# A HISTORICAL COMPARISON AND ANALYSIS OF THE ACDEMIC TRAINING OF PHYSICAL THERAPISTS IN ADDRESSING PATIENTS' SPIRITUAL BELIEFS

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# **Purpose**

To determine preparedness of physical therapists to address spirituality with patients based on their academic education within their physical therapy curriculum. The null hypothesis is there will be no difference between physical therapists surveyed in 1999 and 2016 in:

- a. perception of a cademic preparation to address spiritual/religious issues
- b. asking patients about their spiritual/religious backgrounds as part of a subjective history.

# **Background**

The Joint Commission on Accreditation of Hospitals notes patients have a fundamental right to receive treatments that take into account their cultural, religious and spiritual beliefs, and values<sup>1</sup>. The majority of people living in the United States report a belief in a higher authority and religious activity<sup>2,3</sup>. Additionally, as part of a patient/dient history, physical therapists (PTs) are encouraged to gather information about a patient/dient's cultural beliefs and behaviors, which would include a patients' religious beliefs.<sup>4</sup> Consequently, physical therapists (PTs) understand the importance of treating the whole patient. Leetum observed when dinicians plan patient outcomes without considering the patients' cultural beliefs, they create goals that may be irrelevant to those patients<sup>5</sup>. Therefore, patients' spiritual/cultural beliefs need to be taken into consideration when planning treatments.

In a brief review of three physical therapy textbooks dealing with patient/professional interactions or professional ethics the impact of patients' spiritual/religious beliefs on the rehabilitation process; newer editions of textbooks have at least one chapter addressing spiritual care of patients. However, the professional research literature has not addressed if or how physical therapists address religious or spiritual issues during the rehabilitation process. Yet research indicates that such beliefs may impact this process. Yet research indicates that such beliefs may impact this process. The purpose of this study is to determine the perceived a cademic preparation of PTs to address spiritual/religious issues with their patients and how frequently PTs actually ask patients about their spiritual/religious backgrounds as part of a subjective history.

### Method

Surveys were sent to 1000 randomly selected members of the APTA in 1999 and 2016. Survey questions included demographics, religious values which were based on a scale reported by Neumann, and questions regarding PT education on taking a spiritual/religious history and PTs' taking a of spiritual/religious history as part of their initial assessment of patients. Each survey was completed anonymously and returned to the authors by a selfaddressed envelope provided with each survey. Completion of the survey implied informed consent by the subject to be involved in the study. Chi squared and frequency distribution statistics were performed using SPSS 25.

#### Results

A total of 640 therapists responded to the survey. Three hundred and seventy-four responded in 1999 and 266 in 2016. More therapist surveyed in 2016 reported that they receive training during their formal education on discussing spiritual/religious beliefs with patients (p<.05) (Figure 1). More PTs, in 2016, reported they asked a bout patients' spiritual/religious beliefs as part of their initial examination than did those surveyed in 1999 (p<.05). However the majority of PTs, regardless of years urveyed, reported they did not receive training (85%) or ask a bout patients' spiritual/beliefs during their initial examination (80%).

#### Figure 1.

## **Discussion**

Physicians report that the lack of training was a key barrier to asking about patients' religious beliefs during patient evaluations. 11,12 Eighty-five percent of PTs surveyed reported during their a cademic training they were either not encouraged or discouraged from discussing patients' religious beliefs. Our results agree with earlier research done by Sargeant et al 13 that PT students felt more formal training in addressing patients' spirituality during their entry level training was needed. Like physicians, PTs may not ask about their patients' spiritual beliefs because they did not have a dequate training in addressing patients' spiritual beliefs during their academic training. Limitations of the study include the survey involved self-report and not actual observations of practice and the reported frequency of inquiring about patient beliefs may not reflect actual practice.

# Conclusion

There has been an increase in the number of a cademic programs that include training addressing patients' spiritual beliefs. However the majority of programs do not include this training and this has not changed from 1999 to 2016. According to these findings, the lack of discussion and encouragement of spiritual/religious history taking in the curriculum may lead to decreased perceived importance among PTs.

|        |      | Yes, in the formal curriculum of the academic program | Yes, by individual faculty members | Yes, by my | No, they were | No, they were | No Answer | Total |  |
|--------|------|-------------------------------------------------------|------------------------------------|------------|---------------|---------------|-----------|-------|--|
| Survey | 1999 | 17                                                    | 27                                 | 10         | 275           | 44            | 0         | 374   |  |
| Years  | 2016 | 32                                                    | 0                                  | 7          | 223           | 0             | 4         | 266   |  |
| Total  |      | 49                                                    | 27                                 | 17         | 498           | 44            | 4         | 640   |  |