Spiritual practices and beliefs as a social determinant of health: When will the profession of pharmacy address the whole body-mind-spirit triad?

Am J Health-Syst Pharm. 2023;80:1101-1105

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Keywords: pharmacists, religion, social determinants of health, spirituality, whole-person health

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https://doi.org/10.1093/ajhp/zxad081

In the foreword to *Cultural and Religious Sensitivity: A Pocket Guide for Health Care Professionals*, Michael S. Woods, MD, writes "It's undeniable that understanding a patient's cultural practices and spiritual beliefs influences not only the delivery of health care in our global society, but also the individual's outcome and satisfaction. . . . If a patient, because of a cultural or spiritual 'disconnect,' can't appreciate what is being prescribed or why it's necessary, or if the information is delivered in a way that inadvertently frightens, offends, or confuses the patient, how can we fulfill our mission as health care providers?"[1]

Background. The value of spiritual care in wellness has been studied for decades.[2] Most studies evaluating the effects of religious activities on healthcare outcomes have found that patients experience better mental health, adapt more successfully to stress, and are physically healthier, which decreases the number of health services utilized.[3] The World Health Organization defines social determinants of health (SDOH) as the nonmedical factors that influence health outcomes and include the conditions in which people are born, grow, work, live, and age and the wider set of forces and systems shaping the conditions of daily life.[4] Recent research on SDOH has concentrated on socioeconomic status; spiritual practices and beliefs are additional nonmedical factors that can influence health outcomes. As patients age, they encounter more health challenges and may begin to confront their mortality.[5] This confrontation with mortality seems to be associated with a focus on religiosity (the extent to which an individual believes, follows, and practices a religion), which may be an extension of spirituality (the personal quest for answers to ultimate questions about life, about meaning, and about the relationship to the sacred or transcendent).[6] One study revealed that the individual factors that people identified as providing meaning to their life changed with age. While younger persons mentioned "friends," "partnership," or "work" as decisive factors, "spirituality/religion" and "nature experiences/animals" were most important to patients aged 70 or older.[7] When respondents in the US were asked whether they consider themselves to be a religious person on the World Values Survey (2010-2014), significantly more people 60 years of age and older (77.6%) gave affirmative responses compared to people under 60 years of age (64.7%).[8]

Koenig and colleagues[9] examined the frequency of church attendance and its impact on survival in 3,968 older adults. They followed patients for 6 years and, after controlling for known predictors of mortality, concluded that older adults, particularly women, who attend religious services at least once a week appear to have a survival advantage over those attending services less frequently. Studies have suggested connections between satisfaction of spiritual needs and mental and physical health[10] and that a spiritual needs assessment reveals important information for the treatment of a variety of conditions, including schizophrenia, chronic kidney disease, and diabetes.[11-13]

One study in patients receiving kidney transplants found that spirituality, personal beliefs, and religiosity were the only variables consistently associated with adherence to medication. The authors concluded that "adequately addressing these aspects of a patient's care may lead to an improvement in adherence patterns."[14] Another study showed that patients with heart failure adherent to the treatment plan had higher intrinsic religiosity.[15] An interview study with 51 patients with hypertension concluded that hopeless patients "adhere to treatment regimens insufficiently or drop out completely unless something happens that gives them hope or strength, or they find a medical team that provides enough emotional support for them to trust the team."[16]

In a review of 54 studies involving 12,327 patients, most patients wanted their doctors to take the time to know them through nonmedical dialogue, including the patient's religious/spirituality beliefs. Patients felt that this strengthened the doctor-patient relationship by communicating empathy, respect for their values, and legitimization of their spiritual concerns.[17] A multidisciplinary Delphi expert panel reviewed 2 decades of studies and concluded that the inclusion of spiritual care in the

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management of serious illness should be standard and all members of the multidisciplinary care team should receive training in spiritual care provision.[18]

Pharmacist training in spiritual care. Recognizing the significance of religion and spirituality in drug therapy, Timothy Welty in 1989 called for pharmacy education to address the spiritual dimension of healthcare and to train pharmacy practitioners effectively in this aspect of care.[19] Cooper and colleagues surveyed curriculum committee chairs and student leaders at 94 US schools of pharmacy to ascertain curriculum content related to spiritual care.[20] Of the 71.3% of curriculum committee chairs and 57.4% of student leaders who responded, only 21.4% replied that the spiritual aspects of patient care were included in the curriculum. Sixty-three percent of the chairs felt that this was appropriate content, and 91% of the student leaders believed that spirituality can impact health.

Pharmacists' attitudes toward addressing patients' spiritual needs. Higginbotham and Marcy[21] called for the development of a new standardized model that incorporates a spiritual assessment into each pharmacist's practice. In a 2019 survey of pharmacists in California, most respondents agreed that pharmacists should know about patients' spiritual concerns that may relate to their health (60.5%) and that they should practice in a spiritually sensitive manner (73.4%). Fifty-three percent of respondents felt that addressing patients' spiritual needs improves their satisfaction with pharmacists' care.[22]

Standards for spiritual care. Saguil and Phelps[23] have provided multiple spiritual assessment tools and recommend that all patients should have a spiritual assessment upon admission to the hospital. The Joint Commission (TJC) includes sections on spirituality, religion, and beliefs in its manual of standards and elements of performance for hospitals and hospital clinics (Table 1).[24] TJC has also provided a list of 14 sample questions for a spiritual assessment that address aspects of the patient's prayer life, what gives them strength and hope, and how they express their spirituality. Additional insight can be learned from some patients by discussing suffering and dying and how faith allows them to cope with illness.[25]

The Joint Commission of Pharmacy Practitioners recognized the need for a consistent process in the delivery of patient care across the profession and released the Pharmacists' Patient Care Process, which has been incorporated into the Accreditation Council for Pharmacy Education's pharmacy education standards. The process is applicable to any practice setting where pharmacists provide patient care and to any patient care service provided by pharmacists. The first step in the process is the collection of necessary subjective and objective information about the patient, which includes a patient's preferences and beliefs.[26,27]

Integrating spirituality into pharmacists' care. Koenig[28] has provided 7 reasons why integrating spiritual care is important, including satisfaction with care, healthcare costs, potential for increased monitoring from a religious community, and benefits that the healthcare provider may experience when practicing whole-person healthcare. Whole-person healthcare provides for the physical, emotional, social, and spiritual well-being of the patient. Prominent universities have established research institutes to study the impact of whole-person care and to embed all 4 dimensions in the training of healthcare providers.[29] New medical schools are developing community relationships so that spiritual care is a longitudinal experience for patients, with responsibilities shared among the healthcare team, hospitals, community pharmacies, and religious institutions.[30]

Koenig[31] has also provided 4 practical steps that can be included in pharmaceutical care plans, in which providers (1) conduct a brief spiritual assessment; (2) identify spiritual needs related to pharmaceutical care; (3) ensure that someone meets those needs; and (4) are willing to discuss this subject with patients in a supportive manner, recognizing the health benefits of doing so.

Pharmacists should identify predominant religions in their geographic location and develop a basic understanding of the beliefs and characteristics of each religion that may influence medication management for their patients. Reaching out to churches, synagogues, temples, mosques, gurdwaras, other religious institutions, or universities with diverse faculty and student populations can open a dialogue to determine which religious practices and beliefs may have a significant impact on medication adherence and overall well-being. Examples of religious practices and beliefs that may impact medication management include[1]:

1. Heavy reliance on herbal treatments, which may cause drug interactions
2. Reluctance to use any medications due to a belief that Western medicine tends to overmedicate (eg, Hinduism)
3. Rejection of modern technology, including electricity, such that keeping drugs cold may present challenges
4. Fasting, which may influence drug absorption or increase dyspepsia and is integral to some religions (eg, Baha'i, Islam, and Judaism)
5. Vegetarian diets, which may present challenges for adequate protein intake
6. Forbidding the consumption of any medications that are animal byproducts, including gelatin capsules (eg, Hinduism) or pork (eg, Islam)
7. Reluctance to use any medication, believing that healing comes through prayer and counsel (eg, Christian Science)
8. Prohibition of medications that are blood derivatives (eg, Jehovah's Witnesses)
9. Prohibition of alcohol, which limits treatments including syrups and elixirs
10. Prohibition of derivatives of fetal cell cultures
11. Prohibition of receiving care from a provider of the opposite sex
12. A belief that suffering is an inherent part of existence

Questions for discussion. Embedding spiritual care into practice will require thoughtful discussions with

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Table 1. References to Spirituality, Religion, and Beliefs in Joint Commission Standards[a]

Chapter	Standard	Element of performance
Rights and responsibilities of the individual (RI)	**RI.01.01.01:** The hospital respects, protects, and promotes patient rights. Introduction: . . . Rights such as treating the patient in a dignified and respectful manner, providing effective communication, and respecting the patient's cultural and personal values are covered in this standard. A hospital puts its respect for the patient's rights into action by showing its support of these rights through the ways that staff and caregivers interact with the patient and involve him or her in care, treatment, and services.	**Element of performance 6:** The hospital respects the patient's cultural and personal values, beliefs, and preferences.
		Element of performance 9: The hospital accommodates the patient's right to religious and other spiritual services.
		Element of performance 29: The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
Provision of care, treatment, and services (PC)	**PC.01.02.11:** The hospital assesses the needs of patients who receive psychosocial services to treat alcoholism or other substance use disorders.	**Element of performance 5:** Based on the patient's age and needs, the assessment for patients receiving psychosocial services for the treatment of alcoholism or other substance use disorders includes the following: . . . the patient's religion and spiritual beliefs, values, and preferences.
	PC.01.02.13: The hospital assesses the needs of patients who receive treatment for emotional and behavioral disorders.	**Element of performance 3:** Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following: . . . the patient's religion and spiritual beliefs, values, and preferences.
	PC.02.03.01: The hospital provides patient education and training based on each patient's needs and abilities.	**Element of performance 1:** The hospital performs a learning needs assessment for each patient, which includes the patient's cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, and barriers to communication.
Transplant safety (TS)	**TS.01.01.01:** The hospital, with the medical staff's participation, develops and implements written policies and procedures for donating and procuring organs and tissues.	**Element of performance 5:** Staff education includes training in the use of discretion and sensitivity to the circumstances, beliefs, and desires of the families of potential organ, tissue, or eye donors.
Human resource (HR)	**HR.01.04.01:** The hospital provides orientation to staff.	**Element of performance 5:** The hospital orients staff on the following: . . . sensitivity to cultural diversity based on their job duties and responsibilities.
Medical staff (MS)	**MS.06.01.03:** The hospital collects information regarding each practitioner's current license status, training, experience, competence, and ability to perform the requested privilege. Introduction: Professionalism: Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward their patients, their profession, and society. The Joint Commission considers diversity to include race, culture, gender, religion, ethnic background, sexual preference, language, mental capacity, and physical disability.	

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Chapter	Standard	Element of performance
Leadership (LD)	**LD.03.01.01-LD.03.06.01:** Introduction to hospital culture and system performance expectations: Standards: A hospital's culture reflects the beliefs, attitudes, and priorities of its members.	
Glossary	Palliative care measures	Palliative care, which addresses a patient's physical, emotional, social, and spiritual needs, also facilitates patient autonomy, access to information, and choice.
	Interdisciplinary	An approach to care that involves 2 or more disciplines or professions (for example, social services, specialist consultation, nursing, medicine, therapies, spiritual support) collaborating to plan, treat, or provide care or services to a mother and/or newborn, patient, resident, or individual served and/or that person's family.

[a]Adapted from reference 24.

training institutions, healthcare providers, and health information system (HIS) vendors. A spiritual assessment tool that provides information about the patient's spirituality and religiosity may be incorporated into existing medical histories but should be available to all patient care providers. Each practice site should develop a list of questions to discuss how best to incorporate spiritual care into routine care. Example questions include:

1. Does your HIS include a spiritual assessment, and are patients' spiritual needs evaluated on every admission and available to all care providers (not just in chaplains' notes)?
2. Can questions on religiosity and spirituality be incorporated into existing admission medication histories?
3. Do healthcare providers receive adequate training in cultural and religious sensitivity and the diversity of their patients?
4. Are patients routinely asked at admission whether they would like someone at a local religious institution (eg, a church, synagogue, or temple) notified of their admission?
5. If patients express a desire for religious professionals such as clergy, rabbis, and imams to have access to their medical information, are consent forms reviewed and updated to ensure appropriate disclosure?
6. Is there an established policy and procedure for how patient requests are triaged in the area of spiritual care? For example, if a patient expresses a desire for prayer, how is that need met?
7. Is there an established policy and procedure for the roles of different healthcare providers, including chaplains, social workers, pharmacists, pharmacy technicians, physicians, nurses, etc, in providing spiritual care?
8. Are patients routinely asked during the discharge planning process whether there are any religious individuals who the patient would like to involve in their discharge/postdischarge process?

Conclusion. The purpose of this commentary is to start the discussion about pharmacists providing spiritual care as members of an integrated patient care team and to encourage research on outcomes when pharmacists consider the religious practices and beliefs of their patients. Although some pharmacy schools include spiritual care in their curricula, the impact of that training has not been reported in the literature. Pharmacist-shared stories of their success, barriers, and limitations would help advance the practice of incorporating spiritual care.

As important as the body is, the holistic triad of the body, mind, and spirit cannot be overemphasized. Pharmacists' care has focused on the body and mind, but the area that receives little attention is the patient's spirit. With compelling evidence of its contribution to health and well-being, spiritual care should be the responsibility of all healthcare team members, including the pharmacy workforce. Teaching pharmacists, pharmacy students, and pharmacy technicians how to first obtain the information for a spiritual history and then use the information is a key start.[32] There is a plethora of research showing the impact of spiritual care on overall well-being, and it is time that we commit as pharmacists to incorporate this into our practices. We owe it to our patients and their families to become more comfortable in this area and to provide comprehensive care that promotes the inclusion of the body, mind, and spirit.

Data availability

No new data were generated or analyzed in support of this article.

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Acknowledgments

The authors acknowledge the substantial contributions to the conception and design of the manuscript of David A. Zilz, MS (University of Wisconsin School of Pharmacy, Madison, WI).

Disclosures

The authors have declared no potential conflicts of interest

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