

SURVEY OF RESEARCH LITERATURE REGARDING THE BENEFITS OF SPIRITUAL CARE IN HEALTH CARE

by Arthur Menu, 14 October 2009

Spirituality is a way of finding meaning and purpose in life. As such it has a value above and beyond any other benefits it may produce, including improving or maintaining physical or mental health. One sees this most clearly in the case of those who are dying. Their spirituality, while enabling them to find meaning and purpose through this difficult time, may not in any way improve their physical or mental health, or prolong their life. In fact their spirituality may help them best by enabling them to “let go” and die sooner but in a more peaceful way.

In a situation of financial constraint, when it is not possible to provide enough spiritual care to meet all the spiritual needs of patients and residents, it is necessary to develop criteria to decide which forms of spiritual care will get the available resources. In the case of a health care organization such as the Vancouver Island Health Authority, it would be reasonable to allocate resources to those forms of spiritual care which do benefit the physical or mental health of patients and residents.

I survey research that has been done on the health benefits of spirituality. If spiritual practices (including spiritual beliefs and attitudes) or forms of spiritual assistance can be identified that produce positive outcomes for physical or mental health, then it would make sense for VIHA's spiritual health program to focus on enabling patients and residents to engage in those practices and receive those forms of spiritual assistance.

It is important to clarify the relationship of religion to spirituality. The social nature of human beings leads us to want to do activities in groups when that will increase our enjoyment of the activity or support us in doing the activity. Even to maintain a set of beliefs about the meaning and purpose of life is more easily accomplished as part of a group of people holding the same beliefs. Engaging in certain spiritual practices together with others enhances the positive effects of those practices.

When people associate for the purpose of practicing a common spirituality, the result is religion. Religious spirituality is by far the most common manifestation of spirituality in the world. That in itself gives research on religious spirituality priority over research on non-religious spirituality. In addition spirituality in its religious manifestation lends itself more easily to research than private spirituality. To function effectively religions must have codified belief systems and clearly defined spiritual activities. When research subjects practice a religion it is relatively easy to know what spiritual beliefs they hold and when they are engaged in a spiritual activity. In contrast private spirituality can be, and often is, ill-defined and pervasive in such a way as to make it difficult to identify the uniquely spiritual element of beliefs or activities.

What is important to note is that what we learn about the health benefits of a religious spiritual activity can be applied to a similar non-religious spiritual activity in so far as the health benefit comes from elements of the activity that are not connected to membership in a religious group.

This explains why most of the research noted in the references deals with spirituality in its religious manifestation.

In analyzing the research I have identified some main types of spiritual practices (including spiritual beliefs and attitudes) or forms of spiritual assistance, and the health benefits attributable to each. They are not exclusive in that a more general type of activity may include a more specific type (e.g., “religiosity” may include “public worship attendance” and “prayer and other spiritual practices”).

I define each type, summarize the health benefits that research shows are associated with that type, and cite the relevant research as it is numbered in the list of references.

Spiritual Distress

Spiritual distress is here defined as unresolved religious or spiritual conflicts and doubts.

Several studies point to the importance of spiritual distress. This distress is associated with decreased health, recovery, and adjustment to illness.

(2, 13, 14, 15)

Spiritual Well-being

Spiritual Well-being is here defined as ability to experience and integrate meaning and purpose in life through a person’s connectedness with self, others art, music, literature, nature, or a power greater than oneself.

- Studies show that spiritual well-being contributes to quality of life, and helps persons moderate the painful feelings of isolation, hopelessness and anxiety that accompany illness.
- Among terminally ill cancer patients with low spiritual well-being, depression was positively and significantly correlated with desire for hastened death, but not in patients with high spiritual well-being. In fact, low spiritual well-being is a stronger predictor of hopelessness, desire for hastened death, and suicidal ideation than depressive symptoms, number of physical symptoms, or physical functioning.

(4, 10, 11, 23, 34, 54, 152, 209, 210)

Public Worship Attendance/Religious Community Involvement

Public Worship Attendance/Religious Community Involvement is here defined as participation in worship and other activities integral to the life of a faith community. Benefits include:

- Less depression.
- Lower mortality (among women, less so for men, the effect of weekly religious attendance on mortality is of the same magnitude as for smoking, physical activity, alcohol use, and non-religious social activity).
- Less pain.
- Better cognitive function.
- Less smoking.
- More physical activity.

- Lower allostatic load (blood pressure, body size, cholesterol, blood glucose control, cortisol, epinephrine, norepinephrine, and other stress hormones, values of which were used to create a 10-item index).
 - Less hypertension.
 - Healthier behaviours/lifestyles.
 - Better outpatient mental health care use.
 - Higher quality of life.
 - Lower fear of falling and better physical functioning among the elderly.
 - Lower risk of colon cancer.
 - Lower C-reactive protein level among diabetics (C-reactive protein is known as a predictor of coronary heart disease).
 - Better overall physical and mental health.
 - Among psychiatric inpatients frequency of attendance at religious services was inversely related to depressive symptoms, length of hospital stay on the psychiatric unit, rates of current and lifetime alcohol abuse, and positively related to life satisfaction.
 - Among African-Americans the strong effect of nonattendance on mortality risk is robust, pervasive, and remarkably strong across all subgroups of the population.
- (27, 32, 50, 51, 55, 58, 79, 81, 83, 91, 93, 98, 99, 100, 108, 112, 113, 114, 118, 123, 126, 131, 143, 144, 146, 158, 168, 175, 183, 184, 185, 187, 191, 195, 202, 204, 219, 224, 226, 238, 240, 241, 246, 247, 254, 256, 259, 260, 265, 267, 269)

Receiving Spiritual Ministry

Receiving Spiritual Ministry is here defined as speaking with a health care provider about one's spiritual beliefs or condition.

- Patients who seek a relationship with a benevolent God and receive spiritual care are less depressed and rate their quality of life higher than those who do not receive spiritual care.
 - When physicians asked cancer patients about their religious or spiritual beliefs, the patients experienced a reduction in depressive symptoms compared to patients who were not asked.
 - Among patients with rheumatoid arthritis researchers found that patients receiving hands-on direct contact prayer showed significantly greater improvement during follow-up.
 - Patients have indicated that one of the most important chaplaincy functions is helping their family members with feelings associated with illness and hospitalization.
 - One study is of particular significance. Hospitalized patients with chronic obstructive pulmonary disease were alternately assigned to either a chaplain-visited intervention group or a non-chaplain visited control group. The chaplain intervention consisted of 4.2 visits (on average), which lasted approximately 20 minutes in duration. Intervention included prayer (100%), and two-thirds involved venting over painful emotions. All visits were made by a single chaplain. After controlling for baseline anxiety, chaplain visited patients had significantly less anxiety on discharge compared to controls. Length of stay was also shorter for visited patients (5.7 days vs. 9.0 days), such that visited patients stayed 3.3 fewer days on average (37% reduction in average length of stay). Patients who did not agree to participate in the study had even longer lengths of stay than control patients (12.6 days). Finally, satisfaction with quality of care was significantly higher in the chaplain-visited group, and they also tended to recommend the hospital to others compared to control patients.
- (7, 8, 20, 27, 85, 186, 262, 268, 273)

Religiosity

Religiosity is here defined as a comprehensive term used to refer to the numerous aspects of religious activity, dedication, and belief (religious doctrine).

- Religiousness and spirituality predicted greater social support, fewer depressive symptoms, better cognitive function, and greater cooperativeness. Relationships with physical health were weaker, although similar in direction.
- After controlling for other predictors of survival (including clinical features) using survival analyses, researchers reported that patients without religious belief were more than twice as likely to die during the follow-up period compared to those with religious belief.
- HIV patients who reported an increase in religiousness/spirituality after diagnosis had significantly less decrease in their CD4 cell counts and significantly better control of viral load during the 4-year follow-up period.
- Many HIV-infected patients emphasize the importance of religiousness and spirituality in their lives and their impact on making treatment decisions.
- Long-term survivors with AIDS were compared to a control group of 200 HIV-positive patients. Results indicated that long-term survival was significantly related to spirituality/religiousness, in addition to frequency of prayer/medication/service attendance in the past month. Spirituality/religiousness was also strongly and significantly related to less psychological distress, more hope, greater social support, better health behaviours, altruistic behaviours, and to lower urinary cortisol levels.
- High importance of religion reduced panic disorder symptoms by decreasing the level of perceived stress.
- In a study with Muslims relationships between religiosity and happiness, physical health, and mental health were all positive and significant.
- Schizophrenic patients indicated that religion increased their social integration in 28% of cases (led to social isolation in 3%), reduced the risk of suicide attempts in 33% (increased risk in 10%), reduce substance abuse in 14% (increased in 3%), and increased adherence to psychiatric treatment in 16% (decreased it in 15%).
- Women who were highly religious in 1940 had higher mean self-rated health throughout their lifespan and slower rates of decline in self-rated health over time compared to women who were less religious.
- Greater religiousness predicted fewer post-surgical complications and shorter hospital stays.
- Among American war veterans the use of mental health services was driven more by their weakened religious faith than by clinical symptoms or social factors.
- Importance of religious faith was related to lower rates of asthma and arthritis.
- In a study of women with breast cancer, women with no religious denomination had over four times the mortality of those with any religious affiliation.
- Religious commitment was inversely related to systolic and diastolic blood pressures.
- Social religiosity and thankfulness correlated with fewer “internalizing” disorders (depression, phobias, generalized anxiety disorder, panic, eating disorders), whereas general religiosity, involved God, forgiveness and God as judge were correlated with fewer “externalizing” disorders (substance abuse and adult antisocial behavior).
- Among adolescents religiosity reduced the impact of negative life stressors on initial substance use and rate of growth in substance use over time.

- Reasons that patients gave to explain their ability to stay clean from cocaine use were motivations to change, positive influences of family, help from drug treatment, and strength from religion and spirituality.
- Compared to those without religious faith, religious patients depended less on health professionals, had less need for information, placed less importance on maintaining independence, and indicated less need for help to deal with feelings of guilt, their sexuality or practical matters. Overall, religious patients had fewer unmet needs.
- In a study of bereaved people the basic finding was that by 14 months after the death, those without spiritual belief had not resolved their grief; in contrast, those with strong spiritual beliefs resolved grief progressively over 14 months.
- Among veterans in a substance abuse treatment program, religiosity, measured using a 5-item scale, was positively related to time spent in community before readmission to hospital, i.e., reduced the relative hazard of readmission by 34%.
- Among women with metastatic breast cancer spiritual expression was positively related to WBC count, total lymphocyte count, total T cells, Helper T cells, cytotoxic T cells, and there was a trend for natural killer cells.
- Religious beliefs predicted less depression and hopelessness.
(21, 25, 39, 54, 58, 60, 95, 96, 97, 104, 107, 109, 110, 111, 117, 119, 122, 123, 125, 128, 129, 132, 138, 147, 150, 153, 156, 160, 161, 166, 173, 176, 177, 182, 194, 197, 204, 208, 214, 215, 217, 218, 221, 226, 227, 230, 234, 235, 244, 246, 250, 254, 255, 258, 264, 266, 270, 272, 277)

Prayer and Other Personal Spiritual Practices

Prayer and Other Personal Spiritual Practices is here defined as praying, meditating, or any other activity undertaken for a spiritual purpose by an individual outside of a group setting.

- A study with breast cancer outpatients reported that 76 percent had prayed about their situation as a way to cope with their diagnosis.
- Among depressed patients, depression severity was associated with lower religious attendance, less prayer, less scripture reading, and lower intrinsic religiosity. In summary, older medically ill hospitalized patients with depression are less religiously involved than non-depressed patients or those with less severe depression.
- Depressed patients who attended religious services and participated in other group-related religious activities experienced a shorter time to remission.
- Daily spiritual experiences predicted shorter length of hospital stay.
- Private religious activities (meditation, prayer, or Bible study) were a significant predictor of survival among subjects who were experiencing no disability on baseline evaluation. Among these subjects, little or no private religious activity predicted nearly a 50% increase in mortality.
- Patients with Alzheimer's disease who engaged in private religious practices had a significantly slower rate of cognitive decline.
- Daily Spiritual Experiences were inversely correlated with depression.
- Transcendental meditation may modulate the physiological response to stress and improve the metabolic syndrome, which is a known risk factor for coronary heart disease.
- Hatha yoga and Omkar meditation improved cardiorespiratory performance and increased plasma melatonin levels.

- Giving help was a stronger predictor of better reported mental health than receiving help. Among factors that predicted giving help were involvement in more prayer activities, greater satisfaction with prayer life, positive religious coping, and being a church elder.
 - A positive relationship was found between personal prayer and well-being.
 - Transcendental meditation led to a significant decrease of carotid intima-media thickness (a predictor of coronary heart disease and stroke).
 - Mindfulness meditation subjects cleared their psoriasis plaques significantly more rapidly than control subjects.
- (27, 48, 50, 51, 57, 58, 63, 67, 79, 82, 84, 100, 103, 105, 141, 175, 181, 189, 204, 224, 254, 271, 274)

Intrinsic Spirituality/Religiosity

Intrinsic spirituality/religiosity is spirituality that functions as an individual's master motive, for both theistic and non-theistic populations, both within and outside of religious frameworks. The intrinsically spiritual person practices spirituality for a spiritual purpose as opposed to practicing spirituality as a means to a non-spiritual end (e.g., wealth, social status).

- The combination of frequent religious attendance, prayer, Bible study and high intrinsic religiosity, predicted a 53% increase in speed of remission from depression.
 - Evidence suggests that spirituality may be an asset for persons with an abuse history, and worthy of study as a component of human flourishing.
 - Spirituality was positively associated with both benefit finding and positive reappraisal (the two being strongly inter-correlated); benefit finding, in turn, was associated with lower cortisol levels resulting in an indirect effect of spirituality through benefit finding.
 - Intrinsically religious persons derive terror management benefits from their religious beliefs.
 - Intrinsic religiosity had an indirect positive effect on psychological well-being, sense of purpose in life, and was directly and indirectly related to accepting approach towards death.
 - Intrinsic religiosity was negatively related to both total psychological distress and depression.
 - In men with prostate cancer high spirituality was significantly correlated with better physical health, mental health, sexual function, and fewer urinary problems.
 - Intrinsic religious orientation resulted in less systolic blood pressures reactivity.
 - Significant associations were documented between diurnal cortisol rhythm and measures of private religious activity and intrinsic religiosity.
 - Spirituality's association with well-being is with its positive components, and confirmed the hypothesis that spirituality makes a unique contribution to well-being.
- (51, 58, 86, 88, 97, 100, 102, 134, 135, 156, 157, 158, 159, 188, 192, 199, 200, 223)

Extrinsic Spirituality/Religiosity

Extrinsic Spirituality/Religiosity is spiritual activity undertaken for a non-spiritual end (e.g., security, social acceptance, social status, monetary gain). A number of negative health effects have been associated with extrinsic spirituality.

- Extrinsic religiosity (i.e., using religion as a means to some other important end) and negative religious coping (feeling punished or deserted by God, blaming God) were associated with greater depression.
- Extrinsic religiosity was related to lower well-being.

- Extrinsic religiosity was related to greater death anxiety and was inversely related to purpose in life (indirect effect) and to an accepting approach to death among hospice patients.
 - On the positive side extrinsic religiosity, but not intrinsic religiosity, was associated with low-fat dietary fat behaviors.
- (190, 156, 157, 238)

Scripture Study

Scripture Study is defined here as reading the scriptures of a religion for a spiritual purpose.

- Although numerous religious measures were unrelated by themselves to depression outcome, the combination of frequent religious attendance, prayer, Bible study and high intrinsic religiosity, predicted a 53% increase in speed of remission.
 - Private religious activities (meditation, prayer, or Bible study) were a significant predictor of survival among subjects who were experiencing no disability on baseline evaluation.
- (51, 67, 275)

Positive Religious Coping

Positive Religious Coping is here defined as a confident and constructive turning to spirituality or religion as a means of coping with difficult situations. Positive religious coping methods include benevolent religious appraisals of negative situations, collaborative religious coping, seeking spiritual support from God, seeking support from clergy or congregation members, religious helping of others, and religious forgiveness.

- 44 percent of the patients reported that religion was the most important factor that helped them cope with their illness or hospitalization.
 - 56 percent of the families identified religion as the most important factor in helping them cope with their loved one's illness.
 - A study of older adults found that more than half reported their religion was the most important resource that helped them cope with illness.
 - Positive religious coping (i.e., seeking spiritual support, benevolent religious reappraisals) was in general associated with improvements in health.
 - Positive religious coping was cross-sectionally related to less depression.
 - Pre-operative positive religious coping predicted better post-op functioning.
- (26, 59, 61, 87, 89, 101, 131, 133, 136, 137, 145, 167, 169, 171, 174, 216, 224, 261, 276)

Negative Religious Coping

Negative Religious Coping is a response to difficult situations that is marked by religious struggle and doubt. Negative religious coping methods include questioning the powers of God, expressions of anger toward God, expressions of discontent with the congregation and clergy, punitive religious appraisal of negative situations, and demonic religious appraisals.

- Negative religious coping (i.e., punishing God reappraisal, interpersonal religious discontent) predicted declines in health.
- Higher religious struggle scores at baseline (that ranged from 0 to 21) predicted greater risk of mortality; for every 1-point increase on religious struggles, there was a 6% increase in mortality.

- Negative religious coping was associated with greater preoperative psychological distress, and prospectively predicted greater post-operative distress.
- In a sample of advanced cancer patients negative religious coping was related to worse quality of life.
- Among people with symptoms of psychopathology negative religious coping was positively associated with anxiety, phobic anxiety, depression, paranoid ideation, obsessive-compulsiveness, and somatization.
- In a sample of older adults living in residential care (skilled, intermediate, assisted-living) negative religious coping was related to greater depression.
- Negative religious coping (feeling punished or deserted by God, blaming God) were associated with greater depression.

(59, 65, 87, 89, 117, 137, 145, 152, 164, 170, 238)

Belief in an Afterlife

Belief in an Afterlife is here defined as the conviction that one will enjoy a happy personal existence after death.

- Inverse relationships were found between belief in life-after-death and symptom severity on all six measures of psychiatric illness (anxiety, depression, obsession-compulsion, paranoia, phobia and somatization).
- Belief in a good afterlife at the baseline interview buffered against the development of self-reported hypertension.

(75, 175, 252)

Conclusions

The survey of research literature on the relationship between spirituality/religion and health shows many statistical trends. Among them I find the following to be especially significant.

Regular (at least weekly) attendance at worship services has significant health benefits. Regular attenders live longer, have better physical and mental health, and a higher quality of life than people who do not attend regularly.

The second significant statistical trend that bears comment has to do with how spiritual care affects patients' length of stay in acute care.

In one study patients in acute care who received regular visits from a hospital chaplain experienced a greater reduction in anxiety than patients who did not receive visits and their stay in hospital was 37% shorter than patients who did not receive visits. (See 262 in the References.)

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