The Diverse Spiritual and Religious Beliefs of Medical Students: Implications for Patient Care

Jennifer Duncan, PsyD¹, Gloria Workman, PhD², Michelle Lee, PhD², Don Workman, PhD¹, Karen Nichols, DO² and Kathleen Ruroede, PhD³
¹Northwestern University, Chicago, IL; ²Midwestern University, Downers Grove, IL; and ³Marianjoy Rehabilitation Hospital, Wheaton, IL

INTRODUCTION

Providing medical students with training in patient spirituality has been emphasized in medical schools and has been identified as an important area in medical education (Kliger, et al., 2004). Moreover, practitioners' spiritual and religious beliefs can influence their clinical practices (Barnett & Fortin, 2006).

An essential aspect of training in this domain is helping medical students to gain insight into their own spiritual/religious beliefs and practices, and to understand how their personal spirituality and religiosity can impact the delivery of patient care.

Regarding training, it is important to assess the personal spirituality and religiosity of preclinical medical students.

METHOD

Objectives: This study examines the relationship between spiritual competency, spiritual well-being and religious affiliation as measured by several self-report measures.

Participants: One hundred and eighteen 1st-year medical students enrolled at one university agreed to participate in this study.

Procedure: Medical students were asked to complete a brief survey at the beginning of the academic year.

Measures: Spiritual competency and spiritual well-being scale

RESULTS

• The sample represented diverse religious affiliations, with all major religious groups represented. A majority of students (91%) identified some religious preference and only 9% of medical students indicated no religious preference.

• Results in Table 1 showed medical students who identified a religious affiliation also reported higher spiritual competency ($F(6,117) = 6.9, p < .01$).

• Additionally, significant differences were found between medical students' religious preferences and spiritual well-being ($F(6,117) = 8.4, p < .01$). Medical students who identified a religious preference scored higher on personal spiritual well-being as compared to medical students who had no religious affiliation (Figure 1).

CONCLUSIONS

• These findings, although preliminary, highlight the fact that spiritual well-being is personally relevant for medical students.

• Most 1st-year medical students have a religious preference and consider themselves spiritual.

• There is a need for educators to be sensitive to the diverse range of student religious affiliations when training in this area.

• This information is important for educators who are responsible for designing curricula that effectively training medical students in the integration of patient spirituality and health.