Spiritual health in general practice

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Background
Spirituality is deemed an integral component of health. Spirituality is addressed by various healthcare professionals, including general practitioners (GPs), spiritual care practitioners, psychiatrists, psychologists, social workers, integrative health practitioners and those working in Aboriginal and Torres Strait Islander health. Research has shown that spirituality is associated with mostly positive health outcomes, including physical and mental health benefits. Research also suggests that many patients would like their doctor to address their spirituality under certain circumstances.

Objective
This article provides guidance on how GPs can address spirituality in a clinical context.

Discussion
There are various patient groups with which GPs might find it useful to consider spirituality as part of whole-person healthcare. Tools and templates have been developed to assist with a spiritual assessment. GPs might provide counselling, encourage further engagement with patients' pre-existing spiritual pursuits or refer patients to spiritual care practitioners or specialists as appropriate. There exist important limitations, risks and concerns that GPs need to be aware of when addressing spirituality in a clinical setting. Motivated GPs might wish to undertake professional development in spiritual healthcare.

SPIRITUALITY IS ACKNOWLEDGED AS AN IMPORTANT DIMENSION or component of health.[1–5] In the 2022 Census, 43.9% of Australians identified as Christian, 3.2% Islamic, 2.7% Hindu, 2.4% Buddhist, 38.4% as 'No religion' and 0.1% each for 'Atheism', 'Agnosticism' and 'Own Spiritual Beliefs'.[6] Evidence-based reviews have established that having a healthy spiritual or religious life and/or an active search for meaning, positively influences physical and mental health independent of lifestyle or social variables.[7] Clinical guidelines suggest that medical practitioners consider the impact of spirituality on patients' health[8] and be aware of the potential for spiritual abuse.[9] Medical schools instruct students to routinely ask patients about their cultural or religious background.[10] A good tool to guide patient assessment includes the HEADSSS tool for adolescent health,[11] where spirituality is a component. Terms such as 'spiritual or religious activities', 'mindfulness' and 'meaning and purpose' are also commonly included in other lifestyle assessment forms.[12]

Over the last two decades there has been growing interest in, and academic work undertaken on, incorporating spirituality as a component of modern healthcare.[13,14] Despite this, general practitioners (GPs) receive limited training or guidance on how to approach spirituality in clinical encounters. This might be in part because of inherent difficulties in defining what spirituality is. The word is generally considered ineffable, has widely variable meanings and is often used to refer to phenomena and experiences that might be difficult or impossible to accurately describe. While still accepting its ultimate ineffability, the following international consensus definition for spirituality in palliative care settings has been produced by Pulchaski et al.[14]

> *Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices.*[14]

Within academia there has been debate regarding use of the term 'religiosity' as opposed to 'spirituality'. The latter is now generally preferred

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for clinical interaction as a more inclusive, broader conceptualisation.[13] The following position statement from the World Psychiatry Association provides a definition for both religion and spirituality.

> *Both terms, religion and spirituality, lack a universally agreed definition. Definitions of spirituality usually refer to a dimension of human experience related to the transcendent, the sacred, or to ultimate reality. Spirituality is closely related to values, meaning and purpose in life. Spirituality may develop individually or in communities and traditions. Religion is often seen as the institutional aspect of spirituality, usually defined more in terms of systems of beliefs and practices related to the sacred or divine, as held by a community or social group.*[15]

Considering spirituality's central role in health, this article seeks to provide GPs with guidance on how to consider and address spirituality in a clinical context.

Overview of spiritual health field

Various disciplines within healthcare address spirituality explicitly, namely spiritual care, psychiatry, psychology, social work, integrative health and Indigenous health.

Spiritual care, previously known as chaplaincy or pastoral care, provides various services related to an individual's spiritual needs including emotional support, performing rituals and facilitating connection.[16,17] Spiritual care practitioners often work with people receiving palliative care, but also provide care in inpatient mental health units, the community, and primary care clinics alongside GPs.[18,19]

Research indicates a generally positive effect on mental health when a person has a spiritual dimension to their lives and for psychotherapy that incorporates or addresses spiritual issues and needs.[20–22] Mental health professionals such as psychiatrists are also experienced in the clinical differentiation of healthy spiritual experiences from psychosis.[23] The *Oxford Handbook on Psychology and Spirituality* provides a comprehensive overview of this discipline, which includes research on spirituality in relation to psychological development and therapeutic interventions.[24] Social workers and specialists in alcohol and other drugs address the source of a patient's purpose and meaning, often using organisations and programs with spiritual and/or religious foundations.[25–27] Many integrative health practices and therapies are described as spiritual or have strong ties to spiritual practices and traditions.[28] Spirituality is considered an important aspect of health for Aboriginal and Torres Strait Islander peoples.[1,29] Traditional healers provide spiritual healing practices and Aboriginal Community Controlled Health Organisations provide care for patients' spiritual health.[5,30]

Patient and clinician interest

A systemic review conducted to ascertain patient perspectives on the role of doctors in the discussion of spirituality concluded that an average of 70% of patients thought it was appropriate for doctors to inquire about their spiritual needs.[31] A total of 12,327 individuals were included from 54 studies comprising 15 qualitative and 39 quantitative studies, the majority of the latter being cross-sectional descriptive or analytic studies. From these 54 studies, 31 included patients with life-threatening or chronic disease, with the remaining studies including acutely unwell inpatients, ambulatory patients and members of the general public. A US survey of 141 patients visiting a primary care physician found that approximately 40% of participants considered their care provider knowing about their beliefs to be either a 'little important', 'important' or 'very important'.[32]

With approximately 80% of studies in this field having been performed in the US, it raises questions as to the generalisability of the findings in countries with lower levels of religious adherence.[31] A 2024 Australian cross-sectional survey study of 897 inpatients with a response rate of 95% at six Sydney hospitals found that 22% of patients preferred to discuss the spiritual issues that affected them during admission with doctors.[33] Other responses included 32.9% preferring spiritual care staff, 1.8% nurses, 2.1% counsellors or psychologists and 3.2% social workers. A further 32.9% preferred 'other', such as family, friends or community spiritual leaders.

Among GPs, a 2011 review of seven qualitative studies found most GPs expressed the belief that it was their responsibility to identify and assess patients' spiritual needs.[34] A 2018 literature review of nine studies including 294 GPs revealed four attitudes towards spiritual care; rejecting; guarded or provisional; pragmatic (ie 'if it helps I am happy to provide spiritual care'); and embracing,[35] with each occurring in roughly the proportions of 8%, 28%, 45% and 14% respectively.[36] The study also suggested a causal relationship between GP attitudes towards providing spiritual care and their own personal beliefs. A 2019 survey with a response rate of 24% found that of 147 Australian doctors, 91% see spiritual care as having some role within holistic medical care, with 57% of post registrar GPs considering it as having a 'very important role'.[37] An Australian study that interviewed 15 GPs who referred patients for hospice care found that they mostly interpreted 'spiritual issues' as referring specifically to 'religion', that 'discussing religion was not part of their role' and they 'would only raise these issues if they felt it was relevant and formed the impression this was important to the patient'.[38] There is insufficient research to suggest to what degree patients and clinicians in a broad Australian primary care setting consider it important to discuss spirituality.

When and how to discuss

For time-poor GPs, discussing spiritual or religious matters will not be relevant to most consultations, so a targeted approach will be more appropriate. For example, GPs might find it fruitful to explore patients' interest in discussing spirituality with those that are elderly or terminally ill,[39] coping with serious or debilitating disease, demoralised and/or who have a lack of meaning in life, who make passing remarks about spiritual matters[40] or who identify as Aboriginal or Torres Strait Islander.[5] Broaching the topic of spirituality is not something that most GPs are used to, hence it can be useful to have a starting point. Tools have been developed to assist in the 'spiritual assessment' of patients that can be used to take a brief spiritual history and identify impacts on a patient's healthcare. The FICA (faith, belief or meaning, importance and influence, community, and address in care) spiritual history tool was created by primary care and palliative

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care physicians, designed specifically for use by physicians[41] and is claimed to be widely used by primary care physicians interested in spiritual care.[42] A qualitative study of GPs in Belgium found most participants considered the tool a useful and relevant guide, but that its categorical and prescriptive nature limited spontaneity.[43] The HOPE (hope, organised religion, personal spirituality, effects on medical care) questions for spiritual assessment is a tool similarly developed for use by doctors that provides suggested question themes allowing for a more flexible and open approach.[44] A survey of 177 GPs in the UK found 65% responded they would be comfortable using the HOPE tool with patients.[45]

While similar, the Open Invite mnemonic is structured to assist the clinician broach the topic in a respectful and nonthreatening fashion.[39] Various tools such as the Rush Religious Struggle Screening Protocol and the PC-Spirit have been developed to screen for spiritual struggles/needs in those with serious illness.[46,47] The PC-7 and Spiritual Distress Assessment Tool are used by spiritual care practitioners to assess spiritual needs/distress.[48,49] Templates have been developed to guide practitioners when conducting comprehensive spiritual assessments, which GPs might find helpful to utilise for in-depth reviews.[50,51]

Palliative Care Australia has suggested that a spiritual assessment might result in identifying spiritual concerns and diagnoses (Box 1).

Box 1. Spiritual concerns or diagnoses (from Palliative Care Australia)[40]

- Grief
- Concerns about afterlife
- Conflicted or challenged belief systems
- Loss of faith
- Concerns with meaning and purpose of life
- Concerns with relationship with deity
- Isolation from religious community
- Guilt
- Hopelessness
- Conflict between religious beliefs and recommended treatments
- Ritual needs

Assessment tools like those mentioned above are not always to hand for the GP or they might not always be the best way of facilitating a conversation about spiritual matters. Having some simple but well focused questions to put to the patient as a part of the history can be tremendously helpful. Harold Koenig has written widely on spiritual matters in healthcare and suggests there are four key points that clinicians should keep in mind when taking a spiritual history (Box 2).

Alternatively, Lo et al also suggest four questions as being useful in taking a spiritual history (Box 3).

Having a simple structure or template for exploring spiritual matters with patients can help provide confidence, consistency and clarity to the conversation.

What a general practitioner can provide

Having identified a patient's spiritual needs, what comes next? Given the continuity and whole-person nature of primary care, GPs might be well placed to assist individuals with their spiritual health; however, time constraints, increasing demands on practitioners and lack of training are perceivable barriers.[52–54] Various articles have been published providing suggestions for what a GP might provide to patients in regard to their spiritual health. Themes include suggesting whole person care is improved by understanding a patient's spirituality (such as decision making in end of life care) and building rapport via respectful communication on spiritual matters.[55,56] There can also be a need for counselling patients on spiritual matters and the impact of them without providing spiritual guidance, encouraging engagement with a patient's nominated spiritual practices/community, and referral to spiritual-care practitioners.[44,54] A 2023 Joanna Briggs Institute protocol scoping review of 67 articles addressing how Australian healthcare providers integrate spirituality into their practice categorised ways in which a patient's spirituality is responded to (Box 4).

GPs are familiar with counselling, motivational interviewing and lifestyle interventions for mental illness. Encouraging patients to identify and undertake activities that foster a sense of purpose, meaning and fulfillment might already be routine practice for many GPs. Many might wish to utilise the CHIME (connection, hope, identity, meaning and empowerment) framework to guide discussions with patients on inclusive and secular spiritual themes.

Box 2. Harold Koenig's four key points for clinicians taking a spiritual history[92]

- Does the patient use religion or spirituality to help cope with illness or is it a source of stress, and how?
- Is the patient a member of a supportive spiritual community?
- Does the patient have any troubling spiritual questions or concerns?
- Does the patient have any spiritual beliefs that might influence medical care?

Box 3. Lo et als four useful questions in taking a spiritual history[94]

- Is faith (religion, spirituality) important to you?
- Has faith (religion, spirituality) been important to you at other times in your life?
- Do you have someone to talk to about religious or spiritual matters?
- Would you like to explore religious, spiritual matters with someone?

Box 4. Practical ways in which a patient's spirituality can be responded to (from So H, et al)[95]

Adaption of clinical care:

- in a general sense
- via environment adaptations such as access to nature, quiet space and family gathering spaces
- task adaptations such as dietary needs, modesty or hygiene differences
- post death care of patients' bodies

Referral to a spiritual expert:

- chaplain
- spiritual care practitioner
- community spiritual leader

Offering or discussion of direct spiritual interventions:

- health professional programs with a spiritual focus such as specific mental health or palliative care or music/art therapy
- spiritual modalities such as meditation, yoga, tai chi

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The CHIME framework was developed from a systematic review of descriptions and models of personal recovery in mental illness'.[57]

Harold Koenig and Christina Puchalski suggest that patients who identify with a healthy pre-existing spiritual practice or religious affiliation might benefit from encouragement to further engage with their spirituality and spiritual organisations.[58,59] A recent systemic review with Delphi panel analyses suggested that frequent spiritual service attendance was associated with lower risk of mortality, reduced tobacco, cannabis and alcohol use, improved quality of life (QoL) and mental health with reduced depressive symptoms and suicidal behaviour.[60] This article published in the *Journal of the American Medical Association* included 215 studies reviewing associations between health outcomes and spirituality; suggesting that 'healthcare professionals recognize and consider the benefits of spiritual community as a part of efforts to improve well-being' and 'raise the topic of spiritual community engagement for patients who already positively self-identify as spiritual or religious'. The mechanism by which these health benefits arise is yet to be conclusively determined; however, it is theorised that opportunities for socialisation, support and meaningful activity such as volunteering are likely contributory.[61]

Integrative health practices

GPs might also feel comfortable encouraging or prescribing evidenced-based integrative health practices that stem from spiritual traditions. These include practices like yoga, tai chi and meditation.

Yoga is a very popular activity with a range of evidence-based health benefits. Meta-analyses of randomised controlled trials (RCTs) suggest benefit for depressive symptoms in people with mental disorders,[62] anxiety symptoms,[63] post traumatic stress disorder symptoms,[64] pulmonary function in patients with chronic obstructive pulmonary disease (COPD),[65] QoL in cancer survivors[66] and patients with breast cancer,[67] sleep quality in elderly patients,[68] blood glucose control in people with type 2 diabetes mellitus[69] and serum lipids.[70]

Tai chi is a gentle and accessible activity that has also been shown in studies to confer a broad range of health benefits. Meta-analyses of RCTs suggest tai chi has benefits for anxiety, depression, general mental health,[71] QoL in elderly people with depression,[72] QoL and fatigue in patients with cancer[73] and sleep disorder in elderly patients.[74] Benefit has also been demonstrated in meta-analyses of RCTs for chronic pain in patients with osteoarthritis, lower back pain and osteoporosis,[75] pulmonary function, anxiety and QoL in patients with COPD,[76] blood pressure and serum lipids in patients with hypertension,[77] and blood glucose control and inflammatory markers in patients with type 2 diabetes mellitus.[78]

Contemplative practices have been used within spiritual traditions of east and west for millennia and some have been adapted for therapeutic purposes in the modern day. Mindfulness meditation and mindfulness-based psychotherapeutic interventions such as mindfulness-based stress reduction (MBSR) and cognitive therapy (MBCT) have been the most extensively researched. Meta-analyses of RCTs on mindfulness meditation and mindfulness-based interventions (MBIs) suggest benefit in terms of wellbeing for people with or without mental health problems[79] such as depression and anxiety,[80] and with or without concurrent chronic illness[81] or pain.[82] These beneficial effects arise principally through its capacity to improve emotion regulation and to reduce maladaptive cognitive patterns like rumination and worry.[83] Mindfulness has also been found to significantly improve cognitive functioning.[84] Spiritually-focused interventions, including mindfulness, have been found to improve spiritual wellbeing and QoL.[85] In a review, MBIs were found to have the largest effect size of all interventions aimed at promoting meaning in life.[86]

Although more severe mental health and medical problems will need specialist care, there is a significant and untapped potential role for interested GPs to be trained in the delivery of practices like yoga, tai chi, MBIs and spiritually focused interventions. Such interventions can help as adjuncts to medical care to foster personal growth in times of adversity and to improve coping and clinical outcomes. Furthermore, many of these modalities can be delivered in the most time and clinically effective way as group-based interventions. Many GPs will not choose to get further training in these modalities but can nevertheless benefit their patients by referring for such modalities where appropriate.

Referral

GPs might refer patients with spiritual health needs. Spiritual care practitioners are trained in spiritual assessment and care and can assist in liaison with religious organisations for the provision of counselling and specific rituals and ceremonies. Hospitals often provide spiritual care services, although might not provide support for outpatients. GPs can contact their local hospital's spiritual care team to inquire about available services or seek advice about what is available in the community.

Patients who require referral to a psychiatrist might find that spiritual and religious issues are important sources of support and resilience.[87] Spiritual themes can also occur as components of mental health presentations, and the determination of psychosis or negative spiritual coping strategies in this context can be complex, necessitating careful assessment, and often requiring specialist care.[23,88] There are a broad range of psychotherapeutic techniques and approaches that integrate spiritual themes such as spiritually-integrated cognitive behavioural therapy, existential psychotherapy and transpersonal psychotherapies.[22,89,90] In the absence of further training for GPs in the use of these techniques, referral to a therapist with specific skillsets will at times be appropriate. On occasion it might be appropriate to make a direct referral to culturally appropriate religious clergy. In persons with a pre-existing nominated religion seeking specific care, a GP might assist in encouraging or facilitating this. An example would be the facilitation of religious rituals surrounding death, facilitating prompt funeral arrangements for those of Islamic faith, or the 'last rites' sacraments for those of Catholic faith.

Clinical concerns and risks

It is important that health practitioners do not step outside their scope of practice and skillset. Practitioners should seek further training before counselling patients on matters of spirituality. When addressing

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spiritual health, GPs need to ensure that they are not pushing their views on spirituality onto the patient or providing direct spiritual instruction for which they are not trained.[4] Palliative Care Australia and the Spiritual Health Association have produced an online educational course for healthcare workers who wish to develop spiritual care skills.[40] Spiritual care practitioners typically undergo clinical pastoral education, for which courses can be found via the Australia and New Zealand Association for Clinical Pastoral Education.

While literature suggests that spirituality is largely protective of mental illness and associated with improved psychological wellbeing, there are also components of spirituality that are associated with mental illness and distress.[60,91,92] Specific features of spirituality seen as 'red flags' include negative coping strategies or symptoms suggestive of psychosis, however without further training, GPs are generally advised to refer patients with concerning features to psychiatrists or other suitably trained mental health professionals for assessment.[23,88] Clinicians also need to be aware of potentially harmful spiritual practices and organisations. There exist spiritual practices that carry significant risk of harm, particularly if conducted in an uncontrolled setting or without the monitoring of health professionals. For example, ascetic practices such as prolonged fasting or isolation exist in many cultural and religious traditions. With the recent approval of psychedelic-assisted psychotherapy in Australia, for which evidence suggests spiritual or transcendent experiences are associated with improved outcomes, GPs must be vigilant for individuals having adverse events or seeking similar experiences via illegal and/or unsafe means.[93]

Religious organisations and cults can exhibit controlling, radicalising and manipulative behaviour that a patient might report to a GP. These organisations are referred to as 'high control groups' and if encountered might necessitate referral to specialist care, child protection services and/or police.

Situations can also arise where patients' or parents' religious views can impact healthcare decisions relating to things like abortion and euthanasia, or the administration of life-saving medical treatments including blood transfusions or vaccination. In such situations it might be prudent for the doctor to seek a second opinion and/or medicolegal advice.

Conclusion

Spirituality is an important and ubiquitous part of the human experience and society. It has overall positive health benefits notwithstanding some aspects which can have a negative impact on health. Spiritual matters are particularly to the fore in healthcare in situations like mental health, severe or life-threatening illness, or where religious views might impact decisions about medical treatments. Some simple questions can help to open up conversations on these matters so that support can be provided to patients in a way that is personally, culturally and spiritually inclusive and appropriate. GPs are well positioned to help patients with these issues through an attentive ear, access to resources, referral where necessary, and even the provision of spiritually focused care for suitably trained GPs. Despite an already substantial evidence-base, further targeted and local community-specific research is required to better assess the need for spiritually focused care in general practice and the potential benefits of its provision within primary care.

Key points

- Spirituality is an important component of health that, under certain circumstances, patients would prefer is addressed by their GP.
- The spiritual health of patients should be considered in situations such as serious or terminal illness, the elderly, those that lack meaning in life, the demoralised and those identifying as Aboriginal or Torres Strait Islander.
- Tools, templates and educational opportunities are available to assist GPs in conducting spiritual assessments and counselling regarding spiritual matters.
- It is important that clinicians counsel patients about spiritual matters in such a way that they do not push their own views on the patient.
- While spirituality and religiosity are mostly associated with positive mental and physical health outcomes, there are situations where they can negatively impact on health.
- Where appropriate, GPs should refer patients with various spiritual needs or concerns to spiritual care practitioners, psychiatrists, psychologists, social workers, integrative health practitioners or Aboriginal and Torres Strait Islander health professionals.

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