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Physicians' religiosity and attitudes towards patients

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Abstract

Background: Many religions underline the value of merciful acts, especially the care of the sick. The aim of the survey was to verify the hypothesis that a higher religiosity correlates with a more desirable ethical attitude towards patients.

Method: An anonymous questionnaire consisting of standardized tools: Scale of Attitudes towards the Patient (SAtP) (four dimensions: respect for autonomy, altruism, empathy and holistic approach to a patient), the Scale of Religious Attitudes (SReAt) evaluating the religiosity, and some questions related to the role of religious beliefs in respondents' professional lives. The research was carried out on a group of 528 Polish physicians, 324 of whom returned the questionnaire (return = 61%); 51% women, 49% men; average work experience: 17.03 years; 93% Catholics.

Results: Religiosity correlates positively with altruism ($r=0.12$; $p<0.05$), holistic approach ($r=0.18$; $p<0.01$) and empathy ($r=0.20$; $p<0.01$), but not with respect for autonomy. For the majority of physicians, religious faith is an important supportive factor, especially in making difficult decisions. Surgeons are less religious (M=5.32; SD=1.06) than non-surgeons (M=5.61; SD=0.93); ($t= -2.59$, $p<0.05$).

Conclusion: Physicians' religiosity is an essential factor shaping their attitude towards patients. The majority of physicians declared that their religious faith influences their professional decisions, especially in difficult situations. The religiosity variable explains physicians' moral attitude better than the denomination (religious affiliation) variable. Physician-patient relation frameworks should take into account not only patients' but also physicians' cultural and religious beliefs.

Key words:

religiosity of physicians, physician-patient relationship, medical ethics

INTRODUCTION

Religious accounts offer specific ontological, anthropological and axiological concepts when referring to many issues associated with medical practise (e.g. the problem of suffering, the attitude to a sick person, and ethics of the beginning and the end of a human life), which may encourage the hypothesis that a religiously involved physician would apply such concepts in his/her professional practice. Most physicians belong to a religious group and religious commitment may influence the development of an individual's personality. The influence may be exerted in the cognitive dimension (e.g. the understanding of oneself, meaning of life), as well as in the emotional dimension (e.g. sense of security) [1, 2]. The relation between religiosity and altruism seems to be especially interesting, because of many religions positively value helping people in need and tend to teach altruism (e.g. charity in the Christian tradition) [3]. Thus, we may hypothesise that among physicians higher religiosity may influence one's behaviours in professional life, and would inspire to a more altruistic attitude towards patients. Beauchamp and Childress suggest the method of specifying and balancing principles when making specific professional decisions; however, they admit that other factors (e.g. religious beliefs) may also influence the process of making decisions [4]. Contemporary healthcare models take into account the cultural diversity of patients, but fail to take into account the diversity of physicians' beliefs and values. Previous studies in the medicine-religion area have focused mostly on the relation between religiosity and patients' health and attitudes (only in the period 1970 – 2000, 1,200 researches on religiosity and health were published in medical literature) [5, 6, 7]. However, physicians are also the active subjects of the physician–patient relationship, which may be affect by their beliefs.

Few studies describe the significance of religiosity in physicians' attitudes and professional decisions. American researchers have found that physicians are less religious on a few measures than the medium of the whole population [8]. It has also been suggested that female physicians, family physicians and paediatricians are more religiously engaged than their collegues, and that the least religiously committed are psychiatrists [8, 9, 10]. One study conducted on Jewish physicians showed that the doctors with high religiosity admitted that their end-of-life decisions are influenced primarily by personal religious beliefs, and only secondarily by other factors (such as patients' beliefs, law regulations and hospital procedures). They were also less willing to accept the withdrawal of futile medical treatment, euthanasia and physician-assisted suicide [11]. It has also been found that religiosity has the greatest influence on medical personnel's attitudes to end-of-life decisions and palliative care, [...] and

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their rejection of contraception and abortion [12, 13, 14, 15, 16, 17]. Physicians working in underdeveloped groups of society are more spiritually engaged and treat their job as a kind of vocation [18]. However, sometimes religiosity may cause conflicts if the physicians' beliefs are not consistent with the convictions of patients and their family members [19]. Available physicians' statements show that their religious beliefs motivate them to treat patients better, help them to overcome professional problems, and sometimes it has even been the reason of choosing their career path [20]. But there is lack research on general physician attitudes towards patients. The issue of physicians attitudes is very important at the time of discussion about personalized medicine or patient-centered and humanistic healthcare. The tailoring of interventions to specific patient profiles requires a nuanced appreciation of multiple factors, and this may indeed be influenced by a physician's religiosity.

The aim of this study was to further investigate the hypothesis that some relationship exists between physicians' religiosity and their ethical attitude to patients. The model of a physician's desirable ethical attitude was based on the Beauchamp and Childress' principle assumptions, and on continental tradition (among them, on the Polish School of Philosophy of Medicine) [4, 21]. This model has four dimensions: respect for autonomy, altruism, empathy, and holistic approach. The study sample was almost homogenous with respect to the respondents' religious denomination (93% of Polish physicians are Catholics). This homogeneity allowed for a clearer demonstration of the influence of physicians' religiosity on their professional attitudes, because the observed effect is not altered by the variety of physicians' religious denominations. Furthermore, the official teaching of the Catholic Church is that the profession of a physician is understood as a kind of vocation, that the restoration of health is a participation in God's act of creation, each gesture of assistance may also have some cult dimension, because it is possible to see Christ in the face of any suffering person, and the exemplar of a health service worker as the Good Samaritan [22, 23].

The additional aim of this study was also to gather opinions about the role of religious faith in the professional life of physicians.

METHODS

Anonymous questionnaires were distributed among 528 physicians working in wards of four public hospitals in Lublin (eastern Poland) in 2007. The questionnaires were personally handed out and collected (packed in anonymous envelopes) after seven days. No payment was offered for participation. 324 physicians filled out and returned the questionnaire (return = 61%; a similar return occurred in studies on American physicians – 64%) [8]. The respondents who did not fill out the questionnaires usually justified it with the lack of time and tiredness, less often with not being interested in the questionnaire subject.

In order to measure religiosity, the Scale of Religious Attitudes (SReAt) variable developed by Preżyna was used. This is a Polish 18-item scale designed to survey religiosity, mostly in Catholic society (the scale measures the religious beliefs according to the teaching of the Catholic Church). Scale reliability: α=0.979; validity: r=0.84; p<0.001. Respondents could express their opinion on the 7-item Likert's scale [24].

Physicians' attitudes to patients were measured using the Scale of Attitude towards the Patient (SAtP). The scale had to be developed by the authors because no specific tool existed to measure global physician's attitude to a patient. In the SAtP development process initial statements referring to appropriate and inappropriate physician's attitudes to a patient were evaluated by 10 competent judges (psychologists, ethicists and physicians), and tested on a 295-person group of medical students (N=248) and physicians (N=47). As a result of factor analysis, a 7-item scale was developed; the items evaluate physician-patient relation in four dimensions: respect for autonomy (I factor – 2 items), holism (II factor – 2 items), empathy (III factor – 2 items) and altruism (IV factor – 1 item). Scale reliability for physicians: α=0.84; factor loadings for particular items: 0.44 – 0.87 (Tab. 1). Responses were based on the 7-items Likert's scale.

Table 1. Factor analysis of Attitudes towards Patients Scale (SAtP)

Item	Common Variation	Factor loadings			
		I	II	III	IV
1. In my opinion a patient is above all a suffering human being in need of help	0.53	-0.05	0.07	0.01	**-0.81**
2. I also try to influence patients with my words and gestures	0.69	0.29	**-0.49**	-0.21	-0.31
3. I believe that person's spiritual life influences their health condition	0.61	-0.10	**-0.87**	0.05	0.07
4. I try to give patients enough time to make them aware of their health condition	0.58	**0.45**	-0.30	-0.05	-0.14
5. I try to encounter each patient with the same commitment	0.57	-0.09	0.04	**0.82**	-0.05
6. I try to empathise with my patients' situation	0.36	0.22	-0.09	**0.44**	0.12
7. I aspire my patient would participate consciously in making decisions concerning diagnosis and therapy.	0.63	**0.85**	0.10	0.04	0.04

The questionnaire also included some closed-end questions about the role of religious faith in choosing the occupation and dealing with professional duties, especially with difficult situations. Respondents could express their opinion in the 7-item scale (from 7 – 'I strongly agree' to 1 – 'I strongly disagree'), responses 1-3 were categorized into the 'agree' group, responses 5-7 into the 'do not agree' group, and response 4 was grouped as 'It does not matter'. Additional variables were taken into account: gender, years in medical practice and specialty (surgical or non-surgical). Correlation model based on r-Pearson coefficient. Statistical analysis was carried out using SPSS software.

RESULTS

The research sample consisted of 51% women and 49% men. The average length of medical practice was 17.03 years (SD=10.73; min.=1 year; max.=45 years). 52% of respondents work in surgical units and 48% in non-surgical units. Almost all respondents were Catholic – 93% (N=299), 3% declared another religious denomination (e.g. Orthodox or Protestant), and 4% declared themselves to be nonbelievers.

The mean result on the religiosity scale in this group was M=5.47 (SD=1.01; min.=1.60, max.=6.80). No significant statistical difference in religiosity was shown between women (M=5.57) and men (M=5.41), as well as between individuals differing in work experience. However, a significant difference in religiosity was found between surgical specialists (M=5.32; SD=1.06) and non-surgical specialists (M=5.61; SD=0.93); (t= -2.59, p<0.05).

The general SAtP result correlates positively with religiosity (r=0.19; p<0.01) and length of practice (r=0.23; p<0.001). Analysis of the relation between dimensions of SAtP and religiosity showed a significant correlation for empathy (r=0.20; p<0.001), altruism (r=0.12; p<0.05) and holism (r=0.18; p<0.01). With regard to respect of autonomy, the correlation result only tended to be statistically significant (r=0.10; p=0.06). Some positive correlation were also been found between length of practice and altruism (r=0.23; p<0.001), holism (r=0.13; p<0.05) and empathy (r=0.26; p<0.001), but not respect of a patient's autonomy (Tab. 2).

Table 2. Religiosity of physicians and attitudes toward patient (SPwP)

Variables	Correlation coefficient	Religiosity	Lengh of practice
Altruism	r Pearson	0.12	0.23
	p-value	<0.05	<0.001
Holism	r Pearson	0.18	0.13
	p-value	<0.01	<0.05
Respect for Autonomy	r Pearson	0.10	0.11
	p-value	0.06	0.08
Empathy	r Pearson	0.20	0.26
	p-value	<0.001	<0.001
Total result	r Pearson	0.19	0.23
	p-value	<0.01	<0.001

The physicians were also asked about the role of faith in God in their professional lives and choice of professional career. The respondents gave the highest importance to statements that faith in God enables them to deal better with professional burdens (70% of respondents agreed with such a statement, 16% of them disagreed), and that the awareness of God's presence helps them in difficult professional situations (74% of them accepted the statement, 17% did not). Only 9% of respondents thought that prayer does not help them make difficult decisions at work, while 54% of them believed that it did. The least agreement was expressed concerning the statement that religious faith influenced their decision to become physicians (26% of replies were positive, 7% of which 'strongly agree'). No statistically significant difference were observed with regard to the physicians' specialty or work experience.

DISCUSSION

In the presented study, the percentage of Catholic physicians (93%) is similar to the percentage of Catholics in Polish society (95%), according to a public survey in 2009 [25]. Our study has not confirmed that women are more religious than men, and that religiosity becomes deeper with respondent's age, as observed in other studies. [9]

Some statistically significant difference, however, was found between the representatives of surgical specialties and those from non-surgical specialities. A similar effect has been observed in the study conducted on Jewish physicians [11], and the difference may have been caused by different work conditions. Work in surgical units requires more factual thinking, and the therapeutic process most directly. By contrast, the work in non-surgical units is associated with the more abstract thinking, and the therapeutic influence is indirect (e.g. with drugs). For these reasons, non-surgical specialty representatives may have demonstrated a more holistic point of view and deeper insight into an individual's personality – such an attitude may be associated with more a reflective attitude, greater sensitivity to human existential problems, and thereby more intense religiosity. However, it seems that it is not the medical specialty itself that influences religiosity, but, conversely, more meditative people tend to choose non-surgical specialisations.

Religiosity correlates positively with most dimensions of attitude towards patients, especially with empathy. Nevertheless, these correlations are weak, they show some significant positive role that religiosity has in shaping physicians' attitudes towards patients, with respect to measured dimensions. The religiously affiliated physicians appear to be more altruistic and empathic and to have a more holistic account of patients. Such an attitude meets patients' needs, e.g. the study conducted on the women treated for cancer showed that 64% of them make their opinions about physicians according to experienced sympathy from the physicians [26]. The presented study has not shown any significant difference in attitide toward patients between women and men; the same was observed by Wenger and Carmel [27]. However, one study suggested that the gender of respondents differentiates their communication with patients [28].

The lack of correlation between religiosity and respect for patients' autonomy may result from the fact that the principle of respect for autonomy is associated with anthropological and ethical conceptions, different from religious ones. This principle ensues from a more liberal, relativist and agnostic philosophy of life, in which the freedom of an individual is often seen as the most important value. In religious traditions the notion of the human good is related to the religiously understood purpose of life, and freedom is seen only as a means of achieving the purpose. This may result from the fact that the principle of respect for autonomy has been discussed in teaching medicine and considered in medical ethics for a relatively short period of time (this may explain the correlation between disrespect for autonomy and years in medical practice).

The study results indicate that more religious people may be more committed to good relations with a patient, which may be partly motivated by religious beliefs. Some authors believe that medicine is a natural vocation of Christians, and the importance of religious beliefs in professional life has also been confirmed by non-Christian physicians, e.g. Buddhists, Hindu or Muslims [20]. The studies conducted on the physicians working in healthcare centres dependent on some religious institution have also shown that they tend to treat their work, especially work with the poor, as a vocation and to assign to it some religious meaning [29]. Other studies have shown that physicians working with the undeserved demonstrate a deeper spiritual life than other physicians, and

state that their faith influences their professional actions and that they treat their profession as a vocation [18].

The concept of 'service' and pursuing moral perfection can partly explain the correlation between religiosity and attitude towards patients. More religious physicians more often seem to treat their service for the poor as a kind of moral duty, and they extend their responsibility and engagement beyond the scope of common morality and traditions of the work of a physician. Other physicians may consider such an attitude as supererogatory, because they believe their duty consists only in the honest performance of healthcare services. The concept of 'service' is more easily understood in a religious view of the world, because individuals accepting the view are aware both of their own limitations and dependence on God, and they accomplish God's will by showing mercy – therefore, they merit the eternal prize. Conversely, it is not simple to justify 'service' within the framework of a non-religious view of the world, especially when the service is rendered to those who are not able to return a favour.

The religious view of the world is also sometimes related to pursuing moral perfection (e.g. emulating the saints). Therefore, physicians' moral requirements may differ depending on whether they live according to common morality or to the principles offered by religious faith. The difference is clearer when we compare two interpretations of the Biblical parable of the Good Samaritan by Pope John Paul II and by Beauchamp and Childress in their popular textbook on the medical ethics. According to the Pope, the Good Samaritan is an exemplary and behaviour norm of any Christian healthcare worker, and human beings are able to realise themselves only through a sincere gift of themselves [30]. On the other hand, Bauchamp and Childress think that the Good Samaritan's motivation and behaviour were good, but they see them more as an ideal than a duty, because – they believe – his behaviour transcended commonly accepted standards. Furthermore, Bauchamp and Childress claim that physicians can help others because it results from the goodwill of doctors, and not from their duty [4].

The surveyed physicians confirmed that their faith is an essential supportive factor in their professional life, especially in making difficult decisions. About 50% of the respondents found the prayer is important in the difficult professional decision-making process. The result, therefore, is similar to the one of American physicians, 55% of whom claimed that their religious faith influences their medical practice [8]. The important supportive role of religious belief has also been confirmed among Jewish physicians: more religious physicians have fewer dilemmas concerning terminal care and, probably, experience less stress because of such problems than their less religious professional colleagues [11]. 26% of respondents believed that the faith has some influence on their decision to become physicians. A similar opinion is sometimes expressed in articles by other physicians who emphasize that the desire to follow Christ was one of the main motivations for choosing the profession, and that they regard serving their fellow human beings as a continuation of serving God [20].

The study results confirm that religiosity may be an important factor influencing the professional attitude of physicians, and plays a role in coping with burnout by physicians in medical settings. The results also seem to imply that the physicians' occupational group is not a monolith with regard to the set of accepted values. Therefore, the medical care and physician-patient relation models should take into account not only the cultural and religious beliefs of patients, but also those of physicians.

There are some limitations to the presented study. The sample was not fully representative; however, the province of Lublin has a religiosity on the average Polish level. The results do not describe in detail the influence that religiosity has on the professional dealings of physicians, and this should be the aim of further studies.

CONCLUSIONS

- Physicians' religiosity may be an important factor shaping their attitude towards patients; it correlates positively with altruism, empathy and holistic encounter with patients, but not with respect for autonomy.
- The majority of physicians declared that their religious faith influences their professional decisions, provides support in difficult professional situations, and for 25% of respondents religious ideas inspired them to became physicians.
- Individuals with very strong or very weak religiosity, regardless of their religious affiliation (denomination), declared essentially different moral attitudes.
- Medical care and physician-patient relation models should take into account the cultural and religious beliefs of physicians.

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