

# Does physicians' religiosity influence attitudes towards patients and professional decision making?



Jakub Pawlikowski\*, Jarosław Sak\*, Marek Jarosz\*\*, Michał Wiechetek\*\*

\*Department of Ethics and Human Philosophy, Medical University of Lublin, Poland

\*\*Department of Social Psychology and Psychology of Religion, The John Paul II Catholic University of Lublin, Poland

Corresponding author: jpawlikowski@wp.pl



## Introduction

Majority studies in medicine-religion area focused mostly on the patients' religiosity and omit physician' religiosity. The contemporary models of physician-patient relationship also take into account cultural diversity of patients and fail to take into account the diversity of physicians' beliefs and values. However, physicians are also active subjects of a physician-patient relationship and their beliefs may affect it. Physicians' attitudes and professional decisions are influenced by knowledge, medical experience, and moral values. Moral values also include religious values, and the problem relevant for clinical practice is the question of whether and to what extent the physicians' religious beliefs can determine his attitudes and clinical decisions. Religious accounts offer specific ontological, anthropological and axiological concepts when refer 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 to hypothesise that a religiously involved physician would apply such concepts in his or her professional practice.

The aim of our research was to verify the hypothesis that a religiosity may affect physicians' attitudes towards patients and also can play important role in physicians' professional decisions in morally controversial situations.

## Methods

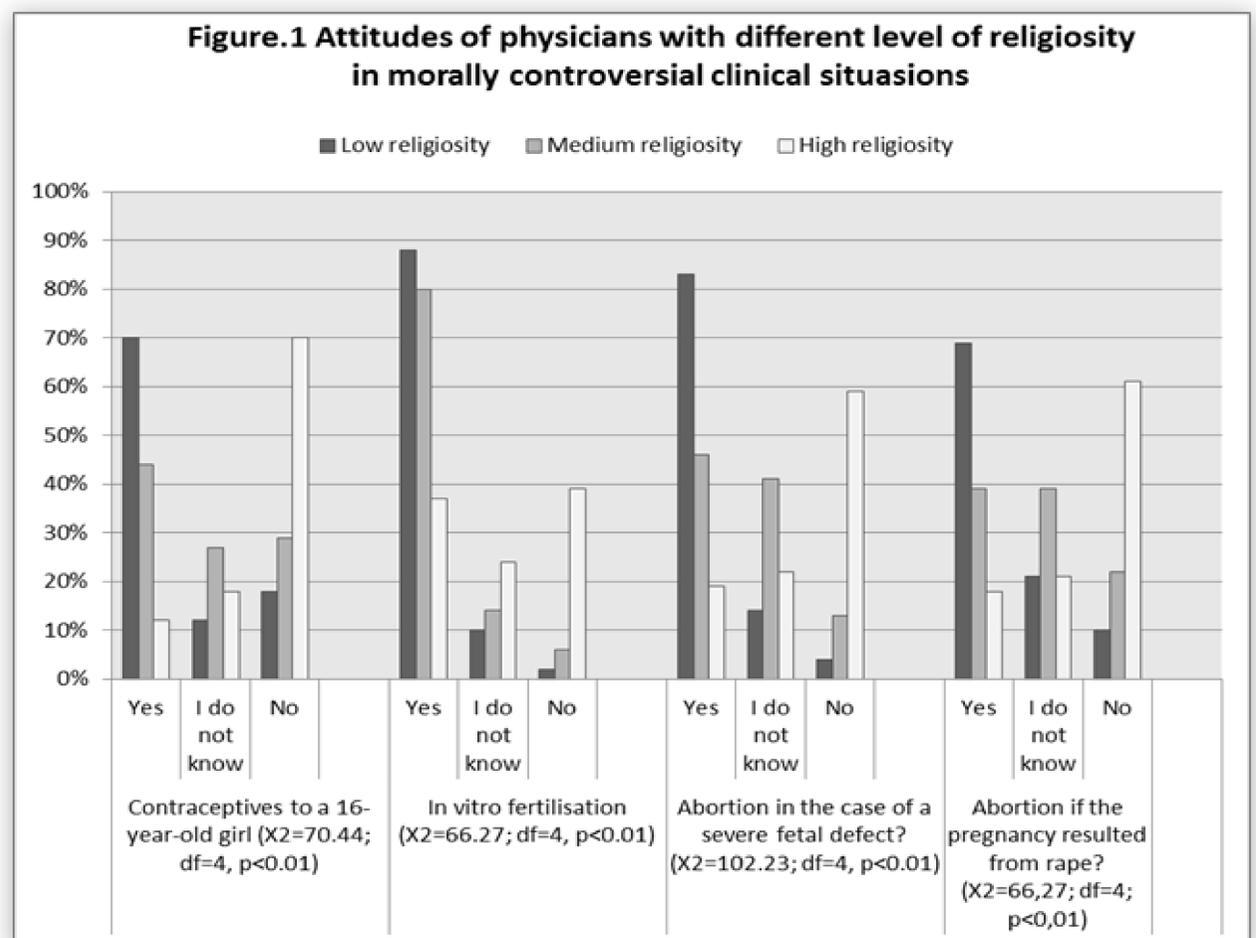
The research was carried out on the group of 528 Polish physicians, 324 of them returned the questionnaire (turn = 61%); 51% women, 49% men; 93% Roman Catholics; average work experience: 17.03 years; 52% of respondents work in surgical units and 48% of them in non-surgical units.

The anonymous questionnaire consisted of: Scale of Attitudes towards the Patient (the model of physician's desirable ethical attitude was based on Beauchamp and Childress' principlism and Polish School of Philosophy of Medicine and has four dimensions: respect for autonomy, altruism, empathy and holistic approach to a patient), Scale of Religious Crisis, Scale of Religious Attitudes (Polish 18-item scale designed to survey intensity of religiosity mostly in the Catholic society; scale reliability:  $\alpha=0.979$ , validity  $r=0.84$ ;  $p<0.001$ ) and some questions related to the decisions made by physicians in situations of conflict between religious norms (Catholic Church teaching) and legal regulations in Poland (abortion, contraception and in vitro fertilisation).

## Results

Religious intensity correlates positively and religious crisis correlates negatively with altruism, holistic approach, and empathy. There were significant differences in declared decisions in morally controversial clinical situation between physicians with different level of religiosity.

Variables	Correlation coefficient	Religiosity	Religious crisis
Altruism	r Pearson	<b>0,12</b>	<b>-0,13</b>
	p-value	<0,05	<0,05
Holism	r Pearson	<b>0,18</b>	<b>-0,14</b>
	p-value	<0,01	<0,05
Respect for Autonomy	r Pearson	0,10	<b>-0,19</b>
	p-value	0,06	0,001
Empathy	r Pearson	<b>0,20</b>	<b>-0,23</b>
	p-value	<0,001	<0,001
Total result	r Pearson	<b>0,19</b>	<b>-0,23</b>
	p-value	<0,01	<0,001



## Conclusions

- Physicians' religiosity is an essential factor shaping their attitude to patients
- Personal religiosity influences professional decisions of physicians in morally controversial situations. Physicians with a high level of religiosity in situations where there is a discrepancy between the religious and legal norms, will be guided by their religious beliefs.
- Physician-patient relation frameworks should take into account not only patients' but also physicians' cultural and religious beliefs.