The following excerpts are taken from an article by David A. Lichter, D.Min., Executive Director of the NACC, in “Studies Show Spiritual Care Linked to Better Health Outcomes,” Health Progress, March-April 2013.

By: David A. Lichter, D.Min.

Two research studies on relationship of providing spiritual care and patient satisfaction and perception of quality of care

A team of medical researchers from the University of Chicago-Pritzker School of Medicine showed the relationship of addressing religious or spiritual needs and satisfaction with care, in findings published in 2011 in the Journal of General Internal Medicine. The research provided evidence that addressing a patient's spiritual concerns increases trust in the medical team and overall satisfaction with care. Part of the strength of this study is its sample, over 3,000 medical patients treated at the University of Chicago who represented a broad racial and ethnic mix, as well as a mix of religious and non-religious people.

Another example is research published in the Journal of Clinical Oncology by a medical team at St. Vincent's Comprehensive Cancer Center in New York City. The study of very diverse patients with cancer examined the relationship between patients' spiritual needs and perceptions of quality and satisfaction with care. The research showed that most patients (73 percent) had spiritual needs; a majority (58 percent) thought it was appropriate for physicians to ask about these needs, and 18 percent reported that their spiritual needs were not being met. A significant finding, however, was that those 18 percent gave lower ratings to their quality of care and satisfaction with their care.

Studies on relationship between addressing spiritual or religious struggle and health outcomes.

Other research has examined the relationship between religious or spiritual needs and physical and mental health. Several studies have shown the positive associations between religion and health and well-being. However, over the past decade there also has been a significant amount of empirical research on religious and spiritual struggle. This growing body of research indicates that if spiritual struggle, or distress caused by something in one's belief, practice or experience, is not identified and addressed, it will have an adverse effect on one's health. Such distress could show itself as a single primary emotion (guilt, anger), or as a person's internal struggle to reconcile their experience with their beliefs. Well-known researcher Kenneth I. Pargament categorized religious or spiritual struggle or distress as divine (anger with God), intrapersonal (trying to forgive oneself for something), or interpersonal (being betrayed by a religious leader). When these types of distress are not recognized and addressed, they can have an adverse effect on health outcomes.
A team of Pittsburgh researchers published an excellent study in the Journal of Palliative Medicine exploring the relationship between religious coping and well-being in women with breast cancer. This was another longitudinal study in which results indicated "negative religious coping predicted worse overall mental health, depressive symptoms, and lower life satisfaction." Such results signal to health care professionals the importance of screening for signs of spiritual distress signs, taking them seriously and referring them to professional chaplains as appropriate.

**Study on relationship between religious struggle, health outcomes, & hospitalization costs.** A study by Crystal Park, a professor of psychology at the University of Connecticut, bears this out. Her research published in the Journal of Behavioral Medicine reports that among congestive heart failure patients, higher levels of religious struggle are associated with poorer physical functioning and increased hospitalization. The study's longitudinal method permits a somewhat stronger inference that religious struggle contributed to these poorer outcomes. "Religious struggle predicted higher number of nights subsequently hospitalized, higher depression, marginally lower life satisfaction … Religious struggle appears to have a potentially negative impact on well-being in advanced [congestive heart failure]; therefore, helping patients address issues of struggle may meaningfully lessen the personal and societal costs of [congestive heart failure]."