

Faith and Health Resources

A Selected Bibliography

Abdel-Razig S, Ibrahim H, Alameri H, et al. Creating a framework for medical professionalism: an initial consensus statement from an Arab nation. *J Grad Med Educ.* 2016 May;8(2):165-172. doi:10.4300/JGME-D-15-00310.1.

This article outlines the development of a consensus definition of medical professionalism specifically for the United Arab Emirates (UAE), reflecting its unique cultural and social constructs. Through a comprehensive qualitative analysis involving 14 physicians, the study identifies nine attributes of professionalism that align with Western standards but also underscore the importance of social justice, the influence of personal faith, and the societal expectations of physicians beyond their medical practice. This initiative highlights the necessity of localizing professionalism frameworks to include competencies that resonate with regional cultural and religious values.

Al-Eraky MM, Donkers J, Wajid G, van Merriënboer JJG. A Delphi study of medical professionalism in Arabian countries: the Four-Gates model. *Med Teach.* 2014 Apr;36(Suppl 1):S8-S16. doi:10.3109/0142159X.2014.886013.

This study presents the Four-Gates Model of medical professionalism, uniquely tailored to the cultural and religious context of Arabian countries. Through a Delphi method involving 17 experts, it identifies eight professional traits organized into four themes, emphasizing the integration of faith, particularly Islam, in medical professionalism. The model offers a culturally resonant framework for teaching and assessing professionalism in Arab medical education.

Antoine A, Fitchett G, Sharma V, et al. How do healthcare executives understand and make decisions about spiritual care provision? *Southern Med J.* 2021;114(4):207-212. doi:10.14423/SMJ.0000000000001230.

This pilot study explores how healthcare leaders understand spiritual care and how that understanding informs staffing and resource decisions. Eleven interviews representing 18 hospitals in nine systems, demonstrated that leaders see the value of chaplains in terms of their work supporting staff in tragic situations and during organizational change. As a result, leaders support maintaining chaplaincy efforts in the midst of challenging economic times. Chaplains' interaction with staff, in addition to patient and family spiritual caregiving, is a contributing factor in how resource decisions are made.

Antoine A, Fitchett G, Marin D, et al. What organizational and business models underlie spiritual care staffing in healthcare organizations? An initial description and analysis. *J Health Care Chaplaincy.* Published online December 28, 2020. doi:10.1080/08854726.2020.1861535.



This article investigates the organizational and business models that support the integration of chaplains into American hospitals. The study, based on interviews with 14 chaplain managers and 11 healthcare executives from 18 hospitals in 9 systems, reveals significant variations in staffing and integration of spiritual care programs. Key findings include the recognition of chaplains' value in providing quality care and their adaptability to emergent needs, as well as their clinical training. The study notes that decisions regarding spiritual care staffing often rely more on budgetary constraints than empirical data, highlighting an area for future systematic research.

Association of State and Territorial Health Officials; Emory University Rollins School of Public Health: Interfaith Health Program, Hubert Department of Global Health. *Public health and faith community partnerships: model practices to increase influenza prevention among hard-to-reach populations*. 2014. <https://legacy.astho.org/Infectious-Disease/Public-Health-and-Faith-Community-Partnerships-Model-Practices-to-Increase-Influenza-Prevention-Among-Hard-to-Reach-Populations/>.

This report outlines the Model Practices Framework, which provides strategies to identify and engage faith-based organizations as partners in community health promotion and disease prevention outreach. The overall aim is to strengthen partnership-building capacity and enhance public health's ability to reduce the spread of influenza.

Balboni TA, VanderWeele TJ, Doan-Soares SD, et al. Spirituality in serious illness and health. *JAMA*. 2022;328(2):184-197. doi:10.1001/jama.2022.11086.

This study reviews evidence concerning spirituality in serious illness and health and identifies implications for patient care and health outcomes. In the context of serious illness, evidence suggests the importance of (1) incorporating spiritual care into care for patients with serious illness; (2) incorporating spiritual care education into training of interdisciplinary teams caring for persons with serious illness; and (3) including specialty practitioners of spiritual care in care of patients with serious illness. The study suggests these implications for health outcomes: (1) incorporate patient-centered and evidence-based approaches regarding associations of spiritual community with improved patient and population health outcomes; (2) increase awareness among health professionals of evidence for protective health associations of spiritual community; and (3) recognize spirituality as a social factor associated with health in research, community assessments, and program implementation.

Barilla D, Barnett K, Christensen H, et al. *Strategic investment in shared outcomes: transformative partnerships between health systems and communities; Health Systems Learning Group (HSLG) Executive Summary*. Health Systems Learning Group. April 4, 2013. Accessed February 19, 2024. <https://www.methodisthealth.org/dotAsset/9e6f77d8-df4b-4545-b2f3-bc77b106f969.pdf>

This research report by the Health Systems Learning Group (HSLG) presents a collaborative effort of 36 health systems to explore and act upon the opportunities brought forth by national health reform. The report highlights the "learn-in-the-open"

approach, the role of health systems in community health, and the strategic efforts to transform charity care into sustainable community health improvement. The HSLG's initiative was catalyzed by a series of stakeholder meetings and has a foundation in faith-based and neighborhood partnerships. The findings and recommendations from their 18-month inquiry are encapsulated in this monograph.

Britt KC, Kwak J, Acton G, Richards KC, Hamilton J, Radhakrishnan K. Measures of religion and spirituality in dementia: An integrative review. *Alzheimer's & Dementia* (New York, N. Y.). 2022;8(1):e12352. doi:10.1002/trc2.12352.

This review of fourteen studies found that few scales for measuring religion and spirituality (R/S) have been validated in persons with dementia (PWD); additional testing is needed. Most R/S measures only reported scale reliability with Cronbach's alpha. Studies supported positive associations between R/S and health, yet few studies exist. Only one spiritual intervention, spiritual reminiscence, was found for PWD. More rigorous R/S studies are needed to examine health outcomes in dementia.

Brewer LC, Bowie J, Slusser JP, Scott CG, Cooper LA, Hayes SN, Patten CA, Sims M. Religiosity/spirituality and cardiovascular health: the American Heart Association Life's Simple 7 in African Americans of the Jackson Heart study. *J Am Heart Assoc.* 2022;11(17):e024974. doi:10.1161/JAHA.121.024974.

This article investigates the relationship between religiosity/spirituality and cardiovascular health in African Americans, as defined by the American Heart Association's Life's Simple 7 (LS7) indicators. Utilizing data from the Jackson Heart Study (JHS), the study finds that higher levels of religiosity/spirituality are associated with improved cardiovascular health across several LS7 components, such as physical activity, diet, smoking, and blood pressure. The results suggest that integrating religiosity/spirituality into lifestyle interventions could potentially reduce overall cardiovascular disease risk in African Americans.

Carr M, Sorajjakool S, Burse E, eds. *World religions for healthcare professionals*. Routledge; 2023.

This book serves as a comprehensive guide for healthcare students and professionals to understand the diverse health beliefs and practices across world religions. It emphasizes the importance of cultural and religious sensitivity in patient care, offering insider views on each religion's historical development, key beliefs, and practices related to health, sickness, death, and dying, supplemented with case studies and practical advice. The book also addresses contemporary issues, such as the interplay between religion and public health in the context of the COVID-19 pandemic, urging readers to consider the ethical balance between personal faith and public health necessities.

Chen C, Sun X, Liu Z, Jiao M, Wei W, Hu Y. The relationship between resilience and quality of life in advanced cancer survivors: multiple mediating effects of social support and spirituality. *Front Public Health.* 2023;11. Published August 27, 2023. doi:10.3389/fpubh.2023.1207097.

This academic article examines the relationship between resilience and quality of life among advanced cancer survivors, focusing on the mediating roles of social support and spirituality. The cross-sectional study used self-report questionnaires to assess resilience, social support, spirituality, and quality of life. Findings revealed positive correlations between these factors, indicating that resilience directly impacts quality of life, with both social support and spirituality serving as significant mediators, individually and serially.

Cook S, Granquist M, Wagoner Z. Incorporating interfaith concepts in education on patient-centered care. *Athletic Training Education Journal*. 2022; doi:10.4085/1947-380X-22-014.

This article discusses the need for incorporating education on interfaith patient care in athletic training curriculum to enhance culturally competent, patient-centered care. It provides a framework consisting of foundational understanding, rationale for content inclusion, and practical strategies to consider patients' religious, spiritual, and secular identities.

Curlin F, Lantos JD, Roach CJ, Sellergren SA, Chin M. Religious characteristics of U.S. physicians: a national survey. *J Gen Intern Med*. 2005;20:629-634.

This article delves into the religious beliefs and characteristics of practicing U.S. physicians, comparing them with the general U.S. population. The study finds notable differences between physicians and the broader populace in religious affiliations, the integration of religious beliefs into daily life, and coping mechanisms.

Eckhart Queenan J, Grunert P, Murphy D. Elevating the role of faith-inspired impact in the social sector. The Bridgespan Group. January 2021.

This report delves into the significant role of faith-inspired organizations in the social sector. It emphasizes the need for recognizing and supporting faith-inspired entities and their pivotal roles in social change, while also urging for more research in the area.

Espiritu EW, TenHaken-Riedel JP, Brown R, et al. Incorporating spirituality into graduate health professions education. *Christian Higher Educ*. 2020;19(4):254-271. doi:10.1080/15363759.2019.1687050.

This study explores the perceptions of graduate health profession students on the role of spirituality in healthcare and its integration into their education. Conducted across nursing, occupational therapy, pharmacy, and physical therapy programs, it reveals a consensus on the importance of spirituality in personal life but also highlights the diverse and individualized definitions of spirituality among students. The findings suggest a desire for incorporating spirituality through optional mission trips and discussions on its influence in clinical interactions, pointing towards the need for flexible educational programming that accommodates diverse spiritual perspectives in healthcare training, especially within Christian university settings.

Fahmy D. Americans are far more religious than adults in other wealthy nations. Pew Research Center. July 31, 2018. Accessed 22 February 2024. www.pewresearch.org/short-reads/2018/07/31/americans-are-far-more-religious-than-adults-in-other-wealthy-nations/.

A recent Pew Research Center study shares that the U.S. remains a robustly religious country and the most devout of all the rich Western democracies. In fact, Americans pray more often, are more likely to attend weekly religious services, and ascribe higher importance to faith in their lives than adults in other wealthy, Western democracies, such as Canada, Australia and most European states. Still, previous Pew Research Center studies have shown slight but steady declines in recent years in the overall number of Americans who say they believe in God. This lines up with the finding that American adults *under* the age of 40 are less likely to pray than their elders, less likely to attend church services, and less likely to identify with any religion – all of which may portend future declines in levels of religious commitment.

Gallup. Faith and Wellness: The worldwide connection between spirituality & wellbeing. 2023. <https://www.faithandmedia.com/research/gallup/>.

This report explores the relationship between spirituality and mental health. Based on Gallup World Poll data and a meta-analysis of academic research, the report identifies a positive correlation between spiritual or faith commitments and enhanced wellbeing outcomes. It also mentions some negative mental health outcomes associated with specific spiritual beliefs.

Ghorbani M, Mohammadi E, Aghabozorgi R, Ramezani M. Spiritual care interventions in nursing: an integrative literature review. *Support Care Cancer*. 2021 Mar;29(3):1165-1181. doi:10.1007/s00520-020-05747-9.

This academic article reviews nursing spiritual care interventions, identifying and characterizing various approaches within the field. It categorizes nursing spiritual care into eight distinct interventions, including the exploration of spiritual perspectives, healing presence, therapeutic use of self, intuitive sense, patient-centeredness, meaning-centered therapeutic interventions, creating a spiritually nurturing environment, and documentation and evaluation of spiritual care.

Grung AH, ed. *Complexities of spiritual care in plural societies: education, praxis and concepts*. In: *Studies in Spiritual Care*; vol 8. Berlin, Germany: De Gruyter; 2022. doi:10.1515/9783110717365.

This book encompasses an academic exploration of spiritual care and chaplaincy in diverse and pluralistic societies. Specifically, it contributes to an emerging area that can be termed as "plural spiritual care and chaplaincy." It offers both empirical studies and conceptual frameworks, providing a scholarly examination of the complexities involved in delivering spiritual care in contexts marked by religious and cultural diversity.

Gunderson G, Cutts T. Faith domain as social immune system: recommendations for response and recovery. In: Milstein B, Roulier M, Kelleher C, Hartig E, Wegley S, eds. *Thriving Together: A Springboard for Equitable Recovery & Resilience in Communities Across America*. CDC Foundation and Well Being Trust; July 4, 2020:287.

This article delves into the interplay between faith and public health, especially in the context of the COVID-19 pandemic. The deep dive explores the concept of faith acting as a societal immune system, highlighting the significance of faith-based organizations in crisis response. Drawing parallels between the immune system's response to threats and the proactive nature of faith communities during disasters, the resource underscores the vital role faith plays in societal resilience and recovery.

Harrad R, Cosentino C, Keasley R, Sulla F. Spiritual care in nursing: an overview of the measures used to assess spiritual care provision and related factors amongst nurses. *Acta Biomed*. 2019;90(4-S). Published March 28, 2019. doi:10.23750/abm.v90i4-S.8300.

This article explores the measures used to assess spiritual care provision by nurses and identifies the factors influencing its delivery. Despite recognizing the importance of spiritual well-being in patient care, nurses often face challenges in engaging with patients' spiritual needs due to inconsistencies in the definition and assessment of spiritual care. The review highlights the need for standardized training and education in spiritual care interventions over the religiosity of nurses or their institutions, pointing out that while nurses are aware of the significance of spiritual care, they lack the necessary preparation and knowledge to effectively implement it.

Hartenstein L, Latkovic T. The secret to great health? Escaping the healthcare matrix. McKinsey & Company. December 20, 2022. Accessed 22 February 2024. www.mckinsey.com/mhi/our-insights/the-secret-to-great-health-escaping-the-healthcare-matrix

This McKinsey Health Institute Report argues that the blueprint to achieve a lifetime of great health is increasingly clear and within our control. But unlocking it requires challenging the orthodoxies currently guiding individuals and institutions. Among the report's findings are several observations that relate to religion/spirituality and health, including the following:

- Mental, social, and spiritual health are as important as physical health and are deeply interconnected.
- *Most* drivers of health sit *outside* conventional healthcare systems and are *modifiable*.
- Achieving great health is as much about what we pursue as what we avoid.
- People are more than patients; they deserve to be empowered with greater health literacy.

Hayes M, Chumney F, Buckingham M. Workplace resilience study: full research report. 2020. Accessed 22 February 2024. www.adpri.org/wp-content/uploads/2020/09/R0120_0920_v1FINAL_RS_ResearchReport_040621.pdf.

ADP Research Institute published a report in 2020, defining workplace resilience as the “capacity of an individual to withstand, bounce back from, and work through challenging circumstances or events at work.” The report summarizes that: “Workplace Resilience is a complex construct that cannot be fully understood by measuring just the characteristics of employees. To fully understand resilience, we must take into account the context in which each person works and measure the different layers of influence specific to the workplace. For individuals who work in teams, this means understanding their unique combinations of personal beliefs and workplace experiences, and how those are shaped by both their Team Leaders, who shape personal experiences on teams, and an organization’s Senior Leaders, who shape the broader context in which teams exist. The ADPRI Workplace Resilience Scale was designed to measure how resilient employees are through an understanding of how consistently Team Leaders and Senior Leaders practice positive behaviors that promote the growth of individual resilience in the workplace. At each level, the items were written to provide leaders throughout an organization with applicable intelligence to highlight steps that can be taken to build team member resilience.”

Ho MJ, Al-Eraky M. Professionalism in context: insights from the United Arab Emirates and beyond. *J Grad Med Educ.* 2016;8(2):268-270. doi:10.4300/JGME-D-16-00103.1.

This resource discusses the nuances of medical professionalism across different cultural contexts, emphasizing the findings of Abdel-Razig and colleagues' study on developing a consensus definition of medical professionalism in the UAE. Highlighting the importance of social justice, personal faith, and societal expectations in shaping professionalism, the article argues for a localized understanding of professionalism that integrates cultural, religious, and societal values. It also addresses the challenge of teaching and assessing professionalism in multicultural settings like the UAE, advocating for a culturally sensitive approach to professionalism education.

Hussain AN, Khanna R, Moshell AN. Allergic contact dermatitis associated with religious practices: review of the literature. *Dermatitis: Contact, Atopic, Occupational, Drug.* Published online January 19, 2023. doi:10.1089/derm.2022.29014.ahu.

This article identifies and summarizes religious practices that may cause contact dermatoses. Reviewing articles that mentioned Judaism, Islam, Christianity, Buddhism, Sikhism, and multiple religions, this study found that products used in religious or cultural practices may cause specific patterns of contact dermatitis, and nine unique allergens were identified, with para-phenylenediamine being the most common. Increasing awareness of religious practices that cause allergic contact dermatitis will facilitate culturally competent dermatological care.

Idler E, ed. *Religion as a social determinant of public health.* Oxford University Press; 2014. doi:10.1093/acprof:oso/9780199362202.001.0001

This book delves into the complex relationship between religious and public health institutions, highlighting religion's significant but often overlooked role in shaping health outcomes. The book takes a comprehensive approach, examining historical, global, and life course perspectives on how religious practices and institutions impact physical and mental health, from individual to population levels. It also explores religion's involvement in public health efforts, including its role in addressing epidemics like HIV/AIDS, pandemic influenza, and Alzheimer's disease, completing the framework of social determinants of health with a critical analysis of religion's influence.

Idler E, Levin J, VanderWeele TJ, Khan A. Partnerships between public health agencies and faith communities. *Am J Public Health*. 2019;109(3):346-347. doi:10.2105/AJPH.2018.304941.

This article in the AJPH focuses on the history and potential of collaborations between public health agencies and faith communities. It highlights the role of religious institutions in public health, detailing partnerships' evolution and impact, including case studies like the British NHS's post-WWII collaboration and the US-based Congregational Health Network. The article also discusses best practices for effective partnerships and addresses potential ideological conflicts, emphasizing the value of faith-based organizations in tackling health disparities and social justice issues.

Kiser M, Lovelace K. A national network of public health and faith-based organizations to increase influenza prevention among hard-to-reach populations. *Am J Public Health*. 2019;109(3):371-377. doi:10.2105/AJPH.2018.304826.

This article explores a national collaboration aimed at influenza prevention, especially for hard-to-reach populations from 2009 to 2016. It emphasizes the partnership between various health and faith-based organizations and how they jointly extended influenza prevention services. The paper highlights the role of intermediary organizations in facilitating information sharing, co-learning, and dissemination of best practices.

Koenig HG, McCullough ME, Larson DB. Handbook of religion and health. Oxford University Press; 2012.

This book is an academic exploration of the interplay between spirituality, religion, and health outcomes. It presents theoretical models that suggest how religious beliefs can influence both mental and physical health, focusing on recognized psychological, social, and behavioral mechanisms.

López-Tarrida ÁdC, de Diego-Cordero R, Lima-Rodríguez JS. Spirituality in a doctor's practice: what are the issues?. *J Clin Med*. 2021;10(23):5612. doi:10.3390/jcm10235612.

While it is increasingly important to address the spiritual dimension in the integral care of the people, doctors approach spiritual care in clinical practice with little rigor due to certain facts, factors, and boundaries that are assessed in this review. The results showed the perspectives and principal characteristics identified by doctors in their

approach to the spiritual dimension, with lack of training, a lack of time, and fear in addressing this dimension in the clinic the main findings. Although more and more scientific research is demonstrating the benefits of spiritual care in clinical practice and physicians are aware of it, efforts are needed to achieve true holistic care in which specific training in spiritual care plays a key role.

Lynch E, Williams J, Avery E, et al. Partnering with churches to conduct a wide-scale health screening of an urban, segregated community. *J Community Health*. 2020 Feb;45(1):98-110. doi: 10.1007/s10900-019-00715-9.

This article details the collaborative health screening initiative called West Side Alive (WSA). The program, in partnership with churches, aims to address health disparities in the West Side of Chicago, a predominantly African American community. The article elaborates on the methodology, key measures, and findings from the health screenings, highlighting the prevalence of various health and social risk factors. The results will be used to develop interventions in collaboration with the churches to enhance the overall health of the community.

Milstein B, Roulier M, Kelleher C, Hartig E, Wegley S, eds. *Thriving together: a springboard for equitable recovery & resilience in communities across America*. CDC Foundation and Well Being Trust; July 4, 2020.

This is a comprehensive report that delves into the interconnectedness of environmental hazards, health disparities, sociodemographic stressors, and the disproportionate impacts on low-income communities and Communities of Color in the United States. The report addresses the compounded vulnerabilities faced by these communities, especially in the context of the COVID-19 pandemic, and explores the relationship between environmental degradation, climate change, and public health. Focusing on a wide variety of key issues and including several comprehensive "Deep Dives," the report underscores the importance of holistic approaches to health and well-being, emphasizing the intrinsic link between healthy people, healthy places, and a thriving natural world.

Morris GS. *Care: How people of faith can respond to our broken health system*. Wm. B. Eerdmans Publishing; 2022.

This book, authored by medical doctor and pastor Scott Morris, focuses on the issues with the US health system and the ways that vulnerable groups are impacted. Morris advocates for faith-based, community-driven solutions, incorporating narratives of those often marginalized. He discusses faith as a pivotal tool to bridge systemic gaps, highlighting the multifaceted benefits of holistic, faith-infused care models, particularly in light of glaring health inequities unveiled during the COVID-19 pandemic. Readers are called to local action and advocacy to embody a faith that champions comprehensive care for all.

Mueller PS, Plevak DJ, Rummans TA. Religious involvement, spirituality, and medicine: implications for clinical Practice. *Mayo Clin Proc.* Elsevier; 2001;76(12):1225-1235. doi:10.4065/76.12.1225.

The article delves into the interplay between religiosity, spirituality, and health, emphasizing that many patients regard spiritual health as essential as physical health. The study references multiple surveys and research to highlight the positive association between religious involvement, spirituality, and various health outcomes. The article underscores the need for clinicians to address patients' spiritual needs, offering guidelines on how to approach these topics in clinical practice without controversy.

Nyangweso M. Contending with health outcomes of sanctioned rituals: the case of puberty rites. *Religions.* 2022;13(7):609. doi:10.3390/rel13070609.

This article examines the intersection of religiously sanctioned puberty rites and health outcomes, focusing on African practices such as breast ironing, female genital mutilation/cutting (FGM/C), and child marriage. It challenges the secular view of healthcare by demonstrating the longstanding intertwining of medicine and religion, using survey data from 50 respondents to illustrate the health implications of these rituals in Africa and among Africans in the diaspora.

Opalinski A, Dyess SM, Gropper SS. Food culture of faith communities and potential impact on childhood obesity. *Public Health Nurs.* 2017;34(5):437-443. doi:10.1111/phn.12340.

This study investigates the food culture in various faith communities (FCs) and its impact on childhood obesity. By analyzing feedback from 34 leaders across seven different faith groups, it reveals how food is integral to FC events and affects dietary habits, underlining the importance of healthy eating initiatives within these communities.

Potts, G., Hewitt, S., Moore, M. *et al.* Spiritual caregiving and assessments for America's religious 'nones': a chaplaincy perspective. *J Relig Health* 62, 1513–1531 (2023). <https://doi.org/10.1007/s10943-023-01757-z>

One in four American patients now identifies as religiously unaffiliated. This study utilizes thematic analysis to deliver qualitative results from in-depth interviews conducted with five chaplains at a premier cancer research institution in Florida to envision what spiritual care for religious 'nones' might look like in practice. It demonstrates *why* the chaplains interviewed suggested that spiritual caregiving still contributes to holistic wellbeing of this group, as well as *how* spiritual care and assessments may be provided to so-called religious 'nones'—or those who identify as spiritual but not religious, not religiously affiliated, secular humanist, atheist, and agnostic. The authors propose language for a spirituality assessment that includes this patient population.

Purnell MC, Johnson MS, Jones R, et al. Spirituality and religiosity of pharmacy students. *Am J Pharm Educ.* 2019;83(1):6795. doi:10.5688/ajpe6795.

This study assesses the religiosity and spirituality among final year pharmacy students across four universities, analyzing its effect on academic performance, emotional well-being, and views on future professional practice. Despite religiosity and spirituality not influencing academic outcomes, the findings highlight their positive impact on students' mental health and the potential influence on patient care, including medication adherence. The decrease in organized religious activities during pharmacy education and the need for skills in conducting spiritual assessments suggest an opportunity for pharmacy programs to more fully integrate support for students' spiritual and religious beliefs and prepare them for holistic patient care.

Roncolato C. Leveraging the power of religious diversity in health fields. *J Coll Charact.* 2022;23(3):275-281. doi:10.1080/2194587X.2022.2087685.

Religion and spirituality played a founding role in American healthcare. Though it shows up differently today, religious diversity continues to be present in powerful ways in American medicine. However, despite its relevance, most health field professionals are not adequately prepared to engage the religious diversity they encounter. This article explores how religious identity and diversity curricula in health fields programs can ultimately improve patient care and health equity. Highlighting best practices and key pedagogies, this article profiles campuses that have successfully integrated religious diversity education into health fields curricula.

Salem Y, Rahman SM, Shalabi M, Hussain A. Prayer-related dermatoses in Muslims. *Dermatitis.* August 31, 2023; doi:10.1089/derm.2023.0191.

This article reviews the common dermatoses associated with prayer rituals in Muslims. It details the impact of prayer rituals on the skin, primarily due to friction, and offers culturally sensitive management strategies such as the use of padded prayer rugs.

Schmidt C, Eickmeyer J, Henningsen M, Weber A, Pleimann A, Koehler S. Medical students' personal experiences, religion, and spirituality explain their (dis)comfort with a patient's religious needs. *Can Med Educ J.* 2020 Mar 26;11(4). doi:10.36834/cmej.69217.

This study investigates how medical students' own religious and spiritual beliefs influence their comfort in addressing patients' religious needs. Through interviews with a Standardized Patient scenario involving religious conversion, students reflected on their engagement with the patient's concerns. Findings reveal that students' religiosity generally enhances their comfort in discussing religious matters, regardless of their specific faith background. However, a subset of students felt discomfort, mainly due to a lack of religious belief or knowledge about the patient's religion. This underscores the importance of integrating mind-body-spirit care training into medical education to better prepare future physicians for addressing the religious and spiritual aspects of patient care.

Schnabel L, Schieman S. Religion protected mental health but constrained crisis response during crucial early days of the COVID-19 pandemic. *J Sci Study Relig.* 2021;61(2):530-543. doi:10.1111/jssr.12720.

This article explores the dual role of religion during the early days of the COVID-19 pandemic. While religion provided mental comfort to highly religious individuals, especially evangelicals, it also led to reduced support for public health measures. The conservative politicization of religion in the U.S. is identified as a contributing factor to these observed tendencies.

Svob C, Murphy E, Wickramaratne PJ, et al. Pre- and post-pandemic religiosity and mental health outcomes: a prospective study. *Int J Environ Res Public Health.* 2023;20(11):600. doi:10.3390/ijerph20116002.

This article investigates the trajectories of religious beliefs and attendance before and during the COVID-19 pandemic and their impact on mental health. Utilizing data from a longitudinal study, it reveals a decline in in-person religious attendance due to pandemic restrictions but notes the protective effect of religious importance and online attendance on mental health outcomes.

Swihart DL, Yarrarapu SNS, Martin RL. Cultural religious competence in clinical practice. StatPearls Publishing; 2018. Last updated July 24, 2023. Accessed February 19, 2024. <https://www.ncbi.nlm.nih.gov/books/NBK493216/>.

This article underscores the importance of cultural and religious competence in clinical practice. The article highlights the significance of understanding diverse religious and cultural backgrounds in delivering optimal healthcare, including an overview of some popular traditions and information about them that may be relevant to patient care. It emphasizes the role of culturally competent care in improving patient outcomes, and presents strategies for healthcare professionals and systems to achieve cultural competence, including training, policy-making, and effective communication. The article also provides insights into the consequences of not adopting cultural competence and stresses the need for a holistic approach to patient care.

Tartaro J, Luecken LJ, Gunn HE. Exploring heart and soul: effects of religiosity/spirituality and gender on blood pressure and cortisol stress responses. *J Health Psychol.* 2005;10(6):753-766. doi:10.1177/135910530505731.

This article examines the influence of self-reported religiosity and spirituality on cardiovascular and cortisol stress responses in young adults, highlighting differing effects based on gender. Notably, higher levels of religiosity/spirituality were associated with reduced cortisol stress responses. However, while males with higher religiosity/spirituality showed lower blood pressure responses, females demonstrated elevated blood pressure responses.

Upeniaks L. Unpacking the relationship between prayer and anxiety: a consideration of prayer types and expectations in the United States. *J Relig Health*. 2023;62(3):1810-1831. doi:10.1007/s10943-022-01708-0.

This article delves into the multifaceted nature of prayer and its relationship with anxiety in the United States. Using data from the Baylor Religion Survey (2021), the study examines four subtypes of prayer: prayer efficacy, devotional prayer, prayers for support, and prayer expectancies. The findings indicate that while certain types of prayer are correlated with higher anxiety, others are associated with reduced anxiety levels. The study underscores the complexity and nuanced effects of different prayer dimensions on mental well-being.

van Nieuw Amerongen-Meeuse JC, Schaap-Jonker H, Schuhmann C, Anbeek C, Braam AW. The "religiosity gap" in a clinical setting: experiences of mental health care consumers and professionals. *Mental Health, Religion, and Culture*. 2018;21(7):737-752. doi:10.1080/13674676.2018.1553029.

The article examines the impact of the "religiosity gap" between mental health professionals and patients in Western countries. It highlights patients' experiences of feeling misunderstood due to differing religious views and emphasizes the benefits of recognizing and effectively navigating this gap in clinical settings. The study calls for professionals to be more aware and considerate of patients' religious and spiritual beliefs.

Vieten C, Scammell S. *Spiritual and religious clinical competencies manual: guidelines for psychotherapists and mental health professionals*. New Harbinger Publications; 2015.

This book is a comprehensive manual that emphasizes the integration of spiritual and religious competencies in clinical practice for psychotherapists and mental health professionals. The book provides research-based guidelines to ensure that therapy is culturally competent, respectful of clients' spiritual or religious beliefs, and ethically sound. It covers taking a spiritual and religious history, addressing related topics in a clinical setting, setting clear ethical boundaries, and making appropriate referrals when necessary.

Welch Little L. Can America be Saved? A pastoral response to racism and Covid-19 and an appeal for dreams, visions, and imagination. *J Pastoral Theol*. 2021;31(2-3):145-158. doi:10.1080/10649867.2021.1902109.

This article explores the role of dreams, visions, and imagination in addressing the challenges of COVID-19 and systemic racism in the United States. It integrates biblical apocalyptic texts, Wesleyan theology, womanist theological analyses, and Jungian thought to propose a holistic approach to salvation. The article emphasizes the importance of continuous social and theological engagement, along with creative expression, as pathways to healing and transformation.



White, Kelsey B, et al. Mapping the healthcare chaplaincy workforce: a baseline description. *Journal of Health Care Chaplaincy*, 13 Feb. 2020, www.tandfonline.com/doi/full/10.1080/08854726.2020.1723192.

Changing US demographics, along with increasing diversity in the healthcare workforce, requires professional healthcare chaplains to examine their own workforce breakdown. Previous research shows chaplains were predominantly white and mainline Protestant, while students and certified educator candidates are more religiously diverse. The author recommends improving data infrastructure of professional chaplaincy organizations, as it is difficult to currently identify trends. Opportunities for future research include exploring what service users of chaplaincy want, including whether they prefer a chaplain that looks more or less like them.