

A Comparative Study of Religiosity between Psychiatrists and Other Specialists in Some Tertiary Hospitals in Southern Nigeria

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Abstract :Background: Psychiatrists Are Believed To Be The Least Religious When Compared To The Other Medical Specialists. The Religiosity Of Psychiatrists May Influence How They Arrive At Diagnosis And May Also Determine How They Manage Their Patients. Objectives :To Compare The Religiosity Of Psychiatrists With Other Medical Specialists And To Determine The Influence Of Religiosity Of Psychiatrists On Patients' Diagnosis And Treatment Methodology :Participants Were Recruited From Two Tertiary Hospitals In The South-South And Two Tertiary Hospitals In The South-West Geopolitical Zone Of Nigeria. They Completed (I) A Socio-Demographic Data Schedule (Ii) A Religious Behaviour Questionnaire And (Iii) A Clinician Practices And Attitude Questionnaire. Results : There Was No Significant Difference ($T=0.41$, $P=0.68$) In The Religiosity Of Psychiatrists Compared To Doctors In Other Core Specialties. Only About One-Third (37.1%) Of The Psychiatrists Interviewed Reported That They Frequently/Always Take Religious/Spirituality History From Their Patients. Very Few (4.3%) Psychiatrists Reported That Their Spiritual/Religious Beliefs Frequently/Always Play A Role In Their Psychiatric Diagnosis. Conclusion: This Study Found No Difference Between The Religiosity Of Psychiatrists Compared To Other Medical Specialists. Furthermore Majority Of The Psychiatrists Did Not Allow Their Religious/Spiritual Beliefs Determine How They Approach Diagnosis And Treatment.

Keywords :Religiosity, Psychiatrists, Other Medical Specialists

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I. Introduction

In Recent Times, There Has Been An Increasing Interest In Religiosity/Spirituality Issues In Medical Practice; Especially In The Field Of Psychiatry (Singh & Ajinkya 2012; Peteet 2013). Furthermore, The Role Of Religiosity In The Concept Of Recovery Among Mentally Ill Patients Is Arousing More Debate Among Psychiatrists Worldwide (Green Et Al. 1995; Lindgren & Coursey 1995). Even Though There Have Been Different Opinions About Religiosity And Recovery Among Patients With Mental Illnesses, Many Studies Reported A Positive Relationship Between Both (Sullivan 1993; Kirov Et Al. 1998).

Spirituality Refers To An Individual's Experience That Demonstrates A Sense Of Relationship To A Transcendental Dimension Or To Something Greater Than The Self (Reed 1987). Religiosity On The Other Hand Refers To Participation In Or Endorsement Of Practices, Beliefs, Attitudes Or Sentiments That Are Associated With An Organized Community Faith (Matthews Et Al. 1998). However, Both Spirituality And Religiosity Have Certain Features In Common, With The Main Difference Being That Spirituality Seems To Be More Internalized Or Personalized (Koenig Et Al. 2001).

In The Past, The Religious Beliefs And Practices Of Patients Were Viewed By Psychiatrists As Pathological In Nature. However, Some Recent Evidences Show That The Religiosity/Spirituality Of Patients With Mental Illnesses Has Been Linked With Lower Rates Of Suicide, Depressive Disorder, Anxiety And Substance Misuse (Koenig 2009; Bonelli & Koenig 2013). These Recent Evidences Have Made Some Psychiatrists To Begin To Think Of Incorporating Some Aspects Of Religiosity In Psychiatry.

Some Studies Have Attempted To Explore Religiosity/Spirituality Either Among Psychiatry Professionals Or The Patients They Treat (Sullivan 1993; Green Et Al. 1995; Lindgren & Coursey 1995; Kirov Et Al. 1998; Curlin, Lawrence, Et Al. 2007; Menegatti-Chequini Et Al. 2016). Moreover, Other Studies Have Explored The Religiosity Of Psychiatrists And Its Influence On Patients' Diagnosis And Treatment Because The Religiosity/Spirituality Of Psychiatrists May Influence Patient Management Approach (Moreira-Almeida

&Cardena 2011).For Example, The Level Of Religiosity Of Psychiatrists May Influence Their Knowledge On Obtaining Religious History From Patients And Also Their Attitude To Obtaining Same During Clerkship.

A Recent Studyreported That Most Psychiatrists In Brazil Had A Religious Affiliation But That Majority Of Them Did Not Usually Take Religious/Spiritual History From Their Patients Because Of Fear Of Going Beyond Their Roles As Psychiatrists(Menegatti-Chequini Et Al. 2016). Similarly, Another Study Among Psychiatrists And Other Physicians Reported That Psychiatrists Were Less Likely To Be Religious Compared To Other Physicians In General But Were More Likely To Consider Themselves Spiritual But Not Religious(Curlin, Odell, Et Al. 2007).

Issues Relating To Religiosity/Spirituality In Psychiatry Are Pivotal Because They May Determine The Quality Of Doctor-Patient Relationship And Also; They May Determine How The Psychiatrist Arrives At His Diagnosis. Furthermore Religiosity/Spirituality Issues May Influence The Patient's Insight To The Illness And Also His/Her Attitude To Treatment.

To The Best Of Knowledge Of The Researchers, There Is No Study In Nigeria That Has Attempted To Assess Religiosity/Spirituality Among Psychiatrists Or That Has Compared Religiosity Between Psychiatrists And Other Physicians. Furthermore, There Is Presently No Study In Nigeria That Has Examined The Influence Of Religiosity On Psychiatric Diagnosis And Treatment. This Research Was Embarked On To Bridge This Gap In Literature.

II. Methodology

Study Design And Location

This Cross-Sectional Descriptive Multi-Centre Study Was Conducted Among Psychiatrists And Doctors In The Core Specialties Of Medicine. Participants For This Study Were Recruited From Two (2) Tertiary Hospitals In The South-South And Two (2) In The South-West Geopolitical Zone Of Nigeria. These Hospitals Include The Federal Neuropsychiatric Hospital Benin-City, University Of Benin Teaching Hospital, University College Hospital Ibadan And The Federal Neuropsychiatric Hospital Abeokuta. These Hospitals Were Selected Based On Logistics For Ease Of Administration Of Questionnaires.

A Total Of Seventy-Two (72) PsychiatristsAnd Trainees Participated In The Study Due To A Generally Limited Number Of Doctors In The Field Of Psychiatry In Nigeria Compared To Doctors In Other Specialties Who Were One Hundred And Fifty-Nine (159) In Total.

Sampling Method

PsychiatristsAnd Trainees Who Gave Informed Consent To Participate In This Study Were Recruited Through Convenience Sampling. In Recruiting Participants From The Four Core Specialties, A Systematic Random Sampling Method Was Used.

Ethical Approval

Ethical Approval Was Obtained From The Ethics And Review Board Of The Federal Neuropsychiatric Hospital Benin-City And University Of Benin Teaching Hospital.

Assessment Tools

1. **Sociodemographic Data Schedule:** This Was Designed To Enquire About Some Details Such As Age, Marital Status, Religion, Specialty, Years Of Experience.
2. **Religious Behaviour Questionnaire:** This Was Derived From The Ironson-Woods Spirituality/Religiosity Index.¹⁰it Has 5 Items And It Assesses Participation In Religious Rituals And Services.The Scale Has Been Validated For Use In Nigeria¹¹ And Was Found To Have An Alpha Co-Efficient Of 0.94 In This Study. Items Are Self-Rated On A 5 Point Likert Scale Ranging From 1 (Strongly Disagree) To 5 (Strongly Agree). The Scores On Each Item Of The Questionnaire Were Summed. Higher Scores Indicate Higher Level Of Religiosity.
3. **Clinician Practices And Attitude Questionnaire:** This Was Adopted From A Questionnaire Of A Previous Research On Religiosity/Spirituality.¹² Four Of The Items Of The Original Questionnaire Were Retained While 3 Other Items Were Added In Order To Improve On The Suitability Of The Questionnaire For This Study. Each Of The Items In The Questionnaire Were Rated On A Five Point Likert Scale And The Scores Of Each Of These Items Were Added. Higher Scores Indicate Higher Influence Of Religion On Psychiatrist's Diagnosis And Treatment.

Statistical Analysis

Analysis Done Using Statistical Package For Social Sciences (SPSS) Version 19 Was Tabulated, And P Value Was Set At 0.05 For Bi-Variate Analysis. Frequency Distribution Tables Were Used To Illustrate Sociodemographic Variables And Items Measuring Influence Of Religion On Psychiatric Diagnosis And Treatment. The Independent T-Test Was Used To Compare The Religiosity Scores Of Psychiatrists And Other Physicians.

III. Results

One Hundred And Forty-Five(62.8%) Of The Participants Were Males And 139 (60.4%) Were Married. Two Hundred And Thirteen(92.2%) Were Christians And 111 (48.5%) Of Them Had Between 1-5 Years Of Working Experience. (Table 1)

There Was No Significant Difference ($T=0.41$, $P=0.68$) In The Religiosity Of Psychiatrists Compared To Doctors In Other Core Specialties. (Table 2)

Twenty-Six (37.1%) Of The Psychiatrists Interviewed Reported That They Frequently/Always Take Religious/Spirituality History From Their Patients.

Three(4.3%) Psychiatrists Reported That Their Spiritual/Religious Beliefs Frequently/Always Play A Role In Their Psychiatric Diagnosis.

Eight(11.5%) Of The Psychiatrists Responded That They Frequently/Always Pray With Or For Their Patients To Aid Their Recovery.

Thirty-Six (51.4%) Reported that Religious/Spiritual Interventions frequently Or Always Play A Role In The Recovery From Psychiatric Conditions.

Four(6.1%) Were Willing To Frequently Refer Their Patient To A Clergy.

Twenty-Eight (42.4%) Agreed To “Sometimes” Referring Their Patients To The Clergy.

Twenty-Seven (38.6%) Strongly Agreed That It Is Appropriate To Inquire About The Religion And/Or Spirituality Of Patients.

IV. Discussion

This Study Compared Religiosity Between Psychiatrists And Doctors In The Core Medical Specialties. We Found No Significant Difference Between The Two Groups. Majority Of The Psychiatrists Reported Religious Affiliations Just Like Doctors In Other Specialties. This Finding However Differs From What Was Reported In Similar Studies Conducted In The United States And United Kingdom(Neeleman & King 1993; Curlin, Lawrence, Et Al. 2007).

A Reason That Can Be Adduced For This Disparity Is That; In Our Culture, People Take Religious Activities Seriously. Therefore The Level Of Religiosity Of Psychiatrists May Be A Reflection Of The High Level Of Religiosity In Nigeria. It Is Also Possible That This May Be As A Result Of The Coping Skill Mainly Employed In This Society To Cope With Different Distressing Situations In A Socioeconomically Disadvantaged Country Like Nigeria. A Study In Nigeria On Coping Skills Among Caregivers Of Patients With Major Mental Disorders Reported That Caregivers Adopted Religious Coping Styles More Than The Other Coping Styles (Osundina Et Al. 2017). Another Study On Coping Skills Among Military Men In Northern Nigeria Also Identified Religious Coping Style As The Most Employed Coping Skill Among Them (Adole Et Al. 2015). Therefore It Is Not Surprising That Majority Of The Psychiatrists Interviewed Just Like The Other Groups Studied On Coping Skills Identified With A Religion.

Regarding Taking Religious/Spiritual History From Patients, Only About A Third Of The Psychiatrists Interviewed In This Study Responded That They Frequently/Always Practice This. This Observation Differs From What Was Reported Among Brazilian Psychiatrists Which Indicated That Up To Half usually Take Religious/Spiritual History(Menegatti-Chequini Et Al. 2016). Interestingly, The Brazilian Study found That Psychiatrists Who Were Less Religious Were More Likely To Take Religious/Spiritual History From Their Patients Whereas Those Who Were More Religious Were Least Likely To Inquire About The Religion/Spirituality Of Their Patients. This May Explain The Observation In Our Study That Even Though All The Psychiatrists Reported Religious Affiliations Only One-Third Frequently/Always Take Religious/Spirituality History. The Unwillingness Of Many Psychiatrists To Address Religious Issues In Their Patients, Driven By Fears Of Over Stepping Professional Boundaries, May Have Accounted For This. In Addition To This, Some Psychiatrists May Not Consider Themselves As Qualified To Address Spirituality/Religiosity In Their Patients In Day-To-Day Practice.

Considering The Religious Fervor In Nigeria, The Observation That Only 4.3% Of Respondents Reported That Their Religious Beliefs Frequently Played A Role In The Process Of Diagnosis Is Notable. Despite Reports That Putting The Patient’s Religion Into Consideration In Managing Them May Contribute To Improvement In Treatment Adherence And Resolution Of Negative Emotions (Welgemoed & Staden 2014) It Is Conceivable That Many Respondents Made Deliberate Efforts To Shield Their Professional Decisions From

The Influence Of Their Religious Beliefs. The Use Of Prayers As A Treatment Option Or An Adjunct In The Management Of A Patient Has Become A Subject Of Robust Debate Among Researchers In Recent Times.

In This Study, 11.5% Of Psychiatrists Reported That They Often Prayed With Patients. This Appears Confounding Especially When Less Than Half Of This Number (4.3%) Reported That Their Religious Beliefs Influenced Their Diagnosis. In View Of The Ill-Defined Role Of Prayers In Patients' Recovery, It May Be Pertinent To Develop A Framework For Its Use. In This Regard, Geppert suggested That Request For Prayers Should Be Initiated By The Patient And That Psychiatrist Must Know Enough About The Patient's Religious Beliefs/Background (Geppert 2009). A Framework Incorporating These Suggestions May Serve To Avert Unnecessary Conflicts That May Arise In Clinical Practice Between The Psychiatrists And Patients Who May Object To The Use Of Religion In The Course Of Their Treatment.

Majority (94.3%) Of The Psychiatrists Interviewed Reported That Religious/Spiritual Beliefs Play A Role In The Recovery From Psychiatric Illnesses. However, Out Of This Number, Only 51.4% Believed That Religious/Spiritual Beliefs Frequently/Always Play A Role In Recovery. Quite A Number Of Studies (Lindgren & Coursey 1995; Thompson 2002) Have Reported Findings That Supported The Positive Role Of Spirituality In The Recovery Process. It Has Been Reported That Although Organized Religion Had Been Viewed In The Past As Stigmatizing And Rejecting In Some Instances, On The Whole, It May Be Helpful In The Recovery From Psychiatric Illnesses (Fallot 2001). Further Studies In This Culture Will Be Helpful In Elucidating The Role Of Spirituality In Recovery Of Patients.

The Observation That More Than Half Of The Respondents Were Unwilling To Refer Their Patients To The Clergy Seems To Be At Variance With Their Response That Religion/Spirituality Play A Role In Recovery From Psychiatric Illness. Perhaps This Variance Lends Credence To The Supposition That Many Maintained Neutrality By Staying Within The Boundaries Of Professional Ethics Especially Against The Backdrop Of An Apparent Lack Of Consensus Regarding The Role Of Religion/Spirituality In Psychiatry.

Conclusion

To The Knowledge Of The Researchers, This Is About The Only Study In Nigeria That Has Assessed The Religiosity Of Psychiatrists And Also Compared This With That Of Some Other Medical Specialists. We Found No Difference In The Religiosity Of Psychiatrists Compared To Other Medical Specialists And Also Found That Most Psychiatrists Were Not Significantly Or Unduly Influenced By Their Own Religious Beliefs Either When Making Diagnosis Or Instituting Treatment.

The Positive Aspects Of Religiosity Regarding Patient Management Should Be Harnessed By Psychiatrists With The Goal Of Improving Treatment Outcome Of Mentally Ill Patients And Also Reducing Suffering Among Patients And Their Caregivers. The Institution Of A Framework That Clearly Spells Out The Rules Of Engagement In Relation To The Use Of Prayers In Recovery Of Patients Should Be Given Priority.

Highlights

- The Religiosity Of Psychiatrists In This Study Did Not Differ From That Of Other Medical Specialists
- The Religiosity Of Most Of The Psychiatrists Interviewed In This Study Did Not Influence Their Practice
- Majority Of Them However Recognized The Role Of Religious/Spiritual Interventions In Recovery From Mental Illnesses.

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Disclosure Of Interest

The Authors Declare That There Is No Conflict Of Interest.

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Table 1 Characteristics Of Participants

Characteristic	Variables	Frequency	Percentage
Gender	Male	145	62.8
	Female	86	37.2
	Total	231	100.0
Ethnicity	Yoruba	64	27.8
	Benin	54	23.5
	Esan	40	17.4
	Igbo	32	13.9
	Others	40	17.4
	Total	230	100.0
Marital Status	Single	87	37.8
	Married	139	60.4
	Separated	1	0.4
	Divorced	2	0.9
	Widowed	1	0.4
	Total	230	100.0
Religion	Christianity	213	92.2
	Islam	10	4.3
	Traditional	4	1.7
	Others	3	1.3
	Total	230	99.6
Sub-Specialty	Psychiatry	72	31.2

	Medicine	36	15.6
	Surgery	44	19.0
	Paediatrics	36	15.6
	O And G	43	18.6
	Total	231	100.0
Work Experience (Years)	1-5	111	48.5
	6-10	79	34.5
	11-15	20	8.7
	> 15	19	8.3
	Total	229	100.0
Institution	FnpHUselu	26	11.3
	Ubth	165	71.7
	Others	39	17.0
	Total	230	100.0

Table 2: Comparison Between Religiosity Of Psychiatrist And Other Speciality

	Specialty	Mean	Sd	T	P
Religiosity	Psychiatrist	21.35	4.93	0.41	0.68
	Others	21.03	5.50		

Table 3: Frequency Of Religious Influence On Psychiatric Diagnosis And Treatment

	Never	Rarely	Sometimes	Frequently	Always
Do you take a religious/spirituality history of your patients?	4(5.7)	15(21.4)	25(35.7)	15(21.4)	11(15.7)
Do you think religious/spirituality beliefs play a role in the psychiatric diagnosis you make?	30(42.9)	26(37.1)	10(14.3)	2(2.9)	1(1.4)
Do you pray with or for your patients to aid their recovery?	9(13.0)	19(27.5)	32(46.4)	5(7.2)	3(4.3)
Do you think religious/spiritual beliefs play a role in the aetiology of psychiatric conditions?	7(10.0)	11(15.7)	34(48.6)	13(18.6)	4(5.7)
Do you think religious/spiritual beliefs play a role in the recovery/ outcome of psychiatric conditions?	2(2.9)	1(1.4)	30(42.9)	31(44.3)	5(7.1)
Is it appropriate for a psychiatrist to refer his patient to a clergy?	14(21.2)	19(28.8)	28(42.4)	4(6.1)	--
	Strongly Agree	Slightly agree	Neutral	Slightly disagree	Strongly disagree
In general, it is appropriate for Psychiatrists to inquire about the religion and/or spirituality of patients.	27(38.6)	25(35.7)	7(10.0)	3(4.3)	7(10.0)

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