



Religious and Spiritual Attitudes of 1st-year Osteopathic Medical Students

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INTRODUCTION

The Association of American Medical Colleges (AAMC, 1999) has identified the importance of addressing patient spirituality in medical programs. Although many programs provide some training in spirituality/religion and medicine, it is unclear how systematically these issues are actually addressed (Puchalski, 2001). Similarly, little is known about the religious and spiritual character of students entering those programs. Awareness of personal attitudes and beliefs regarding spirituality has been identified as an important component of training (Musik et al., 2003).

METHODS

Objectives: The purpose of this study was twofold: 1) to examine the beliefs and attitudes of medical students regarding spirituality/religiosity and its application to the clinical encounter, and 2) to assess the impact of the standard 1st-year curriculum on student attitudes toward the integration of spirituality/religiosity in medical practice.

Participants: The sample consisted of 82 1st-year osteopathic medical students who completed pre- and post-test surveys. Respondents were, on average, 24 years old (SD = 2.21, range 22-33 years), and mostly single (76%). Most participants (71%) were Caucasian, 21% were Asian and 8% were other. The sample was evenly divided by gender.

Method: Near the beginning of the second quarter, medical students completed a survey to assess beliefs and attitudes about spirituality/religiosity and health care among students in training. Following this, students completed the standard curriculum. Students completed surveys again at the end of the academic year.

Measures: A brief self-report survey was administered at pre- and post-test.

Figure 1. Students' Mean (SD) Ratings of Communal Religiosity and Individual Spirituality

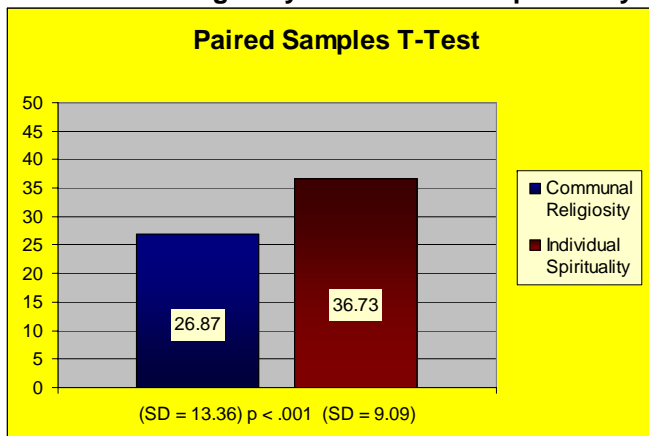


Table 1. Students' Mean (SD) Attitudes Toward Integration of Spirituality/Religion in Clinical Practice at Pre- and Post-Test

ATTITUDINAL ITEMS: USING 5-POINT SCALES WITH HIGHER SCORES REFLECTING MORE POSITIVE ATTITUDES	PRE- TEST MEAN (SD)	POST- TEST MEAN (SD)
How important would it be to ask your patients about their spiritual and religious needs?	4.22 (.86)	4.20 (.73)
How comfortable would you feel asking patients about their spiritual needs?	4.17 (.70)	4.02 (.86)
How knowledgeable do you feel about patients' spiritual and religious needs?	3.44 (.90)	3.58 (.74)

RESULTS

•The final sample represented diverse religious affiliations with 34% reporting they were Roman-Catholic, 23% Protestant, 12% Islamic, 6% Hindu, 4% Jewish, 1% Buddhist, 3% Other, and 6% Agnostic or Atheist. Some (11%) reported no religious affiliation.

•On average, students believed spiritual and religious experiences were at least moderately important in their lives. At pretest, students rated individual spirituality as having significantly greater importance in their lives than communal religiosity. ($t(81) = 9.94, p < .001$). See Figure 1.

•At pre-test, students felt it was somewhat important to ask about patients' spiritual needs and felt somewhat comfortable doing so, but felt only slightly knowledgeable in this domain. See Table 1.

•At post-test, there was not a significant change in attitudes regarding importance of asking patients about spirituality ($t(81) = .25, p = .80$), comfort in doing so ($t(81) = 1.56, p = .12$), or perceived knowledge of patient spirituality ($t(79) = 1.37, p = .17$). See Table 1.

CONCLUSIONS

• Preliminary results provide insight into the personal beliefs of 1st-year medical students and the effects of the standard curriculum on attitudes toward integrating spirituality/religion into care.

• Spirituality and religiosity is personally meaningful for 1st-year medical students, in general. Most, but not all, identified a religious affiliation. Students believed individual spiritual experiences were more important in their lives than communal religiosity.

• Educators need to be sensitive to the diversity of student religious affiliations when training in this area.

• Training in spirituality is needed to impact change.