



## Integrating Spirituality & Health

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In this resource reading, we will briefly explore the integration of spirituality and health, and what that could mean for the future of medicine. We will also introduce some emerging thought leadership and recommendations in this area, including tools and initial follow-on resources for you to consider as an individual and a healthcare leader.

- It is a very big and important subject, so it is beyond the scope of this resource reading to be as comprehensive as we would like. But in the spirit of the taking care of the “whole person”, and looking more deeply at patient-centered care, this article’s research and thought leadership may encourage your own investigation as a healthcare leader.

### THE SPIRITUAL / VALUES LEVEL OF THE WHOLE PERSON

As you we explored in the presentation, it is important to understand effective organizational leadership begins from the “inside out”, and **integrally** developing the “whole person” (mental, emotional, physical, spiritual / values, and relational) has proven to have a positive impact on a leader’s personal and professional effectiveness in organizations. It is also essential to improving our overall physical health.

- So if integrally developing yourself as a “whole person” is true for leaders, would it also be true for patients?

And what about the most often over-looked area of care for patients, the “spiritual” care level of the patient? Would it be helpful if medical care providers understood this level of care, explored different clinical guidelines for including this level of care, and encouraged closer patient-centered partnerships with resources who could assist in their spiritual-level care that went beyond the traditional patient-doctor relationship?

As healthcare leaders, let’s explore some fascinating research over the last thirty years on the integration of spirituality and human health. You may be surprised at health outcomes patients have achieved when they include the spiritual level in their healthcare.

## THE POWER OF FAITH TO IMPROVE HUMAN HEALTH

As a healthcare leader, consider this high-level summary of some remarkable research (based on hundreds of studies) on the impact of spirituality and faith on human health.

- Population surveys over the last thirty years consistently show that over 90% of Americans believe in God or a universal spirit.
- People with strong faith who suffer from physical illness have significantly better health outcomes than less spiritual people.
- Spiritually oriented people live longer. They are healthier into later life and live longer than their non-spiritual counterparts.
- Spiritually oriented people have healthier lifestyles overall. They abuse addictive substances less, avoid risky sexual behavior, and avoid a range of other unhealthy habits.
- Spiritually oriented people have a stronger sense of well-being and life satisfaction than their less spiritual peers (due in part to their more stable marriages and stronger families they build).
- Spiritually oriented elderly people appear protected from two major afflictions of later life, cardiovascular disease and cancer, the top two “killer” diseases in America.
- People who attend faith-based services regularly (i.e., church, synagogue, mosque, etc.) are hospitalized much less often than people who never or rarely participate in spiritual services.
- People who attend spiritual / faith-based services regularly have stronger immune systems than their less spiritual counterparts, which helps them resist stress, infections, auto-immune diseases and certain cancers.
- Spiritually oriented hip-fracture patients recover faster than their non-spiritual counterparts.
- Older people who attend spiritual / faith-based services avoid disability significantly longer than their non-attending peers.
- The risk of dying from ALL causes is up to **35 percent lower** for people who attend spiritual / faith-based services once or more a week than for those who attend less frequently.

## HEART HEALTH

And that is not all. In the United States, the number one “killer” is heart disease. Consider these research results that show how faith-oriented people seem to have a **significant protective factor** against heart disease and a more successful recovery from heart disease when it happens:

- The deeper a person’s faith, as measured by the degree of orthodoxy or frequency of attendance at spiritual services, the lower the risk of heart attack.
- People who regularly attend faith-based services, pray individually, and read sacred texts have significantly lower diastolic blood pressure than the less spiritual.
- The people with the lowest blood pressure of any population attend faith-based services, pray, and study sacred texts (i.e., the Bible) often.
- After open-heart surgery, patients who find comfort in their spiritual faith are three times more likely to survive than non-spiritual patients.

## MENTAL HEALTH

A growing body of research suggests faith-based people are more resilient against the descent into mental illness, as well as offering a solution to combat mental illness when it strikes:

- People with strong spiritual faith are less likely to suffer from depression from stressful life events; and if they do, they are more likely to recover faster from depression than those who are less spiritual.
- The deeper a person's spiritual faith, the less likely he or she is to be crippled by depression during and after hospitalization for physical illness, a common factor for people battling a physical illness which undercuts their ability to cooperate with medical treatment and their will to survive.
- Faith is often a significant factor in **preventing** suicide, which now increasingly affects adolescents as well as adults. It also is a major concern among certain populations like veterans, who have a disproportionately high level of suicide compared to the general population.

## THOUGHT LEADERSHIP ON THE INTEGRATION OF SPIRITUALITY & HEALTH

What might this powerful research mean to how whole-person “patient-centered” medicine could be practiced in any healthcare system for the benefit patients and a community?

- There are several leading physicians, healthcare research institutes, healthcare organizations, and faith-based training organizations that have been pioneering positive change in the spiritual level of “patient-centered”, whole-person care (see Additional Resources below).
- Two standout organizations are Duke University's Center for Spirituality, Theology, and Health (<http://www.spiritualityandhealth.duke.edu>), led by Harold Koenig, MD; and the George Washington (GW) Institute for Spirituality and Health (<https://smhs.gwu.edu/gwish>), led by Christina Puchalski, MD.

These healthcare leaders, and many other credentialed and experienced healthcare leaders, are recommending to their healthcare community peers that they expand their thinking and practice approaches to a more whole-person “patient-centered” care that includes a biopsychosocial-spiritual practice model. Some recommendations include

- Based on the volume of clinical evidence of the effectiveness of faith and spirituality on health outcomes, recognize that there is now national and international recognition of the importance of including provisions for spiritual care in the clinical care setting. They are encouraging their peers in healthcare to develop programs and clinical processes that will support patients in connecting to their spirituality and spiritual resources as an essential element of patient-centered, compassionate care, and improving health outcomes.
- As research and surveys continue to show, many patients have spiritual needs. They often want health professionals to know about those beliefs (if they are asked), and often want these needs addressed as part of their health care.
- On that point, one practical starting point strategy they recommend is for the clinical care team to incorporate taking an initial “Spiritual History” or assessment as part of the patient intake process, and have that information on their spiritual needs captured in the patient's EMR to guide their treatment plan.

- See a sample of such an assessment and recommendation guidelines from the GW Institute of Spirituality and Health: [“Taking a Patient-Centered Spiritual Assessment”](#)
- While the physician may conduct this assessment (or nurses, or social workers as back-ups), actually meeting that patient’s spiritual needs would be best done through a referral to an inter-professional “team” approach of people trained in pastoral care, like a board-certified chaplain or pastoral counselor on the care team; and /or to partner with and engage community clergy and local spiritual leaders and resources for the appropriate care of patients and their families based on their expressed spiritual needs during the time of their medical treatment.
- Each healthcare organization like a hospital or health system would have to define their own clinical care protocols, site policies, resources, and accountability measures / spiritual care quality measures, but there are excellent books and guides written by clinicians on how to do this (see Additional Resources below).

The important thing that many of these healthcare leaders suggest is to find a way to started on this level of compassionate care for the patient as a whole person. As a large body of research indicates, and many clinicians experience would underscore:

- Failure to address patients’ spiritual needs has proven to **increase** health care costs, particularly toward the end of life as unmet spiritual needs begin to influence medical decisions.
- As evidence-based research shows, spirituality can influence the patients’ ability to cope effectively with their illness, and health professionals who care for them should be aware of this.
- Spiritual beliefs (and health practices related to spiritual traditions) can directly impact how patients wish to be cared for and their medical decisions; spiritual beliefs at times may conflict with medical treatments.
- Local religious and spiritual communities and resources can support patients when are discharged from hospitals and through the course of their medical treatment. Spirituality and religion influences the support and care that patients receive in the community where they live, and this can affect how cooperative and compliant they are with their medical treatment.
- Finally, the current standards for accreditation and payment require consideration of patients’ spiritual beliefs.

## THE PERSONAL CONNECTION

On a personal level, what might all this research mean to you---and your family? What might it mean to your health---and the health of your family?

- This research may make an excellent family discussion / inquiry. It shows that people who combine a strong personal faith with participation in activities like communal worship and social support from a spiritually-oriented community receive the most significant health benefits of faith.
- While engaging in spiritual practices, and participation in a faith community should not perhaps be pursued **only** for physical health benefits, the research suggests that it would be beneficial for our health to increase involvement with faith-based practices and a faith-based community (if this is compatible with one’s personal viewpoints).

## REFLECTION QUESTION

### Leading Change

*Given the strong body of research on the positive impact of integrating spirituality and health, what possible ideas for innovation and change in the quality of our healthcare delivery for our patients emerged for you in this resource reading?*

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### Personal Change

What does this research mean to me personally when I consider my own health and overall well-being?

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## ADDITIONAL RESOURCES

### Popular Books / Clinical Guidelines

- Koenig, Harold. *The Healing Power of Faith*. New York, Touchstone, 2001
- Puchalski, Christina and Betty Ferrel. *Making Healthcare Whole: Integrating Spirituality into Patient Care*. West Conshohocken, PA: Templeton Press, 2010
- Koenig, Harold. *Spirituality in Patient Care: Why, How, When, What*. West Conshohocken, PA: Templeton Press, 2013
- Koenig, Harold. *Spirituality and Health Research: Methods, Measurements, Statistics, and Resources*. West Conshohocken, PA: Templeton Press, 2011

### Institutes / Academic Research & Training Centers

- Duke University: Center for Spirituality, Theology, and Health:  
[www.spiritualityandhealth.duke.edu](http://www.spiritualityandhealth.duke.edu)
- George Washington (GW) Institute for Spirituality and Health:  
[www.smhs.gwu.edu/gwish](http://www.smhs.gwu.edu/gwish)

### The InnerWork Company

- Contact Edward Quinn, CEO of InnerWork, if you have an interest in discussing this subject further. [equinn@innerworkcompany.com](mailto:equinn@innerworkcompany.com)