

Teaching Pharmacy Students the Relevance of Spirituality in Patient Care

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ABSTRACT. This pilot program sought to design, implement, and evaluate the importance of teaching spirituality in patient care to pharmacy students. Sixty-six pharmacy students participated in a case-based teaching program about spirituality and healing. At its end, students wrote a paper discussing whether they believed that a knowledge of patients' spiritual beliefs affected the care they provided patients. Participating students and faculty evaluated the program based on content, presentation style, and applicability to patient care. Results showed that 94 percent of students believed knowledge of spiritual beliefs is important to caring for patients. All students wanted to learn more about spirituality and its relationship to patient care. Faculty believed that this pilot program would enhance patient care skills among pharmacy students and they recommended the addition of this program to the patient-based portion of our curriculum. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: getinfo@haworthpressinc.com]*

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SPIRITUALITY

In order to evaluate the place of spirituality in patient care, one must define spirituality. The terms "spirituality" and "religion" often are used interchangeably. Religions define responsibilities and duties. The three principles of religions are the unity of God, the eternity of the soul, and the existence of the other world. With respect to these basic

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principles, there is no contradiction or difference among religions. Religions differ only in their rituals, methods of prayers, and social relations; they connect us with our spiritual dimension, and ultimately with God (1).

Spirituality, on the other hand, can be pictured as a big umbrella that covers all the religions. Spirituality focuses on fundamental concerns of human beings such as nature of humankind, its place in the universe, and its ultimate destination. It confirms the dual nature of human beings, spiritual and material (2). The feelings of love, joy, forgiveness, hope, acceptance, and happiness all originate from the spiritual dimension of human beings. Spirituality is an aspect of every person's humanity that affects his/her sense of wholeness and wellness.

INTRODUCTION

Scientific surveys consistently show that a high percentage of Americans believe in God. In fact, 96 percent reported doing so in 1944 and 94 percent in 1986 (3). Also, 66 percent of Americans consider religion the most important or a very important factor in their lives, and 72 percent report that religious faith is the most important influence in their lives (4,5). Such evidence underlines the public's interest in one formal aspect of spirituality.

Furthermore, a number of studies have shown that people who attend religious services stand at lower risk for high-blood pressure, heart disease, depression, and suicide (6-13). Many epidemiological studies have linked religious faith to better therapeutic outcome (14). A recent study from Duke University found that elderly people who attend religious services have a better immune system response than those who do not (15). Prayer, faith, and spirituality play important roles in the healing process. Independent surveys indicate that patients want health-care givers to consider spiritual needs and to discuss religious beliefs. Some desire caregivers to pray with them and for them. The majority of patients report, however, that caregivers never discuss religious beliefs or spiritual needs with them (6,16,17).

OBJECTIVES

The faculty at Western University of Health Sciences College of Pharmacy approved the development of a pilot program to sensitize

pharmacy students to the importance of patients' spiritual beliefs and their relation to the healing process. The faculty also set out to examine the attitudes of pharmacy students and faculty members toward including this topic as a required component of our curriculum. The educational objectives of this pilot program were to ensure that students:

1. understand the importance of spiritual beliefs in the healing process
2. are acquainted with current literature related to the spiritual component of patient care
3. can define spirituality and its role in health care
4. can discuss the effects of spiritual beliefs on pharmaceutical caring

PROGRAM DESCRIPTION

The pilot program was a one-day, case-based teaching program included in the patient-based teaching block presented during the first year of the Doctor of Pharmacy curriculum. The College of Pharmacy at Western University of Health Sciences divides the academic year into ten teaching blocks. Each block focuses on one or two major subjects. During the patient-based blocks, students learn about various social, behavioral, and clinical aspects of patient care.

This program consisted of four sections. Each section was introduced by a case in a way that encouraged students to participate in discussions (see sample cases). During the first section, an instructor reviewed current research in the field, showing the widespread interest of both professional researchers and patients on the topic. The second section focused on a historical perspective and the evolution of medicine as it related to patient care. This discussion spanned identifiable historical eras in medical practice. The time prior to the 1860s was presented as the era of Hippocratic medicine where human touch was considered as an essential diagnostic and treatment tool. The emergence of scientific medicine between the 1860s and the mid-1950s was presented as an era of transformation leading to the mind-body medicine practiced today. This section concluded that current medical practice not only strives for technological advancement, but also appears more open-minded about spiritual factors that may influence

health (18). The review led into the third section of the program, which focused on how neglecting spiritual values of individuals would result in incomplete care (19). Finally, students learned various methods for gathering information about the spiritual beliefs of their patients and incorporating it into care plans (20). Listening, caring, and sense of responsibility were emphasized. The following guidelines for acquiring information about the beliefs of patients were discussed with the class:

1. respecting the patients' beliefs
2. not imposing personal beliefs on patients
3. practicing humanistic skills as well as healing skills
4. not excluding the unknown and mysterious from one's thinking

At the conclusion of the program, students were required to write a paper answering the following questions: (a) Do you believe that a knowledge of your patients' spiritual beliefs affects their care? (b) What spiritual beliefs from your own culture or religion may influence and contribute to the care of other patients with backgrounds similar to yours?

The papers were graded based on completeness (answering both questions), grammar, and the flow of content. The score represented 5 percent of the final grade for that teaching block. The other 95 percent of the student's final grade came from other areas that were presented and assessed during that block.

PROGRAM EVALUATION

The program was evaluated in three different ways. First, we compiled opinions expressed in the written assignments and found that 94 percent of students believed that a knowledge of spiritual beliefs is important when caring for patients. Secondly, 62 out of 66 students completed a voluntarily written evaluation form on which all responders reported that the presentations were educational and stimulating. These 62 students requested the addition of similar learning experiences to the curriculum. Finally, faculty members from the College of Pharmacy as well as other health-science colleges on the campus evaluated the program. College of Pharmacy faculty believed that the program enhanced patient-care skills among pharmacy students. They

recommended the addition of this program to the patient-based portion of the curriculum. Faculty members from other disciplines expressed an interest about organizing similar lectures for their students.

DISCUSSION

For many people, spirituality provides a significant focus in life. The beliefs of our patients shape and mold their lives whether we, as health-care providers, recognize it or not. Focusing on both physical and spiritual dimensions of our patients when caring for them may improve patient outcomes.

Trust is the most precious and beneficial aspect of any patient relationship that a health-care provider can establish. Care givers who include the belief systems of their patients in care plans will establish a common bond with patients. In addition, belief systems can play a crucial role in patient adherence to medication regimens (see Case #1). Therefore, pharmaceutical care must include any individual issue that may affect compliance. Universities have a mission to broaden our thinking, to increase respect for varied beliefs, and to teach students to anticipate unknowns and mysteries in the decision-making process. A high percentage of our patients believe in God. We need to teach our students actively to respect this belief and to see it as a potential strength to bolster the healing process.

Western University of Health Sciences has traditionally recognized the importance of teaching health-care students about the spiritual component of patient care. Other colleges at our University have expressed interest in including this program as a curricular requirement. Although the faculty reported that this program enhanced patient-care skills, we have not made an assessment to evaluate whether this program accomplished this observation. We are in the process of organizing a multidisciplinary course entitled "Spirituality and Medicine," which will be administered and evaluated by a multidisciplinary committee composed of faculty members from each college in the University. This course will seek to sensitize health-care students to the relevance of spiritual beliefs and how they affect the well-being of our patients. As an important part of this course, we are developing an objective assessment modality to evaluate changes in students' attitudes and behavior that resulted from participating in this course.

CONCLUSION

This pilot project was highly successful. Not only were students very receptive to discussions on the spiritual component of patient care, but also many faculty members stepped forward to indicate commitment to including these values in the curriculum. Such efforts should be replicated in other institutions to determine if our strong response is an isolated event or a part of a growing trend.

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APPENDIX: SAMPLE CASES

Case #1: The Impact of Patients' Beliefs on Their Adherence to Medications Regimens

Joe was a 36-year-old man admitted to the hospital with acute cystitis. His urine culture was positive for *E. coli* infection. Intravenous antibiotics were begun. At discharge, the pharmacy student on the medicine team recommended amoxicillin 500 mg TID, based on the hospital formulary and the urine culture sensitivity. Two days after discharge, Joe presented to the emergency department with a high fever. He was readmitted and restarted on IV antibiotics. After a brief consultation with the patient, the pharmacy student found that Joe was fasting due to religious beliefs and taking only the morning and evening doses of his medications. More complete patient counseling might have revealed this potential problem and allowed another choice of antibiotic that can be dosed twice daily.

Case #2: Miracles in Medicine

Maria is an 18-year-old Spanish-speaking female who presented to our medical center with multiple organ failure. She developed acute heart failure and respiratory failure one week after giving birth to a premature baby by cesarean section. Upon admission to the emergency department, she was diagnosed with congestive heart failure, respiratory failure, and acute renal failure. She was initiated on vasopressor therapy (dopamine, dobutamine, and phenylephrine), mechanical ventilation, daily hemodialysis, and broad-spectrum antibiotics. Despite aggressive medical management, her prognosis remained poor. During

the second week of hospitalization, she became neurologically impaired, she stopped responding to any stimulation, her liver function tests values rose rapidly, and she lost about 13 Kg. Her prognosis was considered very poor by all medical services caring for her. Several discussions with her family members focused on withdrawing support. Her family was confronted several times to agree with a DNR (Do Not Resuscitate) order and never consented to it because of their spiritual beliefs. Maria recovered very slowly, and after being in the hospital for about four months, was discharged to a rehabilitation center.