Literature Review: Religion and Spirituality in Healthcare Decision Making

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Table of Contents:

Introduction

Looking back through time, history is filled with instances where humans intermixed the ideas of spirituality and religion into medicine and healing. The idea of religion and spirituality in medicine has transformed from the past where they were regarded as inseparable, and now

people often pursue health outside of organized religion. In this new world, accommodating everyone's health needs and preferences can be extremely difficult, but regardless, competence must be shown to everyone, including the groups of individuals who are highly involved in religion and spirituality or are even just spiritual but not religious. Because there is such a large spectrum of how religion and spirituality affect an individual's life in this day and age, the providers' understanding of this matter is crucial and cultural and religious competence must be present in order to assess the needs of these individuals and communities. This paper goes over the importance of religion and spirituality on an individual and community's life in the United States of America and using that information, it shows how providers in both clinical and public health settings can help propagate epidemiological and empathetic care.

Overview of Religious/Spiritual Communities and Traditions

The U.S. is often called a 'melting pot' as it amalgamates cultures around the world. The diversity of religion adds to the challenges in delivering culturally and religiously competent care. Religion can be deeply embedded in the lives of many individuals and communities as a whole, so this paper will be focusing specifically on these two population groups. To introduce the importance of these beliefs and cultures to these groups, it must be acknowledged that religion and spirituality may have numerous benefits as well as consequences to daily life and health. Not only does it affect physical health through diet, fasting, abstinence, and more, it also affects mental health and social life. In terms of a public health perspective, policy makers must continuously keep these factors in mind as many health decisions and guidelines can be based on strict religious beliefs. Public health officials must watch out for specific cases as well as try to accommodate these communities and individuals. The way providers handle religion and culture

in their respective practices may be like walking on a fine line as the provider must take care not to offend or breach the patient's beliefs while trying to offer the most scientific and effective care they have to their knowledge. The pitfalls of poor culturally competent care has many negative health and social consequences including lower-quality patient experience as well as increased risk of complications. To combat this, it is important for providers to know the religious, cultural, and spiritual needs of the patient. Therefore, this paper must start with an introduction on the most common five major religions that can be found in the U.S. that are most commonly encountered in the healthcare setting in order for readers to more fully understand the strategies that will move health providers and organizations into providing competent and empathetic care.

As the healthcare field aims to include all religions and beliefs, religious pluralism is achieved. This is when every "individual in a religiously diverse society has the rights, freedoms, and safety to worship, or not, according to their conscience"[1]. In an ideal world, this would serve as the perfect guideline to adhere to, however, religious pluralism in healthcare in the US may lead to conflicts in treatment. This occurs when both patients and healthcare workers favor their own religious belief during treatment/intervention conversations[2]. This can lead into matters of human dignity and exercise of religious freedom and respect for the different religions may be quashed. As religious convictions of a person are decisions of "conscience because they are subjective judgements about objective truth"[2], if they are overridden, it may lead to unintended consequences and violations of dignity.

As a note, there may be degrees to the "devoutness" of each of these religions and not all individuals or communities may adhere to the same customs and rituals as the ones mentioned below. As it may be the case with providers, patients and even the reader, there are various degrees in which religious individuals may practice faith. Observationally this is true, but to offer

a more empirical method of classification for this pattern, the Pew Research Center's new typology will be used as an example. This Pew Research Center analysis categorizes traits across various religions and denominations to produce a typology that sorts Americans into different groups based on their beliefs, how actively they practice faith, and how much value they put on religion in their lives[6]. Although this analysis states that the data is generalizable to many religions and denominations, his typology seems to gather most of its data from western religions with the addition of Islam, and therefore may not cover all the religions mentioned below. Nevertheless, the overall idea that can be taken from this example is that the degrees of faith and adherence to customs vary across communities and patients. Therefore, providers will need to gauge patient-by-patient or community-by-community for treatments and policies and keep in mind that this review of the major religions serve only as a template and loose guide.

Top 5 Religions in the US

Christianity (Protestantism)

Originated when followers moved against what they believed to be problems and lacking in the Roman Catholic Church. Protestants put emphasis on salvation by grace and faith alone rather than works of man.

Beliefs

- Emphasis on community worship and the Church
- Base beliefs off of the Holy Bible and Scriptures and that Jesus Christ is the son of God.
- Two sacraments, namely, Baptism and Communion.
- Importance of daily prayer and scripture reading. Traditional Holidays observed.

Beliefs with Health Implications

Christian Protestant values have a loose grip on health practices and most Chrisitans are free to make health decisions based on their own needs. Below are some common health issues that clinical practitioners come across with religious individuals in the lens of Protestantism.

- Blood Products: individuals are free to accept or withhold from blood or blood products.
- Vaccinations: vaccinations are of individual choice
- Pregnancy: Infants are baptized in some denominations. Birth control and artificial insemination are individual choices, however, the support for these options vary by individual and denomination.
- End-of-life: Protestant physicians more likely to withhold treatment from terminally ill patients than other denominations. Protestant patients are more likely to desire life-prolonging treatment compared to non-fundamentalist counterparts.
- Death: Autopsy and organ donations are individual choices. Euthanaisia is generally not permitted.

Rituals with Health Implications

Food/Fasting: No restrictions

Judaism

Pronouncement of the covenant that God established with Israel's descendants. This religion includes practices, theological positions, texts, and organization forms.

Beliefs

- One omniscient God who is creator of the universe
- Commandements and duties that God communicated have importance over individual pleasures and rights.

- Sanctity of life is priority over religious commitments.
- Orthodox Jews: Strict interpretation of Torah, pray three times/day. Conservative Jews: modern and traditional religious observance accepted, daily prayers.

  Reform Jews: Choose which religious duties and freedom to interpret from Torah, open to multi-faith and bedside prayers.

Beliefs with Health Implications

Jewish people have more rules and regulations than Protestants in terms of what they can do with their bodies and health, but there are many levels of strictness and adherence to these rules. Below are some common health issues that clinical practitioners come across with religious individuals in the lens of Judaism.

- Blood Products: individuals are free to accept or withhold from blood or blood products.
- Vaccinations: vaccinations are encouraged.
- Pregnancy: abortion is allowed in order to save the mother. Birth control may not be permissible.
- End-of-life: May consult Rabbi about life-support and tube feeding, attitude depends on whether they are Orthodox or secular Jews. Orthodox Jews would want life-sustaining treatments. Religious Jewish physicians tend to be less likely to withdraw life-sustaining treatment.
- Death: Autopsy and organ donations are individual choices. Cremation is discouraged. Prayers and community for the sick are an important part of the faith.

  Rituals with Health Implications

  Food/Fasting: Kosher foods. Sick are exempt from fasting.

  Amputation: Amputated limbs are to be saved to be buried in consecrated ground

Islam

Islam is another common religion in the U.S. Followers are Muslims who believe in Allah and the prophets Adam, Abraham, David, Jesus, Moses, Noah, and God's messenger Muhammad.

Beliefs

- One all-powerful God, Allah. Complete submission to Him.
- Judgment day, afterlife, importance of prayer 5 times/day. Death is in God's plan.
- The Quran is the final revelation.

Beliefs with Health Implications

Muslims have many practices and beliefs that may affect their health. There are levels as to what extent the believers may go to, but basic beliefs encompass prayer, fasting, and pilgrimage. Other examples include the idea that female patients may require a female physician. Below are some common health issues that clinical practitioners come across with religious individuals in the lens of Islam.

- Blood Products: individuals are free to accept or withhold from blood or blood products.
- Vaccinations: not opposed, but certain considerations and socio-cultural reasons shape vaccine hesitancy (e.g., non-halal-based vaccine).
- Pregnancy: abortion is unacceptable except in cases of rape, incest, or when the mother's life is endangered. A fetus is considered human after 25 weeks.
- End-of-life: dignity of patients was found to be important in decisions for physicians. Physicians may push DNRs in certain scenarios (e.g., dementia).

- Death: Confession of sins may occur before death. Autopsy for only legal or medical cases. Euthanasia is unacceptable. Organ donation is permissible. There is prayer for deceased 72 hours after death, so the death certificate must be signed quickly.

Rituals with Health Implications

- Food/Fasting: Ramadan–a one month fast of food, drink, and sexual intercourse during daylight. Children, women who are pregnant, and the ill may be exempt. Individuals must eat food that is clean, pure, nourishing, and wholesome (halal). Pork, shellfish, and alcohol are prohibited. Only vegetable oil is permitted.
- Migration: Pilgrimage to Mecca is required once in a lifetime.
- Same-sex physicians may be needed. Some women required to wear coverings.

Buddhism

Buddhism includes a diversity of spiritual and religious beliefs and traditions which originated from the teachings of Siddhartha Gautama—also known as the Buddha. Buddhism started 2,500 years ago in India and is considered another major religion in the U.S.

Beliefs

- Path to enlightenment by developing wisdom, morals, mediation.
- No "god", but personal insight is first, with the study of laws of cause and effect, karma.
- Belief in Rebirth and that it is based on the actions of person and desire to bring freedom.
- "5 Lay Vows: no intentional killing, no stealing, no lying, no sexual misconduct, and no intoxicants."

Beliefs with Health Implications

Buddhists have a range of personal expectations and rules they have for themselves. Although there is no "god" to observe their rights and wrongs, they have a strong moral code of conduct. Some of these may fall over into the medical field and affect health decisions. Below are some common health issues that clinical practitioners come across with religious individuals in the lens of Buddhism.

- Blood Products: Individuals are free to accept or withhold from blood or blood products.
- Vaccinations: Modern Buddhists will generally accept vaccines to protect their health. Debate is created if the vaccine is derived from any life form. But modern view stresses the importance of saving life through biomedical research.
- Pregnancy: Birth control and artificial insemination are permitted. Taking a life is unacceptable.
- End-of-life: Life-prolonging treatment favored if there is a higher chance of survival. Peaceful state of mind is of utmost importance.
- Death: Mind-altering drugs are avoided since state of mind at death influences rebirth. Buddhist representatives should be alerted in advance to preside over the care. SOme unexpected death may require rituals. Autopsy and organ donation is permitted.

Rituals with Health Implications

- Food/Fasting: Usually vegetarian. Stay away from alcohol, tobacco, and coffee.

<u>Hinduism</u>

As one of the oldest religions, Hinduism has customs and traditions dating back 4,000 years. In the U.S. it is one of the top religions and worldwide, there are nearly 1 billion

followers. Hinduism stresses duties to God, parents, and teachers as well as a belief in karma and reincarnation.

Beliefs

- Pain and illness are a result of karma. Reincarnated life is influenced by how one faces this suffering or death.
- Goal is to escape an imperfect world and reunite with God.
- Multiple gods as Hindus view everything in the universe as god.

Beliefs with Health Implications

Similar to Buddhists, Hindus have a variety of personal regulations and duties they have for themselves. There are many Hindu-specific rules in the religion, so it is wise to watch out for these practices in the clinical setting. An important note is that the Father or Husband of the family is the primary spokesperson and women may not request special care. Below are some common health issues that clinical practitioners come across with religious individuals in the lens of Hinduism.

- Blood Products: Individuals are free to accept or withhold from blood or blood products.
- Vaccinations: There are no restrictions against vaccines. While cows are considered sacred, trace amounts of bovine components are not of concern.
- Pregnancy: Abortion is unacceptable unless it is for the life of the mother. Birth control and artificial insemination are acceptable. Exact time of birth is crucial.
- End-of-life: There are no restrictions on prolongation of life. Most Hindu physicians believe that DNR is allowed and many patients.
- Death: Euthanaisia is not permitted. Hindus prefer to pass at home and the Gita or scripture is often read to provide comfort. Cremation is common the day of death and the

body is typically not left unaccompanied until the cremation. Immediately after death, family may wash the body and a priest may pour water into mouth. Autopsy and organ donation are permissible.

Rituals with Health Implications

- Food/Fasting: Usually vegetarian and may avoid pork or beef. Fasting is important on holy days as well as certain days of the week representing deities.
- May require a supportive environment and privacy for daily practices.

*Information adapted from Swihart, et al.[3], Chakraborty, et al.[4]

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This may seem like an overwhelming load of information for just five religions, however, healthcare providers need to be empowered by awareness of these major religions through education and training. This way, they will realize the impact and how these beliefs factor into a patient's diagnosis and treatment. When providers listen to a patient's spirituality and religious beliefs, they can build a positive relationship together and this in turn, increases satisfaction on both ends and is shown to even decrease medical errors as well. Not only does religious competence translate well in the office, providers should know what beneficial impacts it can have on an individual or community's life. In fact, in his book *Why Religion and Spirituality Matter for Public Health,* Oman states that in a nationally representative study of more than 20,000 U.S. adults, individuals with associations with religion and spirituality reported about a 7 year longevity gap in the general population and about 14 years in African Americans[5]. This shows empirical evidence of instances where R/S could improve a person's physical lifespan and alludes to the benefits of R/S. As providers of health, physicians and public health officials strive

to understand the underlying causes of these and improve their cultural competence in order to provide the full benefits to R/S in a person's life.

Individual Importance

Why are R/S important on an individual level?

As discussed in the previous paragraph, R/S has empirical impacts on an individual's life. There are indeed multiple cases where religious association has been linked to better health outcomes as well as riskier health decisions. Many religions call the individual to consider his or her body sacred for honoring God or another aspect of their religion. From this view, the body has a value to oneself as well as the family and friends around it. This segment of the review will be exploring why R/S is important on an individual level with specific examples of how an individual's life is affected through R/S practices.

1) Practices
    a) Diet/Fasting

        The makeup of a particular religion's diet or customs of fasting has generally favorable indications (e.g., higher fruit and vegetable intake). Many Western religions showed lower fat intake as well and a higher intake of polyunsaturated fats over saturated fats. Fasting has shown to have metabolic benefits as well. For example, Ramadan fasting has proven to help individuals lose body fat and weight as well as maintaining glucose homeostasis in otherwise healthy people. The lipid profiles of LDLs and HDLs have been positively promising as well. Although different religions have different diet restrictions (e.g., Jewish-kosher, Muslim-halal,

Buddhist-vegetarian), these specialized diets all point to some kind of benefit for the body[7].

Although dieting and fasting may have beneficial implications most of the time, they must also be understood and handled with care in certain situations. An example of this is fasting during pregnancy. In Yom Kippur and Ramadan pregnancy situations, most physicians believe it is "inadvisable to fast in the second and third trimesters of pregnancy"[8]. The effect of fasting during pregnancy may significantly lower blood glucose and insulin levels as well as cause a state of dehydration. This can actually expedite labor due to physiological responses to dehydration that are coupled with several labor complications including "uterine perfusion compromise, hyperstimulation and fetal heart rate decelerations similar to oxytocin labor induction, or remarkable ketone production" For the mother, the metabolic deficit "can cause lipolysis, keto bodies, and even ketoacidosis"[8]. More research must be done, but this is another example as to why physicians must be aware and respectful of these practices and the effects on the body.

b) Alcohol/Addiction

As mentioned above, because the body is considered holy in many religions, there has been less drinking and addiction in religious individuals because of the sacred perceptions of the body. This overall leads to healthier habits and less damage to the liver, brain, kidneys, and many other body systems. A 2009 article of 22 different studies found an inverse correlation of religiosity with different addictive behaviors like cigarettes (r=-01.8), alcohol (r=-0.16), marijuana (r=-0.14), and other drugs (r=-0.18)[11].

2) Behaviors

a) Genera Safety + Abstinence

As for behaviors and mindsets, general safety conducts have been positively correlated (e.g., seatbelt usage). R/S in an individual's life has been linked to better sleep quality, less cigarette smoking, and less risky sexual activity. Abstinence and sexual morality is a big factor in religion, so refraining from sexual behavior and (once again) addicting behaviors can be observed[5].

b) Mental health

R/S factors have been linked to better mental health in individuals in most aspects. This depends on intrinsic and extrinsic factors like the individual's personality as well as social networks, but overall, coping and expression of emotion has been positively linked with R/S. People in these communities have better social networks and supports that help with any struggles and this provides an outlet for many situations. Additionally, the rules and traditions of religion provide a lens of practice and behavior that leads to increased efforts in 'good' characteristics like "forgiveness, kindness/prosociality, and hope"[5]. Align with this, prayer and meditation have been shown to be helpful coping factors and increase psychological well-being.

Although there are many benefits for individuals to rely on religion for mental health support, there can be negative coping that providers must be aware of. A common and negative belief may be I wonder "'what I did for God to punish me'"[5] and perhaps may reflect internal spiritual struggles which may or may not become pathways for growth. Thus, providers must be careful about mental health and religious topics as it can become sensitive for individuals and it would be greatly beneficial if more education was given on these subject matters for a variety of different ailments.

Provider Awareness

Over history and cultures, religion, spirituality, and healthcare have been intertwined. The secularization of medicine began recently in Western medicine as the incidence of scientific discoveries and urbanization increased in society. The discussion of anything spiritual and even cultural has been cut off from recent healthcare education and because of this, providers who are trained in these modern education facilities often report feeling "uncomfortable or not confident having a conversation about a patient's religious and cultural needs", often seeing the topic as "'a taboo subject'"[9] and therefore having to rely on the hope that patients themselves would point out those views. Current providers acknowledge that this can negatively affect patient experience and although the desire for cultural competence is there, their amount of tangible knowledge on the subject is not enough. As explained to some depth in the previous section, religion and spirituality certainly bolster and protect individuals against certain negative health outcomes as well as act to serve as a huge influence in life choices. Providers have also seen this empirical difference and acknowledge the implications. This is shown in a recent survey of practitioners, where more than three-fourths of survey-takers believed that "cultural considerations are an important component of best practice health care and that professionals should be learning about different cultural groups"[9]. They considered diversity of staff, interpreter services, and cultural education/training to be the best ways to improve cultural competence and that when they were informed about a patient's religious and cultural needs, it "helped [them] to understand more of what the inpatient had been saying or doing"[9]. Additionally, most healthcare providers believe that it is *their* moral responsibility to ensure religious and cultural comfortability in the clinical

setting and not the lack of availability in education materials for the cultural needs of emerging minority communities.

The premise of providers' lack of exposure to religion and spirituality as well as their understanding on the importance of this subject in clinical settings has been established. After explaining this importance for specifically individual patients in a healthcare setting, recommendations and examples will be given later in the paper to help with providers in a similar sort of situation.

Community and Public Health Importance

Why are R/S Important on the community level?

Similarly to the importance of religion and spirituality on an individual, these factors have a great impact on a community as well. This is mainly because different communities and cultures have beliefs and practices that may have health implications. To say the least, religion and spirituality have great impacts on social capital, socioeconomic status and inequality, violence and crime, coping with community stressors, and social support. To dive deeper into some of these below are a few specific examples.

1) Healthcare Preferences
    a) End of life care

        Palliative care is often a big issue in religious communities as what to do with the remaining time and how to pass from this world differs religion to religion. There are ethical issues of incorporating spiritual care into practice like advanced directives, euthanasia and physician assisted suicide artificial nutrition, autopsy practices and more. On one hand, Catholic physicians will more likely withdraw treatment, while

other western religious physicians will more likely withhold treatment. In Islam, dignity of patients comes first, so some consider DNRs as comfort care or favored "do-not-escalate" therapy over DNR. In Hinduism, the majority supported DNR and life-support measures. This, along with beliefs of afterlife or reincarnation are important to consider[4].

b) Vaccination

On the other hand, one big issue that could come up as conflicts in communities is vaccination. Although most religions are not opposed to vaccinations, there are some smaller spiritual or religious groups that may find vaccinations similar to putting foreign substances in their bodies which may go against their beliefs and the interpretations of their religion. In one case in 1944, Prince vs. Massachusetts, there was a conflict between the Jehovah Witness and the state of Massachusetts' vaccination policy[10]. Such cases like these are just the surface of what conflicts could arise from R/S differences and incomprehension.

2) Behaviors

a) Mental Health

A positive outcome of R/S in a community is lower suicide rates and lower mortality. In Catholic and Protestant congregations especially, community engagement is a big part of their social life and through this, many people find support and mental help if needed. This can be seen in examples like the Philadelphia Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), where partnerships between religious communities and religious leaders promote health and it was noted that they are necessary to promote large-scale education and reduce the stigma/shame

associated with mental illness[5]. This, in turn, aligns with greater longevity and less disease across a religious or spiritual community as this would also provide interventions that the communities would be supportive of and willing to accept.

Policy Maker Awareness

Not only is religion and spirituality illiteracy a common issue in clinical settings, it proves to be a difficulty in the public health sector as well. In one survey, American students who graduated with MPH or doctorate of PH reported that they "learn little to nothing about R/S-health relations in the course of their training"[5] and some may even develop misconstructions of this subject, such as "the belief that religion or spiritual engagement has seldom been subjected to scientific study"[5]. This is a dangerous belief because religion and spirituality in public health has definitely been empirically researched, however it is the training for providers that has been lacking. Why is this the case? There are various factors as to why cultural and religious competence teaching might be lacking in provider education. First, senior scholars may find it difficult to maintain an open mind needed to compile evidence for competence. Others seem to lack personal training or experience which leads them to be hesitant to open discussion. Others may be unclear on the degree separation of church and state and how much that can transfer over to teaching. A last example is that some academics have never encountered R/S issues and think that the issues can be diminished by either social support or secular justifications. If more education and exposure is integrated into health provider education and curriculum, it would help increase confidence of both academics and students and develop a 'herd' cultural competency that would facilitate easier discussion of R/S issues. This can be done by developing specific assessments or training that will later be discussed in this review.

Now that the background to the state of religion and spirituality understanding in the public health and clinical sector of the US has been established, this review will move on to discussing practical examples and recommendations that will help the field of healthcare to improve patient and community experience and outcomes. This will be supported by a series of provider and policy maker interviews which will be conducted over the course of this project to develop a comprehensive library for future individuals in the field of healthcare.

Recommendations

Recommendations for Providers or Aspiring Healthcare Professionals

There has always been a thin line between the influence of religious activity and cultural boundaries. For the majority of religious patients and population groups, healthcare services can be deemed culturally competent when they are able to understand and provide catered and care. Mandated training is often given at many institutions to try and achieve this status, but this effort at exposing providers to this abundance of religions and cultures runs the risk of stereotyping and stigmatizing patient groups. Additionally, many providers have noted many aspects of their training that could be managed or enhanced to improve cross-cultural healthcare.

The first step in this movement towards better cultural humility and understanding in the workplace is to first identify the religion and/or culture of patients and familiarize these to staff, similar to the introduction to this review. A practical method could be producing or updating a directory of common R/S practices in the U.S. This can start small with specific concerns in different cultures and religions. These could be religious beliefs with health implications like Ramadan/Yom Kippur fasting for pregnant women, underutilization of R/S resources and

community to help people with mental illness, and individuals not being treated through R/S strategies and communities[12] Local resources can help propagate the recommendations above.

Additionally, while studies on how R/S can have a positive impact on an individual's life has been shown, the topic often stops there, with no great effort of applying that knowledge in actual clinical settings. In order to ensure better patient experience providers must be aware of the main components of multi-cultural openness: cultural safety, cultural humility, cultural intelligence, and cultural competence. Cultural safety is the idea of protecting the culture of minority groups and balancing power and correcting biases within institutions. Cultural humility is the act of encouraging non-judgmental viewpoints while allowing the patient to express how their own culture impacts their life and clinical experience. Cultural intelligence also focuses on the individual's ability to identify and respond to many different cultural situations that are different from their own. Finally cultural competence—often used as a buzzword—is the idea that is a framework that works on an institution's internal and external ability to improve physician attitudes, cultural communication, diversity, and patient experience[13]. Physicians must learn how to adopt such mindsets in their work settings in order to improve health outcomes and experiences for the variety of patients that they encounter. However, quickly learning about these concepts may result in homogenizing many R/S as well as certain stereotypes, therefore, education must be done carefully and over a long-term period. Objectives should be to focus on improving "cross-cultural communication, enhanc[ing] responsiveness to the health care needs of diverse patients, and reduc[ing] health care disparities". As listed above, R/S has multiple benefits for individuals and through a variety of religions, large groups of people can have improved health. However, the field of healthcare has often failed to follow organized, directed, and integrated manners diving into R/S issues. Efforts have especially been lacking in physician

training. As mentioned above, the majority of practitioners believed that they were uninformed about the details of a patient's R/S needs and felt unequipped to ask them about the subject.. They considered diversity of staff, interpreter services, and cultural education/training to be the best ways to improve cultural competence. It was also found that healthcare workers would have found it helpful to have training and discussions with different ethnic backgrounds in order to "learn about their cultures/norms and how health care providers would be most effective in helping those clients"[13]. This strategy may prove to increase the effectiveness of treatment of patients because this takes into account intersectionality which encompasses the fact that "patients inhabit multiple social statuses that potentially shape their beliefs, values and behavior"[14].

A barrier to this may be that providers may be unsure and not confident of how to navigate spiritual discussion. Offering training and guides on which questions to ask can be developed in a more structural form will be a good place to start, and will later be referenced in this review.

Recommendations for Public Health Officials in the Community

Public health officials must also be aware that the R/S communities engage in a multitude of practices and beliefs and be open to adjusting treatments for these cases. Some ideas for engaging in this situation could be creating R/S-tailored programs or treatments based on empirical support, which is a possibility for further discussion after the conclusion of this article.

The first step to aid in catering towards R/S in the community is to assess the practices already in place. In his book *Why Religion and Spirituality Matter for Public Health*[5], Dr. Doug Oman gives an example of improving cultural competence in the community through nutritional

efforts. He gives three points: policy makers must be aware that communities engage in a mixture of practices and not just one dietary plan. Second, when seeking to address chronic issues in the community, one will find that building upon church-based interventions may help. In other words, utilizing the existing programs and resources that the community already trusts is a great way for policy makers to impact the people. Third, preventative measures based on R/S strategies may and have shown to be effective for more mental or emotional illnesses. With this information, we can incorporate R/S efforts into primary prevention measures as the combination of spiritual aspects and the acknowledgement of beliefs for patients may reduce future risks of disease and disorders.

Although integrating R/S into a community measure may seem relatively easy to do, secularization of medicine makes it easy to develop ethical concerns or conflicts of interest. These include ethical concerns of omission–which would be not offering holistic care, and commission–"coercion and overstepping one's competence in offering spiritual care"[15]. The conditions under which health officials decide to integrate spirituality into policies also differ and depend on the situation at hand. Strategies they use to integrate spirituality may cause some people to wonder the reason behind it and question the benefits of R/S in decision making. Because of these concerns, public health officials must tread carefully when coming up with community initiatives or policy changes. Keeping the three steps above in mind will help them avoid these issues and officials may find it helpful to actually go to places of worship or health organizations to truly understand the community at hand. All in all, these suggestions point towards improved connections between health policy makers and communities.

Conclusion (Practical Tools/Applications)

This review delved deeper into the role that religion and spirituality plays in healthcare decision-making. Whether it be with providers in medicine that handle one-on-one conversations with patients or community leaders who are the ones creating health policies, cultural and religious competence is critical for their success in a holistic approach to a person's wellbeing. In order to accomplish this, offering resource guides and training on questions to ask can help health professionals more systematically assess R/S beliefs that are relevant to health outcomes. Public health officials must also be aware that communities engage in a multitude of practices, so public health programs and policies should be designed with an appreciation for these practices. To aid in this, an online resource library was created. Elements in the resource library include both evidence-based practices and professional guidelines that have been peer-reviewed.

This project can be further explored with interviews with providers and officials in the field to assess utility of the resource guide and identify any unmet needs of assessing/responding oto R/S beliefs and practices. Sample interview questions might include:
Give background on what this project is about and talk about the importance of R/S in health care.

1. Would you consider yourself religious?
    a. Do you think that you encounter many religious individuals at your workplace?
2. Do you think you have a good grasp on how R/S affects medical decision making?
    a. Does your workplace have a protocol or a system in place to take R/S preferences into account?
    b. Yes/No: Do you recall having any training or education on cultural/religious competency at your work or in earlier education (med/grad school)?

3. Can you recall any notable instances where one of your patients or clients had religious concerns that affected your thought process and decision making for their health?
    a. How did your knowledge of R/S help/hinder your decision making? And what was the compromise?
4. What resources are available to you to learn more about R/S and patient preferences?
    a. What future resources would you like to see in your workplace or online to help you and your colleagues?

This resource library is accessible at https://rshealthcare.sites.northeastern.edu/.

Conclusion

With so many beliefs, races, and nationalities around us, providers with a greater understanding of the practices and faith of their patients are able to design more compatible interventions. This project compiled a resource library for physicians and public health officials that provides information on spiritual practices and beliefs which impact clinical and public health decision making processes. Patterns in the most common five religions in the US gave an outline as to what areas of R/S should be focused on for this review. The importance of R/S to individuals and communities was established through empirical data-based articles, and this in turn was utilized to formulate recommendations for professionals in healthcare.

Offering resource guides and training on questions to ask can help health professionals more systematically assess R/S beliefs that are relevant to health outcomes. Public health officials must also be aware that communities engage in a multitude of practices, so public health programs and policies should be designed with an appreciation for these practices. Elements in the resource library include both evidence-based practices and professional guidelines that have been peer-reviewed. This project can be further explored with interviews with providers and

officials in the field to assess utility of the resource guide and identify any unmet needs of assessing/responding to R/S beliefs and practices. Sample interview questions might include the options that were mentioned above, however, a more extensive list can be found on the resource library itself. After identifying what areas of culture and religion training are deficient, more information should be provided for healthcare and public health workers. It is the hope for the future to advance cultural competence in the area of health, religion, and spirituality through this approach and guide.

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