

# Religion and Health

Collaboration among healthcare disciplines can shape future understanding of how persons cope through religion

*by Harold G. Koenig MD and Kevin Adams MDiv BCC*



Coping with stress can make a big difference not only in one's psychological well-being, but also in physical health. Psychosocial stress is known to impact a host of physiological functions important to health and healing, including cardiovascular, endocrine and immune functions. These functions are critical to the long-term physical outcome of numerous medical conditions – the speed of wound healing, immune response and susceptibility to infection.

One important component of coping is the search for meaning in our lives and the events in them. People cope with illness and other challenges they face in many varied ways. One important means is coping through religion.

There are wide-ranging views on what is and is not religion. How do we distinguish between religion and spirituality? Is spirituality a better method of coping than religion or vice-versa (assuming we can agree upon reasonably descriptive definitions of the terms)? These questions continue to vex theologians and other scholars.

To the average person grappling with life-changing events, the issues become a bit more straightforward. They may not be able to define religion, but they most likely know it when they see it and know whether or not it helps them. This article will focus on how people self-identify religion and whether it works for them as a coping method.

## Religion and Coping with Illness

Systematic research documents that a significant percentage of patients use religion to cope with illness – 90% in some areas of the country, and probably not much less than 50% in most other areas.<sup>1</sup>

Depression – the result when stress is not adequately coped with – is a strong and consistent predictor of length of hospital stay and poor physical health outcomes, including increased patient irritability and difficulty being cared for by hospital staff.<sup>2</sup> Depressed patients are more likely to complain about the quality of care they received.

Patients who use religion to cope appear to cope better with their illnesses, and if depression develops they recover more quickly from depression because of greater adaptive capacities.<sup>3</sup> This is based on research assessing patients during hospitalization and following them for up to one year after hospital discharge. One

reason could be the reliance, through religion and religious practices, on a reality that provides the ability to transcend their current situations. Using religion to cope, persons may be able to integrate overwhelmingly negative and stressful experiences into their current worldviews so that the world remains safe and predictable. Failure to achieve such integration can result in either depression or post-traumatic stress disorder.

When patients and families already have the tendency to use religion for coping, helping them explore these practices can strengthen their coping abilities. Recognizing this sense of transcendence may help them enlarge their world to include their current circumstances.

## Meeting spiritual needs – one component of patient satisfaction

In a publication of the Joint Commission<sup>4</sup>, a Press-Ganey study of 1.5 million patients has shown that meeting emotional/spiritual needs is one of the lowest rated of all post-hospital patient satisfaction scores and one of the most in need for quality improvement.

Yet many physicians and other healthcare team members do not have the time or interest to address these emotional/spiritual needs<sup>5</sup>. Likewise, many community clergy do not have time to visit patients in the hospital, especially if it requires multiple visits.<sup>6</sup> Many also do not have the training necessary to address the specific spiritual needs of patients and family members during medical illnesses<sup>7</sup> that require hospitalization. In addition, many patients find themselves in major medical centers receiving specialized treatment at a great physical distance from their normal support systems. These dynamics leave patients and families isolated as they strive to try to cope with illness.

## Professional chaplains offer unique perspective to healthcare team

To meet these needs, professional chaplains in healthcare organizations bring a unique perspective to the healthcare delivery team. They are specialists in providing general emotional and spiritual support, as well as support from the point of view of a religious person.

The role of religion and spirituality in coping is a key element in the work of the professional chaplain. Professional chaplains play a vital role on the multidisciplinary team that will help the staff identify and address spiritual needs related to coping with illness. Furthermore, facilitating patients' religious

copied has the potential to reduce depression and irritability (and lack of cooperation with hospital staff), increase patient satisfaction and improve medical outcomes over the long-term.

## The importance of spiritual care in an outcome-oriented environment

Traditionally, the professional chaplains' strengths have been in the offering of care to patients, families and staff, and in building an intuitive sense of the importance of the care they provide. Yet, they work in an environment that is increasingly based on outcomes and evidence. In such an environment how can the chaplain communicate the importance of providing religious/spiritual care? Further, how do the professional chaplains establish themselves as the leaders in the provision of such care?

The answer, in part, may lie in expanding on the chaplain's most basic skills, active listening and empathetic response. With these skills, chaplains explore another's world by listening to them and experiencing a journey with them. This skill is demonstrated daily in the provision of direct care to patients, families and staff. But suppose one carried that practice into the conversation with an institution or with healthcare in general?

To broaden the scope of care to this extent requires that chaplains address questions regarding the basic concepts of outcome and evidence: Why are these concepts so important to healthcare? How can we demonstrate the value of the professional chaplain in a language that both physicians and administrators can understand and appreciate? Can the chaplain truly measure the care provided in such a way that it maintains the integrity of the care while measuring its impact on health and the bottom line?

## Education, collaboration and leadership among the healthcare team

We want to stress the underlying importance that healthcare and pastoral care professionals engage these questions together. Toward that end, we offer three concepts for consideration – education, collaboration and leadership.

As part of continuing education, professional chaplains work to increase their awareness and understanding of different cultures and religious practices. Currently, medicine is exploring the role that religion plays in healthcare and its impact on health. Numerous research studies, some significant, look at these connections. Professional chaplains are in a unique position to provide valuable insight into medicine's understanding of what the relationships between religion/spirituality and health really mean.<sup>8</sup> All healthcare disciplines can enter into dialogue with professional chaplains to assess together the ►►





*The Reverend Kevin Adams BCC (left) works as part of the healthcare team as chaplain on the Liver/Small Bowel Transplant Team at Cincinnati Children's Hospital Medical Center in Cincinnati, OH.*

strengths and limitations of the research. More importantly, it would provide opportunity to consider the next steps in designing future studies on relationships between religion/spirituality and health.

Toward collaboration, practitioners in both healthcare and pastoral care need to develop relationships that carry this effort to the next step, the change of clinical practice. Healthcare providers need to review and assess health from a religious/spiritual as well as mental/physical point of view. As the designated theologian on the healthcare delivery team, the professional chaplain is trained to address health and healthcare from a religious/spiritual perspective. The chaplain also has access to, and is accessible by, the other members of the team. Through the same skills used in patient/family interactions, chaplains can take a leadership role in this effort. The questions of sacred presence and meaning-making go to the heart of humanity and affect how we understand and interact with our world. Spirituality and religious practices are one of the most important ways many people address these questions and cope with life. By holding

these questions up to the healthcare delivery team in creative and thoughtful ways, the chaplain can lead by collaborating with the team to focus the way the team listens and develops its plans of care.

Our final consideration is leadership. There is a need for professional chaplains to master the language of medicine and research in the context of religion/spirituality. In some circumstances, it may be a natural outgrowth of efforts in collaboration. It also means that we need to grow a generation of professional chaplains committed to research utilizing qualitative and quantitative methods to bring theology and medicine into closer conversation. This conversation could affect the way medicine encounters religion/spirituality in caring for the health of a patient. It could also affect the practice of professional chaplains. If the professional chaplain is recognized as the expert in spiritual care and religious issues, and there is an intentional manner in which this care is also provided by other members of the team, it will affect how the chaplain practices as well as how she/he interacts with the rest of the team.

We no longer work and live in an environment that believes anyone is the authority simply based on credentials. Because we are in an era of evidence and outcome, all are called to demonstrate their authority. As chaplains and other healthcare professionals embark on collaborative efforts in education and research, they will build bridges between two worlds that, at times, seem “worlds apart.”

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#### References

- 1 Koenig, H. G. (1998). Religious attitudes and practices of hospitalized medically ill older adults. *International Journal of Geriatric Psychiatry*, 13(4), 213-224.
- 2 Koenig HG, Shelp F, Goli V, Cohen HJ, Blazer DG (1989). Survival and healthcare utilization in elderly medical inpatients with major depression. *Journal of the American Geriatrics Society*, 37:599-606.
- 3 Koenig HG, Cohen HJ, Blazer DG, Pieper C, Meador KG, Shelp F, Goli V, DiPasquale R (1992). Religious coping and depression in elderly hospitalized medically ill men. *American Journal of Psychiatry*, 149:1693-1700.
- 4 Clark PA, Drain M, Malone MP. Addressing patients' emotional and spiritual needs. *Joint Commission Journal on Quality and Safety*, 2003; 29:659-670.
- 5 Balboni TA, Vanderwerker LC, Block SD, Paulk ME, Lathan CS, Peteet JR, Prigerson HG (2007). Religiousness and spiritual support among advanced cancer patients and associations with end-of-life treatment preferences and quality of life. *Journal of Clinical Oncology*, 25:555-560.
- 6 Koenig HG. *Spirituality in Patient Care*, 2nd ed. Philadelphia, PA: Templeton Press, 2007.
- 7 Wallis, C. Faith and healing: Can prayer, faith, and spirituality really improve your physical health; a growing and surprising body of scientific evidence says they can. *Time*, June 24, 1996; 147:19. "A Time/CNN poll 18 (p62) revealed that 64 percent of patients thought that physicians should join their patients in prayer, but 92 percent said they never had a physician make that offer. Furthermore, only 5 percent of physicians report that religious and spiritual issues were addressed in their training."
- 8 Koenig HG. *Medicine, Religion and Health*. Philadelphia, PA: Templeton Press, 2008.

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