

Original Research Article

The perspectives of rehabilitation medical professionals of an Indian apex tertiary care hospital

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ABSTRACT

Background: Spiritual care has been considered one of the components of rehabilitation. But its study and applicability is considerably lacking amongst the rehabilitation professionals. The purpose of this study was to identify the barriers in addressing spiritual issues of patients and understanding the perceptions of rehabilitation professionals in order to inculcate a bio-psycho-socio-spiritual model of care.

Methods: In this cross sectional survey, 35 rehabilitation medical professionals at our institute completed a questionnaire assessing their opinion about religion, and spirituality with its inclusion in clinical practice & medical education. The individual domains were analyzed through descriptive statistics.

Results: The findings suggested that most rehabilitation professionals understand the importance of addressing spiritual issues of patients but lack its feasibility in clinical practice due to multiple barriers, mainly due to lack of time, training, knowledge, fear of imposing religious beliefs and failing to differentiate between religion and spirituality.

Conclusions: The lacuna in various dimensions imposes restrictions in imparting spiritual care to patients. It may affect the total care and thus quality of life of such patients. This can be addressed by proper training and sensitization of medical professionals during medical education as well as during clinical practice.

Keywords: Spirituality, Health care, Perspectives, Rehabilitation, Professionals

INTRODUCTION

The importance of spirituality in health practices has been known since a long time. However, this domain took a step back gradually. Over the past few years, researchers have started focusing in this aspect owing to the benefits of spirituality in health outcomes and quality of life (QOL).^{1,2} Though, there is a concern for negative influence such as superstitions, negative beliefs and intolerance, still the data has shown benefits outweighing the negativity.³⁻⁵ The attitude and inclination of a clinician determines the quality of care and satisfaction perceived by patients. Whereas, the capacity of a clinician to ensure a compassionate care is determined by

his or her own understanding and awareness of self or spirituality.^{4,6}

Spiritual beliefs have been found to be associated with health behavior, health patterns and response, disease, treatment, as well as the physician patient relationship. Addressing of spiritual issues has not been fully incorporated by clinicians in health care settings.^{7,8} Studies have shown that physicians and medical students understand the role of spirituality but do not practice it, mainly due to lack of training, knowledge, preparedness, time and hesitancy in spiritual discussions.⁹⁻¹¹ This has been reflected in patients' and caregivers' expression of their experiences of spiritual care in health settings.^{1,12,13} More often, confusion exists between the concept of

religion and spirituality. Religion is an organized system of beliefs, rituals and activities facilitating the sense of attachment to an absolute power or god.^{14,15} Whereas, spirituality is a multidimensional concept playing outside of any organizational system, which enhances the understanding of self and others while providing meaning and hope in life.^{14,15} However, people may turn to religious activities in a quest to find the meaning and value of life. Spirituality provides with connectedness through development of intrapersonal, interpersonal and transpersonal relationships. This in turn has an effect on the overall cognitive and emotional development, and individual characteristics along with interpretative ability of the individuals. Religion, on the other hand depicts the expression of connectedness, though is not the only way of expression. The other ways are that of music, art, literature and nature etc. As spirituality can be expressed through such varied ways, the assessing physician must broaden their own understanding of spirituality by exposing to these varied expressions.^{12,15}

Spiritual care being relationship based requires an awareness and training of health care professionals involved in patient care. This is in accordance to the recommendations of the National consensus, which has been implicated in various regions of the USA.^{16,17} Most of the medical schools in the US and UK have included spirituality in their curriculum, still there are time constraints and lack of faith on the importance of spirituality in aspects of health.¹⁸ Most of the health professionals tend not to seek out knowledge about spirituality, and those who do, understand it through their own religious or spiritual practices or through the literature.¹⁹

The International consensus conference held in Geneva, Switzerland, 2013, had developed recommendations for research, education, clinical care, policy, communication and community involvement of spirituality in health which could be implemented across the nations. Considering it as a major aspect of preventive health, they called for a need for the development of an evidence base by building research capacities and linking research to policy initiative.⁵

Most studies have assessed the patients' perspectives of spirituality, but not the clinicians' attributes. There seems to be a lacuna in the understanding of spiritual beliefs by clinicians, which in turn is reflected in their practice. This can be addressed through a formal training of the medical students and clinicians in order to understand the role of spirituality in health care. By developing their own spiritual understanding, they can shift medical care into a bio-psycho-socio-spiritual model of care.¹⁹

Many studies have focused the population group of developed nations, the results of which cannot be generalized to people of different ethnicity, socioeconomic status and cultural background. This

entails an extensive research on spirituality in health for various subsets of people across the world.^{5,14}

Thus on reviewing the literature, it was found that patients may benefit from spiritual interventions and discussions. Patients even desire to experience the same in health care. The same is lacking in health care settings owing to various afore-mentioned reasons. To the best of our knowledge, we hadn't come across any study assessing the beliefs and perceptions of rehabilitation clinicians in India regarding spirituality in patient care.

Objectives

The objectives of the study were to explore the understanding, opinion and experiences of rehabilitation professionals, related to spirituality and its significance in patient care. This study allowed us to explore the same, to understand the lacunae in this field.

METHODS

Study design and ethics

This descriptive cross sectional survey aimed to assess the perspective of medical professionals involved in rehabilitation about spirituality in health care. The privacy and confidentiality of all participants was maintained in this survey.

Inclusion and exclusion criteria

The inclusion criteria were being a medical professional (doctors, nurses, occupational and physical therapists, social care workers) of physical medicine and rehabilitation (PM&R) at our institute, in any age group of both genders, and willing to participate. The exclusion criterion was unwillingness to participate in the study.

Data collection

This study was conducted in the department of physical medicine and rehabilitation at AIIMS, New Delhi from August 2019 to September 2019. All participants were approached in person and asked to complete a self administered multiple choice questionnaire after giving a brief on the aim of the study. The participants completed the questionnaire in their break time or at home. The time taken to complete was approximately fifteen minutes. The questionnaire was acquainted and expanded from previous studies.^{9,19} Permission was not required for its use or reproduction in any medium. This structured questionnaire in English included socio demographic details i.e. age, gender, ethnicity, socioeconomic status, education, occupation, and religious affiliation. There were questions about their level of religiosity, their understanding and attitude towards spirituality, with its relation to health and clinical practice. It also included opinion regarding relevance of inculcating spirituality in medical education. The participation of the rehabilitation

professionals was on voluntary basis and they were free to leave any question which they found uncomfortable to answer.

Statistical analysis

The data was entered into the Microsoft Excel sheet and was analyzed by Stata 14. Descriptive statistics were used to describe the categorical variables included in the survey which were presented as frequencies and percentages.

RESULTS

Sample and demographic characteristics

There was a 97% response rate for participation. A total of 35 out of 36 medical professionals participated out of which 4 were faculties, 21 were resident doctors, 7 were physical and occupational therapists, 2 were nursing officers and 1 medical social worker. Twenty-one (58%) were males. Age, ethnicity and socioeconomic status were not specified by many of the participants. One participant was from Nepal, while the rest were from Indian origin.

Religiosity

Majority of the participants (56%) were Hindu, while 4 (11%) were Muslim, 1 (3%) each were a Christian, Buddhist and Sikh. Five participants (14%) specified that they didn't belong to or believed in any religion, while 3 (9%) didn't belong to any religion, but had a belief in it. The responses with respect to religiosity are presented in (Table 1).

Spirituality and its relationship to health and clinical practice

The beliefs of the participants on the relationship of health and clinical practice with spirituality, along with the understanding of spirituality per se and spiritual interventions are presented in (Table 2-4).

Spirituality training of clinicians

Spirituality was never a part of training of medical professionals as quoted by 4 (100%) of faculty, 15 (71%) residents, 5 (71%) therapists, 2 (100%) nursing officers and the medical social worker. Thus 88% of medical professionals lacked training in this aspect. Most of the participants, including 2 (50%) faculty, 13 (62%) residents, 3 (43%) therapists, and the medical social worker, felt that they should be prepared for this approach in clinical settings, while the rest were either unsure (50% of faculty, 21% of residents), or expressed that it should be addressed to some extent (5% of residents, 14% of therapists). Few of the participants did not wish to be prepared (10% of residents, 43% of

therapists and 100% of nursing officers), while 1 (5%) among the residents did not wish to give an opinion.

Majority of the participants (86% of residents and therapists; and 100% of faculty, nursing officers and social worker) expressed that medical institutions were not providing all required information in this field.

Few residents (29%), 57% therapists, 75% faculty and the social worker felt that medical professionals can seek knowledge on spirituality through training from trained person by workshops, discussions, religious meetings, internet, spiritual books, meditation and conducting research. Medical institutions can arrange for discussions, workshops, trainings, and include the curriculum in the course in a view of increasing awareness. Few residents (10%) believed that it is a personal subject which cannot be learnt in a short time like medicine. Rather it is a continuous learning process based on personal experiences. Many residents (48%) didn't know how to seek such knowledge, while 10% didn't want to give any opinion, and 5% didn't think it was necessary. Few participants (43% of therapists, 25% of faculty and 100% of nursing officers) didn't know the ways one can seek knowledge on spirituality.

Majority of participants, 16 (21%) residents, 3 (75%) faculty, 4 (57%) therapists, 2 (100%) nursing officers, and the social worker expressed that their spirituality had not changed since their entrance in the medical institution.

DISCUSSION

Spirituality may or may not be considered relevant in clinical settings by medical professionals. But the question is, does it really help? It is a diverse arena which makes the above question to be answered differently by different individuals. There may be direct or indirect effects, positive and negative effects, and so on. These effects are based on the inherent perception of individuals, both the professional as well as the patient. We tried to understand such perceptions of medical professionals, which helped us to know the relevance of spirituality in health care and the lacunae in this aspect. As the response rate was good, the perceptions of diverse medical professionals involved in rehabilitation at our institute could be understood. An understanding of spirituality and its differentiation from religiosity is probably the initial step in understanding its association with health. In this study, we found that most of the participants' involvement in public and private religious activities was quiet less. Though, the social worker and half the faculty were involved in private religious activities on a daily basis, it was minimal for the rest of the participant groups. Only a few participants' approach to life depended on their religious beliefs. However, majority of the participants in all groups believed in god or higher power. Most of the faculty, therapists and nursing officers believed that the human body composed of body and soul, while it was less believed for by other groups.

Table 1: Religiosity of rehabilitation medical professionals represented as frequency (%).

Religiosity	Faculty N=4	Residents N=21	Therapists N=7	Nursing Officer N=2	Social worker N=1	Total N=35
Attending religious place						
Once a week/more	1 (25)	1 (5)	1 (14)	0	0	3 (9)
Less than once a week & more than once a year	2 (50)	8 (38)	2 (29)	2 (100)	0	14 (40)
Once a year/never	1 (25)	12 (57)	4 (57)	0	1 (100)	18 (51)
Private religious activities						
Daily or more	2 (50)	3 (14)	1 (14)	0	1 (100)	7 (20)
Less than daily	0	1 (5)	1 (14)	0	0	2 (6)
Less than once a week/never	2 (50)	17 (81)	4 (57)	2 (100)	0	25 (71)
Experience of presence of god/higher power						
Yes	2 (50)	3 (14)	4 (57)	2 (100)	1 (100)	12 (34)
Unsure	2 (50)	8 (38)	1 (14)	0	0	11 (31)
Never	0	10 (48)	2 (29)	0	0	12 (34)
Approach to life depending on religious beliefs						
Definitely true	2 (50)	6 (29)	3 (42)	1 (50)	1 (100)	13 (37)
Unsure	2 (50)	6 (29)	2 (29)	1 (50)	0	11 (31)
Not true	0	9 (42)	2 (29)	0	0	11 (31)
Belief in god/higher power						
Yes	4 (100)	11 (52)	6 (86)	2 (100)	1 (100)	24 (69)
No	0	5 (24)	0	0	0	5 (14)
No opinion	0	5 (24)	1 (14)	0	0	6 (17)
Belief in existence of soul/spirit after death						
Yes	1 (25)	6 (29)	3 (42)	0	0	10 (29)
No	1 (25)	8 (38)	2 (29)	2 (100)	0	13 (37)
No opinion	2 (50)	7 (33)	2 (29)	0	1 (100)	12 (34)
Belief in human body composed of body & soul						
Yes	2 (50)	6 (29)	5 (71)	1 (50)	0	14 (40)
No	1 (25)	7 (33)	1 (14)	0	0	9 (26)
No opinion	1 (25)	8 (38)	1 (14)	1 (50)	1 (100)	12 (34)

Involvement in religious activities or giving importance to religious beliefs is one aspect while an understanding and awareness of self or life is another. There is an indistinct line between the two and both tend to influence each other, but not in totality. A professionals' involvement in religious activities may or may not lead to their involvement in discussion of spiritual issues of patients. But, the perceptions of patients, with their confounding religious and spiritual beliefs may be a factor which drives the professional to address such issues in clinical practice. Few studies have reported somewhat similar findings. Kilpatrick and McCullough, 1999, stated that majority of rehabilitation psychologists had less inclination towards religion as compared to the general population of the United States. Further, they considered personal spirituality important as compared to institutional religion in contrast to the general population. Most of them considered assessment and discussion on spiritual issues of patients owing to the higher religiousness and involvement in religious activities of

the general population.⁴ In contrast, Tomasso et al revealed that majority of the nursing students and professors had some religious affiliation and were more inclined towards religion.⁹ Rahnama et al revealed that most patients considered spirituality in a religious context, with a few considering it to be related to a moral aspect.²⁰ Attending these issues of patients in a clinical care setting may potentiate their physical and mental health. In the present study, though the participants had different views about spirituality, majority believed it to help individuals understand the meaning and significance of human life. While many participants felt that approach of spirituality had some relevance for the doctor, very few wanted to address spiritual issues of patients in clinical settings. The reason for this was lack of preparedness to address such, whilst having inadequate time in the clinical set up. In contrast, the nursing officers and half of the therapists were not interested in addressing such issues as they didn't consider it to be relevant at all to be addressed in the clinical settings.

Table 2: Belief of rehabilitation professionals with respect to spirituality and its relationship to health represented as frequency (%).

Parameters	Faculty N=4	Residents N=21	Therapists N=7	Nursing Officer N=2	Social worker N=1	Total N=35
Spiritual beliefs affecting health of patients						
A lot	2 (50)	7 (33)	1 (14)	0	1 (100)	11 (31)
Somewhat	2 (50)	14 (67)	4 (57)	2 (100)	0	22 (63)
No influence	0	0	2 (29)	0	0	2 (6)
Influence of spirituality over health						
Positive	2 (50)	7 (33)	4 (57)	0	0	13 (37)
Negative	0	0	0	0	0	0
Positive & Negative	2 (50)	13 (62)	2 (29)	2 (100)	1 (100)	20 (57)
No influence	0	1 (5)	1 (14)	0	0	2 (6)
Influence on patient/physician relationship						
High	1 (25)	2 (10)	0	0	0	3 (9)
Moderate	3 (75)	11 (52)	2 (29)	2 (100)	1 (100)	19 (54)
No influence	0	8 (38)	3 (42)	0	0	11 (31)
Willingness to address patients' spiritual issues						
Yes	2 (50)	12 (57)	1 (14)	0	1 (100)	16 (46)
No	2 (50)	9 (43)	3 (42)	2 (100)	0	16 (46)
Being prepared to address it						
A lot	0	3 (14)	0	0	0	3 (9)
Somewhat	2 (50)	10 (48)	3 (42)	0	1 (100)	16 (46)
Not prepared	2 (50)	8 (38)	2 (29)	2 (100)	0	14 (40)
Having adequate time to address it						
A lot	0	0	0	0	0	0
Somewhat	1 (25)	5 (24)	2 (29)	0	1 (100)	9 (26)
A little	3 (75)	16 (76)	4 (57)	2 (100)	0	25 (71)
Relevance of approach of spirituality for a doctor						
A lot	0	1 (5)	0	0	0	1 (3)
Somewhat	2 (50)	16 (76)	3 (42)	0	1 (100)	22 (63)
Not relevant	2 (50)	4 (19)	3 (42)	2 (100)	0	11 (31)

The understanding about the relevance of spirituality in clinical settings depends on the understanding about its role in governing human life and its issues. Though there were varied responses in the present study, other studies have reported professionals considering this aspect to be relevant to be addressed in clinical settings, but implementing it to be difficult. Lucchetti et al revealed that majority of medical students in Brazil believed in the positive impact of spiritual care. Despite their willingness in addressing the spiritual issues of patients, they felt unprepared to do so.¹⁹ Grant et al indicated that lack of addressing spiritual needs may result in anxiety, despair and sleeplessness.¹² Dealing with such needs may improve the QOL of patients with a reduction in use of health resources. Monroe et al revealed that most of the physicians in the United States expressed their willingness to become aware of patients' spiritual needs, but most never initiated addressing of such issues unless the patients asked for it.¹¹ Banin et al revealed that medical teachers in a Brazilian medical school addressed spirituality more frequently than medical students. Most

participants in the study felt being less prepared in this aspect. The importance of spirituality in medical training was highlighted by the author.²¹ Jones et al had found that the health professionals considered spirituality to have an important role in rehabilitation of individuals with spinal cord injury, along with adjustment of their families. But still, it was not adequately or proactively addressed. The religious belief of patients was found to increase difficulties in such communication.²² In the current study, very few participants were found to have addressed spiritual beliefs of patients. Its frequency ranged from rarely to sometimes for most of the participants.

A few of them had found patients to become uncomfortable when asked about such issues. The most important barrier was lack of time, followed by lack of knowledge and training, being uncomfortable with the issue, and fear of imposing religious beliefs. Very few felt that addressing such issues was not their job. However, only one third of participants felt that all medical professionals should address such issues.

Addressing of spiritual issues is a component of rehabilitation but a lack of understanding and training,

along with a lack of differentiating from religion may hinder the alleviation of such issues in patients.

Table 3: Clinical practice and spirituality represented as frequency (%).

Parameters	Faculty N=4	Residents N=21	Therapists N=7	Nursing Officer N=2	Social worker N=1	Total N=35
Having ever addressed patients' spiritual beliefs						
Yes	2 (50)	11 (52)	4 (57)	0	1 (100)	18 (51)
No	2 (50)	10 (48)	3 (42)	2 (100)	0	17 (49)
Frequency of asking spiritual issues to patients						
Never	1 (25)	4 (19)	1 (14)	2 (100)	0	8 (23)
Rarely	1 (25)	8 (38)	3 (42)	0	0	12 (34)
Sometimes	0	8 (48)	3 (42)	0	1 (100)	12 (34)
Often	2 (50)	1 (5)	0	0	0	3 (9)
Patients being uncomfortable on asking spiritual issues						
I do not ask	2 (50)	5 (24)	2 (29)	2 (100)	0	11 (31)
Rarely	0	7 (33)	0	0	0	7 (20)
Sometimes	1 (25)	7 (33)	5 (71)	0	1 (100)	14 (40)
Often	0	1 (5)	0	0	0	1 (3)
Barriers in discussion of spiritual issues with patients						
Lack of knowledge	0	5 (24)	0	0	0	5 (14)
Lack of training	0	4 (19)	1 (14)	0	1 (100)	6 (17)
Lack of time	3 (75)	13 (62)	3 (42)	0	1 (100)	20 (57)
Uncomfortable with the issue	1 (25)	3 (14)	1 (14)	0	0	5 (14)
Fear of imposing religious beliefs	1 (25)	4 (19)	0	0	0	5 (14)
Spirituality not relevant to medical treatment	0	2 (10)	1 (14)	2 (100)	0	5 (14)
Its not my job	0	3 (14)	1 (14)	0	1 (100)	5 (14)
Fear of offending the patients	1 (25)	5 (24)	0	0	0	6 (17)
Disapproval of colleague	0	1 (5)	0	0	0	1 (3)

Most of the participants recommended meditation as a spiritual intervention. The nursing officers felt that only spiritual discourse or sermons should be the intervention needed, while very few participants also voted for scriptures and soul or karmic healings. One third of the participants, inclusive of the social worker, three fourth of faculty and one third each of residents and therapists recommended prayer also. This may depict their lack of differentiating spirituality from religion. It may thus dither addressing such issues due to lack of appropriate knowledge.

Vermandere et al had found that the main barriers perceived by general practitioners were lack of training, time, skills and attitude on their behalf. They also feared patients' non compliance with such discussions due to their lack of being well conversant with the spiritual language, and offending the patients.¹⁰ Similar barriers were perceived by Marrioti et al and Tomasso et al.^{7,9} These could be addressed by educating medical students during their clinical rotation. A national survey by Koenig et al was conversant with majority of deans of medical institutions acknowledging the importance of

spirituality in patient care, but many being uncertain about inclusion of spirituality in the course.¹⁸

Kilpatrick & McCullough., 1999, expressed religion having an ambiguous effect on disability and health of patients as well as caregivers. The effects were mainly considered to be due to psychosocial factors. The negative effects, mainly the association of spirituality and religion with superstitions, fear, intolerance etc along with patients becoming uncomfortable on discussing such issues, were some of the factors restricting the rehabilitation specialists from dwelling into this territory. It was further suggested that assessment of such issues, whether formal or informal, in consultation with spiritual professionals may help in augmenting the clinical care. Failing to understand the difference between religion and spirituality may be a major hindrance in addressing such issues. This can only be rectified by proper training with a willingness to understand about spirituality on a regular basis.⁴ Jones et al and Oakley et al suggested staff training and the use of standardized spiritual assessment tools for better addressing of spiritual issues of patients in rehabilitation.^{22,23}

Table 4: Understanding of spirituality, type of spiritual intervention recommended for patients, and best medical professional for discussion and deliverance of spiritual care in clinical settings represented as frequency (%).

Parameters	Faculty N=4	Residents N=21	Therapists N=7	Nursing Officer N=2	Social worker N=1	Total N=35
Understanding of spirituality						
Belief & relationship with god/higher power	3 (75)	4 (19)	3 (42)	0	1 (100)	11 (31)
Search for meaning & significance of human life	3 (75)	10 (48)	0	2 (100)	1 (100)	16 (46)
Belief in existence of soul and life after death	1 (25)	4 (19)	2 (29)	0	0	7 (20)
Belief in something that transcends matter	0	4 (19)	0	0	0	4 (11)
Belief in existence & significance of oneness of human body & soul	0	4 (19)	0	0	0	4 (11)
Belief in association of experiences of human body with the perceptions of soul/subconscious	1 (25)	4 (19)	0	0	0	5 (14)
Ethical & humanistic posture	1 (25)	7 (33)	2 (29)	0	1 (100)	11 (31)
Spiritual interventions						
Prayer	3 (75)	6 (29)	3 (42)	0	1 (100)	13 (37)
Scripture/religious literature	1 (25)	1 (5)	0	0	0	2 (6)
Soul/karmic or other types of healings	0	2 (10)	0	0	0	2 (6)
Spiritual discourse or sermons	1 (25)	1 (5)	0	2 (100)	0	4 (11)
Meditation	3 (75)	17 (81)	4 (57)	0	1 (100)	25 (71)
Others	0	0	0	0	0	0
Best medical professional to address spiritual issues						
Doctor	1 (25)	7 (33)	0	0	0	8 (23)
Psychologists	2 (50)	12 (57)	2 (29)	0	0	16 (46)
Nurses	0	0	0	0	0	0
Occupational therapists	0	0	2 (29)	0	0	2 (6)
Physical therapists	0	0	0	0	0	0
Social worker	0	1 (5)	0	0	0	1 (3)
All of the above	2 (50)	7 (33)	2 (29)	0	1 (100)	12 (34)
None of the above	0	0	2 (29)	2 (100)	0	4 (11)

Majority of participants in the present study expressed about the deficiency of training on spirituality and its application in clinical practice. Similar findings were stated in other studies.^{4,10,19,21} These deficits may be addressed through exposure to multiple sources, the initiation of which could be done through conduction of workshops and discussions by trained persons. This study helped in identifying the barriers in imparting spiritual care to patients and alleviating their spiritual needs, with respect to rehabilitation professionals. It adds to the available evidence of the perceptions of a specific group of health professionals in a developing nation.

Limitations

This study had a few limitations. First, due to less number of participants, the findings of the study could not be

generalized to the whole PM&R community. Second, as the study was conducted only in a single tertiary care hospital, the views of medical professionals belonging to diverse regions of the country and religious affiliations could not be commented upon. Third, as the rehabilitation psychologists were unavailable at the time of study, their valuable opinion and perspectives could not be identified. Fourth, the views on spirituality are very subjective, which may keep on changing for any individual. This study was an initial step towards assessing the views of a specific group, so that it could be commenced in a larger group of rehabilitation professionals, and also for multiple specialties in India, as well as in other developing nations. It calls for a reformation of health care strategies and policy towards spiritual care in health settings.

CONCLUSION

An understanding of human life issues and its source, along with its rectification through spiritual interventions is known in the deeper aspect, but multiple barriers restrict its practice in the clinical settings. A simple strategy of self awareness may alleviate the pain and suffering of many individuals. Its practice may have the potential to reform and enhance the QOL of patients further ahead of medical intervention. Thus, its feasibility and applicability should be explored ahead in diverse and a wider area of clinical settings.

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