**ATTITUDES TOWARD SPIRITUAL WELL-BEING**

The mean ESWS score for the respondents was 101.0 (standard deviation [SD] = 16.5), with an interquartile range of 90 to 114. Mean ESWS scores did not vary significantly by sex, number of years since medical school graduation, practice location, or practice type. This scale has

\*Additional results, including surveyed physicians' views on spiritual health, and physicians' barriers to addressing the spiritual concerns of their patients, can be found on the *Journal's* Web site at [www.jfp.denver.co.us](http://www.jfp.denver.co.us).

**TABLE 1**

**Characteristics of Family Physicians Who Responded to the Survey on Addressing Spiritual Issues (N = 170)**

Characteristic	No. (%)
<b>Sex</b>	
Male	104 (61)
Female	63 (37)
No response	3 (2)
<b>Practice type*</b>	
Resident	70 (41)
Faculty	40 (23)
Community	57 (34)
No response	3 (2)
<b>Practice location†</b>	
Rural or small town	29 (17)
Medium-sized town	25 (15)
City or metropolitan area	107 (63)
No response	9 (5)
<b>Years past medical school graduation, mean</b>	9.8 (SD = 9.2)

\*The response rates for practice type were: resident, 80%; faculty, 93%; and community, 53%.

†Rural or small town = < 10,000; medium-sized town = 10,000 to 50,000; city or metropolitan area = > 50,000.

SD denotes standard deviation.



TABLE 2

Demographic Characteristics of Community Practitioners, by Responders and Nonresponders

	Sex			Town Population				Year Past Graduation, mean
	Men n (%)	Women n (%)	Unidentified n (%)	<10,000 n (%)	10,000 to 50,000 n (%)	>50,000 n (%)	Unidentified n (%)	
Nonresponders	41 (82)	9 (19)	0 (0)	17 (34)	17 (34)	16 (32)	0 (0)	19.0
Responders	44 (77)	11 (19)	2 (3.5)	19 (33)	18 (32)	17 (30)	3 (5)	16.0

not been previously used for physicians, but mean ESWS scores in past studies include 95.0 in nursing students and 99.9 in medical outpatients.<sup>11</sup> The mean existential well-being score, 52.3 (SD = 7), was significantly higher than the mean religious well-being score of 48.4 (SD = 13,  $P < .01$ ).<sup>15</sup>

Table 3 summarizes the views of surveyed physicians concerning spiritual health. Almost all (96%) of those surveyed believed spiritual well-being is an important component of good health. Most (86%) agreed that hospitalized patients who ask spiritual questions should be referred to a chaplain. A small majority (58%) thought that physicians should address patients' spiritual concerns; only 5% disagreed or strongly disagreed.

### FREQUENCY OF ADDRESSING SPIRITUAL CONCERNS

The Figure summarizes how often the sample physicians reported discussing 8 spiritual topics with patients in outpatient, hospital, and nursing home settings. In each patient care setting, the spiritual issue that physicians reported discussing most often was fear of death and dying. Less than 20% of the physicians reported discussing the remaining 7 spiritual topics in more than 10% of patient encounters, regardless of setting. ANOVA revealed that the frequency of discussing spiritual topics did not differ significantly between faculty and community practitioners, but that both groups discussed spiritual topics more frequently than did residents ( $P = .005$ ).

Our respondents reported low rates of referral to chaplains. Only 22% reported frequent referral (more than 10% of encounters) of hospitalized patients to chaplains; similarly, 22% reported frequent referral of these patients to their pastor, priest, rabbi, or other spiritual leader.

### BARRIERS TO DISCUSSIONS OF SPIRITUAL CONCERNS

The most frequently cited barriers to discussions of spiritual issues with patients were lack of time (71%), lack of training in how to

obtain a spiritual history (59%), difficulty in identifying patients who want to discuss spiritual issues (56%), and physicians' concerns about projecting beliefs onto patients (53%) (Table 4). Factors least frequently reported as barriers included negative attitudes of peers toward spiritual assessment (23%) and lack of reimbursement for spiritual assessment (11%).

### ANALYSIS BY PRACTICE TYPE

There were no statistically significant differences by practice type (resident, faculty, or community practitioner) in ANOVA of physician views; physician self-reported frequency of assessing 8 spiritual topics in inpatient, outpatient, and nursing home settings; mean responses to 11 of 13 barriers; and referral of inpatients to chaplains. Residents were more likely than faculty or community practitioners to view lack of continuity relationship with patients as a barrier to discussion of spiritual issues ( $P < .01$ ). Faculty and residents more often identified uncertainty about how to

TABLE 3

Views of Surveyed Physicians Concerning Spiritual Health

Spiritual Beliefs	Agree or Strongly Agree n (%)	Neutral n (%)	Disagree or Strongly Disagree n (%)
Spiritual well-being is an important component of good health.	162 (96)	5 (3)	2 (1)
Inpatients with spiritual questions should be referred to a chaplain.	146 (86)	15 (9)	8 (5)
Physicians should address spiritual concerns with patients.	97 (58)	62 (37)	9 (5)

Note: Numbers and percentages given represent those applicable to each individual item, as not all respondents gave responses to every item.



manage spiritual issues raised by patients as a barrier than did community practitioners ( $P < .01$ ).

## DISCUSSION

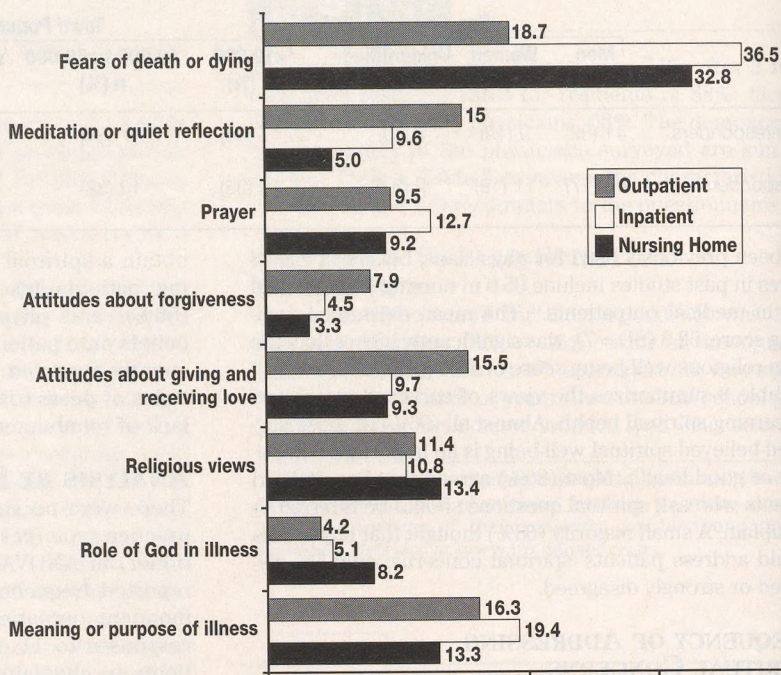
Family physicians in this study had spiritual well-being scores in the upper range of the ESWS, with significantly lower religious well-being scores than existential well-being scores. Among medical outpatients, religious well-being scores have been noted to exceed existential well-being scores (51.5 vs 48.5).<sup>11</sup> The difference in religious well-being scores between our sample and the medical outpatients is of unknown clinical significance. However, the lower religious well-being score among the physicians in our sample is consistent with a study that indicated physicians are less likely than their patients to feel close to God.<sup>9</sup> Differences in religiosity may be one factor accounting for sub-optimal physician-patient interactions regarding spiritual issues.

Nearly all of the family physicians responding to our questionnaire believed spiritual health is an important component of overall health, consistent with previous studies.<sup>7</sup> They also strongly supported a role for physicians in responding directly to patients' needs and referring hospitalized patients to chaplains. However, most responders reported infrequent discussion of spiritual issues with patients and infrequent referral of hospitalized patients to chaplains in actual practice.

As Larson<sup>3</sup> and Maughans and Wadland<sup>9</sup> speculated, personal attitudes and training barriers may explain the low frequency of discussing spiritual issues reported by our respondents. More than half (53%) of our respondents cited concerns about projecting beliefs onto patients as a barrier to addressing spiritual issues, and the majority reported such training barriers as lack of experience in taking a spiritual history. Residents' more frequent citing of lack of continuity relationships as a barrier is consistent with their short duration of clinical practice. The reasons that community practitioners were less likely to view "uncertainty concerning how to handle spiritual issues" as a barrier than were faculty or residents are less clear, indicating a need for further comparative studies.

FIGURE

Percent of respondents who report addressing spiritual topics in more than 10% of patient encounters, in outpatient, inpatient, and nursing home settings.



## LIMITATIONS

Possible limitations of our study include the basing of our findings on self reports, which often overestimate performance.<sup>16,17</sup> In our study, social response bias might prompt physicians to overreport their frequency of discussing spiritual issues. Our findings may therefore underestimate the gap between our respondents' belief that spiritual health is important and how often they actually address patients' spiritual concerns. Also, definitions of spirituality, spiritual health, and spiritual well-being are culturally bound, and the ESWS uses a concept of divinity specifically applicable to Jewish, Christian, and Muslim populations. But because we surveyed physicians from a state with a primarily Judeo-Christian culture, we do not consider this factor a serious limitation of the study. The 53% response rate of community physicians was lower than that of other respondents; however, this response rate is comparable to those of community physicians in major national studies.<sup>18</sup> The use of quantitative survey methodology to study a complex area such as spirituality has inherent limitations. Further research using qualitative methodologies could add to our knowledge of spiritual health issues. Finally, the findings of our study may not be generalizable to family physicians in other regions, other primary care physicians, or subspecialty physicians.



**TABLE 4**
**Physicians' Perceptions of the Existence of Barriers to Addressing Spiritual Concerns of Patients**

Barrier	Belief That Barrier Exists n (%)
Lack of time	121 (71)
Lack of experience or training in taking a spiritual history	99 (59)
Uncertainty about how to identify patients who desire a discussion of spiritual issues	95 (56)
Concern that I will project my own beliefs onto patients	89 (53)
Uncertainty about how to manage spiritual issues raised by patients	83 (49)
Belief that spiritual issues must take a lower priority than more acute medical issues	77 (45)
Discomfort with the subject matter	71 (42)
Belief that expressing spiritual concerns is not appropriate to the physician's role	53 (31)
Belief that patients do not want to share spiritual concerns with their physicians	50 (30)
Lack of a continuity relationship with patients	46 (27)
Difficulty of using appropriately understood language in discussion of spiritual issues	45 (27)
Negative attitudes of faculty toward spiritual assessment of patients (residents only)	17 (23)
Negative attitudes of peers toward spiritual assessment of patients	39 (23)
Lack of financial reimbursement for spiritual assessment	19 (11)

Note: Total number of physicians who responded to the survey was 170. Numbers and percentages given above represent those applicable to each individual item, as not all respondents gave responses to every item.

## CONCLUSIONS

Our study suggests that Missouri family physicians do not discuss spiritual issues frequently, yet they recognize a role for physicians in addressing patients' spiritual concerns and believe spiritual health is important. Future research would benefit from a conceptual model of the dynamics involved in the physician-patient discussion of spiritual issues. Spiritual assessment and intervention by physicians will require culturally appropriate language, consider diversity of religious beliefs, and make appropriate use of patients' spiritual resource networks. Research goals

should include measuring the frequency and quality of physician-patient discussions of spiritual issues and developing methods of training physicians to assess and attend to patients' spiritual needs. This agenda would reaffirm family medicine's commitment to the whole person.

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### REFERENCES

- McKee DD, Chappel JN. Spirituality and medical practice. *J Fam Pract* 1992; 35:201-8.
- Levin JS. Religion and health: is there an association, is it valid, and is it causal? *Soc Sci Med* 1994; 38:1475-82.
- Larson DB. Are religion and spirituality clinically relevant in health care? *Mind/Body Med* 1995; 1:147-57.
- McBride JL, Arthur G, Brooks R, Pilkington L. The relationship between a patient's spirituality and health experiences. *Fam Med* 1998; 30:122-6.
- King DE, Bushwick B. Beliefs and attitudes of hospital inpatients about faith healing and prayer. *J Fam Pract* 1994; 39:349-52.
- Koenig HG, Smiley M, Gonzales JAP. Religion, health and aging: a review and theoretical integration. Contributions to the study of aging, no. 10. New York, NY: Greenwood Press; 1988:129-40.
- Koenig HG, Bearon LB, Dayringer R. Physician perspectives on the role of religion in the physician-older patient relationship. *J Fam Pract* 1989; 28:441-8.
- Jones AW. A survey of general practitioners' attitudes to the involvement of clergy in patient care. *Br J Gen Pract* 1990; 40:280-3.
- Maugans TA, Wadland WC. Religion and family medicine: a survey of physicians and patients. *J Fam Pract* 1991; 32:210-3.
- Ellison CW. Spiritual well-being: conceptualization and measurement. *J Psychol Theol* 1983; 11:330-40.
- Bufford RK, Paloutzian RF, Ellison CW. Norms for the Spiritual Well-Being Scale. Spirituality: perspectives in theory and research [special issue]. *J Psychol Theol* 1991; 19:56-70.
- Ellison CW, Smith J. Toward an integrative measure of health and well-being. *J Psychol Theol* 1991; 19:35-48.
- Fitchett G. Spiritual assessment in pastoral care: a guide to selected resources. Decatur, Ga: J Past Care Pub 1993: JPCP monograph, no. 4.
- Kuhn CC. A spiritual inventory of the medically ill patient. *Psychiatr Med* 1988; 6:87-100.
- Gardner MJ, Gardner SB, Winter PD. Confidence interval analysis (CIA): microcomputer program manual. London, UK: Br Med J, 1989.
- McPhee SJ, Richard RJ, Solkowitz SN. Performance of cancer screening in a university general internal medicine practice. *J Gen Intern Med* 1986; 1:275-81.
- Montano DE, Phillips WR. Cancer screening by primary care physicians: a comparison of rates obtained from physician self-report, patient survey, and chart audit. *Am J Public Health* 1995; 85:795-800.
- Meier DE, Enmons CA, Wallenstein S, Quill T, Morrison RS, Cassel CK. A national survey of physician-assisted suicide and euthanasia in the United States. *N Engl J Med* 1998; 338:1193-201.