

Spiritual wellness awareness in medical students, a secret to patient well-being

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ABSTRACT: This study aimed to assess and compare the dimensions of Spiritual wellness (SpW) to know about the elements of quality care in medical students of private and public medical universities (MU) of Karachi, Pakistan. Students from both genders and all ethnic groups, between 19-23 years of age were included in the study. The responses of SpW were obtained from 736 students and evaluated on a four points Likert's scale; score ranging from 0-3. Comparison was done by Mann Whitney test. Medical students of both universities were found to be aware of the concept of SpW but the level of awareness needs scaling up. Public MU students were found to have a stronger will, were more physically and mentally alert, more compassionate, empathetic and enthusiastic about their relationship with patients than their private MU counterparts. They used SpW as a coping strategy to deal with difficult situations through religious activities. Though attentive listening was a predominant feature in both groups, the practice of communication requires particular attention to improve the element of compassionate care. Empowerment of this SpW is more likely to enable medical students emerge as more reliable, responsible and compassionate health care providers.

Keywords: Spiritual Wellness, Spirituality, Compassionate care, Medical Students, Pakistan

INTRODUCTION

The concept of health has changed now, from absence of illness to a state of absolute wellness. As stated by Rehman et al (2013) and Horton & Snyder (2009) wellness has a strong impact on performance and academics of health care providers. Broadly speaking, wellness is a dynamic, ongoing and a demanding process that has many domains: physical, spiritual, intellectual, emotional, social, environmental and occupational and any imbalance that affects this wellness model is likely to affect human harmony, balance and health.

Growing interest in holistic care has included spiritual care in health, interrelating spiritual needs with biological, psychological, and social needs. Spirituality, spiritual wellness (SpW) and religion are all interlinked that give a unique meaning to each individual. Elkins (1999) defines spirituality as a Latin word where 'spiritus', means "breath" or "life". "Spirit" is the innermost self that reveals the sense of "who you are, why you are here and what your purpose for life is" and allows you to gain strength and hope. Beckman et al. (1994) describes spirituality as a universal phenomenon that addresses humanity and gives an insight into the phenomenon of interdependence between the health care provider and patient as well as within the mind and body of patient. The medical profession is realizing the importance of the issues of spirituality and spiritual wellness to improve the quality of medical care.

There is evidence that religious behaviors have a direct relationship with health status. Hefti (2011) stated that religion and spirituality promote internal control and facilitate coping mechanisms in stressful situations. They help to reframe stressful events in such a way that the individual is motivated intrinsically to deal with life stressors. According to Koenig (1999) activities that assist coping include prayer, inspirational reading to be good to others, social connections and seeking support from spiritual leaders. A review done by Koenig et al. (2000) on as many as 1,200 studies on religion and health revealed that two thirds of these had significant associations between religious activity and better mental and physical health, with reduced utilization of health services.

According to Puchalski & Guenther (2012) spirituality may affect lifestyles and health behavior and helps clinicians to offer compassionate services to their patients. Spiritual or compassionate care (an attribute of the health care provider) is a spiritual activity that serves the whole person—the physical, emotional, social, and spiritual. Compassion means “to suffer with” and compassionate care requires physicians to be empathic, non-judgmental, understanding and congruent with the patient through any stage of mortality, coping, or recovery. As stated by Elkin (1999) compassionate care accelerates the recovery process in patients and assists in the prevention of disease.

Research conducted by Seeman et al. (2003) has shown convincing evidence that spirituality endorses hope and optimism, and inhibits depression, anxiety, mental health problems and substance abuse. It is therefore important to assess the health care provider’s basic values and personal perspectives to ascertain that he is providing patient-centered or high quality care. Study conducted by Strawbridge et al. (1997) showed that empathy and non-judgmental attitude of the provider build self-esteem and confidence in patients improving life span in long term illnesses while Yates et al. (1981) related it to coping mechanism in patients with chronic illness. Cohen et al. (1995) reported positive quality-of-life scores in advanced disease when providers offered compassionate care. Realizing the importance of SpW, World Health Assembly (2005) conducted multiple reviews and a group discussion to associate spirituality with religion and health.

According to Culliford (2009) the West has taken the lead to address the philosophy of SpW by relating it to health professions and students. Literature provides evidence on courses or content spirituality and health in medical schools of developed countries. Medical students from Pakistan graduate from both public and private medical universities. Public universities are subsidized and grant admission to students strictly on merit basis. Private universities are expensive and most of their students are well off. Irrespective of type of university the element of compassionate care is a necessity for all medical graduates and undergraduates to enable them to provide high quality care. According to (Naz et al., 2013), (Al-Dubai et al., 2011), (Rehman et al., 2013) students are exposed to a specialized system of education and a change in educational environment with increased academic demands, that can also affect their behavior, health, learning capabilities, and interpersonal relationships and even their academic performance. The teaching of spirituality in relation to health is negligible in the curricula of both sets of medical universities (MU) in our study, emphasizing the need to introduce this concept for the mental and emotional wellbeing of the students as better care givers.

This study is one of the many academic contributions on Wellness Wheel to address the element of compassionate care spirituality amongst medical students in Pakistan. The objective is to assess and compare dimensions of SpW in undergraduates of both public and private medical universities of Karachi. Results of the study are likely to lay the foundation of spiritual awareness in health professional academics and allied education systems to bring them at par with international standards.

SUBJECTS AND METHODS

The cross sectional study was carried out in private and public sector MU at Karachi, Pakistan. For participation in the research, we selected five private and three public medical universities for ease of access to students. To exclude any selection bias, we distributed questionnaire to all students, 19 to 23 years of age in both universities irrespective of gender or ethnic groups.

The present study is the continuation of Vander Bilt University, Wellness Resource Centre (2009) “Wellness Wheel Studies” approved by Ethical Review Board of Bahria University Medical & Dental College. This self-administered questionnaire was developed from several already published similar studies and modified by the researchers to achieve the desired outputs. The questionnaire was pretested and verified for error on a group of 50 students. The reliability of the questionnaire was determined by measuring the related Cronbach’s Alpha which was equal to 81%, indicating good consistency in the responses from study participants. All variables were judged on the basis of four-point Likert type scale (never, sometimes, mostly, and always) and score was ranging from 0-3, from lowest to highest ranks. All respondents were informed about the purpose of the survey. The response rate was very high and we received completely filled 286 questionnaire from public MU and 450 from private MU. The response rate from private MU was 95.33% (refusal rate 4.67 %) as compared to 90% from public MU (refusal rate 10%).

STATISTICAL ANALYSIS

Data was evaluated by Predictive Analysis Software (PASW 18.0). The total scores are expressed as mean \pm standard deviation. Score of individual item of SpW is expressed in frequencies and percentages. Shapiro

Wilk's test showed SpW scores were non-normally distributed. Therefore, Mann Whitney U Test was used to compare SpW scores between public and private MU students. Results were considered significant when p- value was computed to be less than 0.05.

RESULTS

Out of 736 students who participated in the study, 286 (38.9%) were from public MU; while 61.1% (450) were from private MU. The dimensions of spiritual wellness were analyzed on the basis of the health care provider's contribution to performance, spiritual involvement and assessment of elements of compassionate care. Item-wise comparative analysis is presented in Table 1. Comparative analysis on overall score of spiritual wellness revealed that public medical university students scored more in several dimensions of SpW as compare to private MU students.

SpW dimensions contributing to performance

Irrespective of the type of university, three fourths of all MU students reported to be peaceful, calm, balanced and satisfied in life as against one fourth who experienced such feelings infrequently ($p=0.002$). Only two percent never experienced such peacefulness and satisfaction in their professional life. Helping others, being useful, empathy and love for nature was a positive attribute of 85% students from public MU and 81% from private MU. No significant difference was observed between the two types of universities in this regards. While comparing the personal attributes of students, a significant difference was observed when a very high percentage (94%) of students from public MU reported to have a strong will with physical and mental alertness as compared to 73% from private MU ($p=0.000$). A significant difference was observed within each group of MU students ($p=0.000$) when comparing alertness and health. A great majority of students from each university were aware of the reason of their being verses a minimal number of students who were not clear about their purpose of life and did not have a positive attitude towards it ($p=0.000$). Comparing the two universities, a significantly higher percentage of students from public MU (96%) was more confident about their aim of life and were optimistic about their objectives.

Attributes of SpW contributing to the paradigm of connection

A significantly higher percentage ($p=0.001$) of medical students from each MU claimed that they were religious and god fearing. Public MU students (96%) were significantly more prone to spiritual activities and relied on spiritual beliefs in complex situations ($p=.001$) than private MU students (89%). Although a great majority of students with no observable difference between universities stated that they were clear about their values and beliefs, students from public MU were found to be significantly more respectful to the beliefs of those around them ($p=0.004$).

Elements of compassionate care

Overall, majority of students from both universities stated that they fulfilled the essential quality of being honest to their profession and also implemented the criterion of delivering high-quality care by being trust worthy and reliable in the eyes of their patients (Table 2). The basic quality of being honest, respectful and trustworthy was observed in 97% students from public MU and 92% from private MU being significantly more ($p=0.018$) in public MU students. Tolerance and attentive listening to construct a healing relationship with patients was a positive feature of more than eight out of ten of all students with no significant difference between types of universities. The health care providers approach to patients with compassion was a positive feature in the majority of student. More than nine out of ten students from each university were found to be compassionate ($p=0.000$), a cross cutting feature in both types of university students. The trait of empathy was observed to be significantly more in public MU students with more than nine out of ten using it in clinical practice as compared to eight out of ten from private MU ($p=0.000$). A significantly higher percentage ($p=0.000$) of medical students were concerned about the value of relationship with their patients being more (94%) in public MU as compared to 87% from private MU ($p=0.001$). Similarly most of the students ($p=0.000$) reported that they felt happier after doing something good. The sense of accomplishment after meaningful activities was significantly more ($p=0.000$) in public MU students (97%) as compared to 82% from private MU. This is particularly important from the perspective of medical undergraduates as it leads to job satisfaction and prevents burnouts. Compassion, caring and communication has always been the cornerstone of optimal care. The practice of communication skills for improved care needed attention in both types of MU students as only seven out of ten students from each MU were practicing it ($p=0.004$).

DISCUSSION

Growing interest in holistic care has included spiritual care in holistic health interrelating spiritual needs with biological, psychological, and social needs. Spirituality is a universal phenomenon that addresses humanity and gives an insight into the phenomenon of interdependence between the health care provider and patient as well as within the mind and body of patient. The medical profession is realizing the importance of the issues of spirituality and SpW to improve the quality of medical care. According to Association of American Medical Colleges, physicians must be compassionate and empathetic towards patients. Kelm et al. (2014) suggests that our future healers should be trained to provide adequate SpW, compassionate care and manage associated behavioral aspects of patient management. Research supports that a deeper understanding of SpW though demanding and time dependent contributes to the development of responsibility, discipline, focus in life and stronger interpersonal relationship. Peacefulness, calmness and satisfaction point towards positive emotions and only three fourths of our undergraduates reported to display such emotions.

Markakis et al. (1999) identifies the value of empathy in clinical medicine, and defines it as “the act of correctly acknowledging the emotional state of another without experiencing that state oneself”. Habib (2012) addressed this element in Pakistani nursing profession as empathy and the feeling of being good to others paves the way to compassionate care. The aggregate scores of empathy in the study students were good; but not sufficient for appropriate performance of health care provider.

Concentration is the king that rules the mind and it is expected of a health care provider to show full attentiveness in a doctor patient relationship. For definitive performance both physical and mental alertness with ample sleep are needed. Physical alertness improves the power of concentration by removing lethargy and the body can be made to work towards positive values and desires. Callaghan (2004) proposes that mental alertness through the same power of concentration empowers the mind to operate smoothly, reduces anxiety, depression, and improves self-esteem and cognitive functions. Nazir & Malik (2013) support the positive association of religious beliefs with good mental health leading to overall positive progress in academic performance of medical students. Students from public MU in the current study reported to be both physically and mentally alert and stated to have a strong will contributing to their performance. Similarly a greater proportion of public MU students were aware of the reason of their being, revealed positive attitude towards life and were more clear about the reason of their being. Religious and spiritual beliefs and practices have a main role in the lives of many patients. In the absence of formal education on spirituality medical students are often unclear to address these issues. The skill to deal with these issues is imperative for compassionate care. Puchalski (2001) and Weber (2014) showed that religion and spirituality are associated positively with better health and psychological wellbeing. Religious and spiritual factors not only facilitate stronger doctor patient relationship but also help to reduce stress through a number of coping mechanisms which improve social support, work place attitudes, motivation level, emotional intelligence and strength of personal values. Al-Dubai et al. (2011) observed that students used active coping strategies more than avoided strategies (denial, self-blame, and alcohol or substance use). In a study from Pakistan conducted by Naz et al. (2013) medical students used mentorship as a coping strategy to acquire intellectual wellness. Recently Sree et al. (2014) concluded that spiritual practice is essential not only for a tension free life and personality management but also vital to attain competencies and skills. It was observed that public MU students enjoyed better SpW as compared to private MU students as they were significantly more spiritual and religious than their counterparts from private MU.

Majority of students of both medical universities understood their values, beliefs and were able to speak on them. The concept of meaning and purpose in life was however responded by public MU students more than private MU. In a study conducted by Rehman et al. (2013) females reported to have more well defined meaning and purpose of life and connected to the Almighty Creator through modes of prayers of their religions. In a similar manner, patients across the globe need to be treated as a whole human being with physical, emotional and spiritual needs. Koenig et al. (2010) suggests that awareness of SpW should not be ignored in clinical practice and health related professions as it teaches students to respect humanity and the beliefs and values of others. Public MU students in the present study were more respectful to the beliefs of those around them.

The attribute of attentive and passionate listening without getting emotionally involved with patients should be the decisive aim of our teachings. Puchalski (2001) brings to mind the skills of taking spiritual history in first patient interaction. It was observed that public MU students were tolerant to listen to others, raising the expectation that in clinical practice they would use this tolerance in good listening and counseling.

It is expected that physicians use all knowledge, skills and compassion in patient care. Valenti et al. (2014) supports the importance of spiritual values and clinical skills in clinical care. The importance of compassionate care, laid the foundation of an organization; Physicians for Compassionate Care Education Foundation (PCCF)

where health professionals lay emphasis on compassionate care education for optimal medical care. Compassionate care, often in the form of attentive listening, creates a "healing relationship" with patients that favors outcomes, improves diagnosis and patient's adherence with treatment. Communication between doctors and patients has been clearly demonstrated to affect many aspects of patient care, including health outcomes. Compassionate care is thus more likely to develop stronger patient–doctor interpersonal relationships. The quality of being honest, respectful and trustworthy was a cross cutting feature across both type of university students. By re-introducing, compassionate care and role of spirituality in our current health professional education, we would certainly be able to re-introduce the physician's lost hidden touch.

Unfortunately in this materialistic scientific paradigm, mind is inaccurately associated with brain; in fact mind is a dimension and compassion is a relationship issue. Seager (2012) suggests that the only appropriate way to measure a mind is to compare it with another mind in a live relationship. Various studies suggest that the essential mind-based and relationship-based nature of a mindful health care worker promotes faster healing, reduces pain and anxiety and even bouncing back faster from minor ailments. Health care providers in our study stated that they were compassionate in their relationship with patients.

Physician's empathy warmth and genuineness are key elements of effective human caring relationships. Compassion is not the same as empathy or altruism, though the concepts overlap. While empathy enables us to feel the emotions of another person, compassion is an action step with the desire to help. The quality of empathy was observed to be significantly more in public MU students as compared to private MU students

Park (2009), Lejoyeux (2011) propose that in a doctor-patient relationship the patients voluntarily approach a doctor and become a part of a contract which they adhere to under the doctor's guidance. Emanuel and Dubler (1995) stated that an ideal relationship has six components, namely intended choice, doctor's capability, good communication, doctors' empathy, continuity of treatment, and no conflict of interest. A poor relationship leads to poor compliance, changing doctors repeatedly or even visiting quacks eventually affecting the quality of healthcare and inability of the patients to cope with their illness. Public MU students in our study were more enthusiastic about their relation to patients as compared to private students. The sense of accomplishment, satisfaction and pride after meaningful activities was also significantly more in public MU students and they felt happier after doing well. This is particularly important from the perspective of medical undergraduates as it leads to job satisfaction and prevents burnouts.

Communication has always been the cornerstone of optimal care. Shield et al. (2011) proposed to integrate communications curriculum to health to improve physicians' interactions with patients and families. The practice of communication skills for improved care needed attention in both types of MU students. The Association of American Medical Colleges (AAMC), the World Health Organization (WHO) and the Joint Commission on Accreditation of Health Care Organization (JCAHO) advocate spiritual and health education to be addressed as an up-to-the-minute scientific need in clinical care and health education systems. Globally the medical profession has become a commercial business. Therefore, it's time to give due importance to SpW in our health care educational set up with the involvement of bodies like Pakistan Medical & Dental Council (PMDC) and higher education commission (HEC) to meet international standards. The need to document this study becomes more relevant, as our budding physicians also need to acquire a positive work place attitude with SpW. In this regard, this study is a positive national contribution for our evolving health professional academic needs.

LIMITATIONS

The present study had some limitations like; results were not analyzed on the basis of gender and the sample size was limited to Karachi. The significant bias in reporting of individuals who believed or perceived that they were more religious and trustworthy could not be excluded. The present survey does not have substantial comparable national and international studies, yet it is expected that results of this study will make the ground work scale up the scope of SpW in medical field.

CONCLUSION

Our results are quite satisfying with medical students of both universities displaying most elements of compassionate care. Irrespective of the type of university all medical students scored well in the dimensions of SpW contributing to performance. Public MU students scored more in some attributes and used spiritual wellbeing as a coping strategy to face problems and difficulties. Attentive listening was high up, but the practice of communication skills needed attention. The stability of financial status can take the students away from spiritual wellbeing is a question that is yet to be answered.

Table 1: Comparison of Spiritual Wellness dimensions in private and public Medical University students

		Public (n=286)	Private (n=450)	Total (n=736)	P Value (aggregate)
SpW dimensions contributing to performance					
Peaceful, calm and satisfied, balanced	Always	117(40.9)	122(27.1)	239(32.5)	0.002
	Usually	101(35.3)	196(43.6)	297(40.1)	
	Sometimes	63(22)	120(26.7)	183(24.9)	
	Never	5(1.7)	12(2.7)	17(2.3)	
Human connection (helping in nature, loveable)	Always	77 (26.9)	119 (26.4)	196(26.6)	0.438
	Usually	167(58.4)	244(54.2)	411(55.8)	
	Sometimes	42(14.7)	87(19.3)	129(17.5)	
	Never	-	-	-	
Strong will, physically sound and mentally alert	Always	206(72.0)	231(51.3)	437(59.3)	0.000
	Usually	62(21.7)	99(22.0)	161(21.9)	
	Sometimes	16(5.5)	109(24.2)	51(6.9)	
	Never	2(0.7)	11(2.4)	13(1.8)	
Optimistic and have meaning and purpose in life	Always	238 (83.2)	323 (71.8)	561(76.2)	0.000
	Usually	37 (12.9)	77 (17.1)	114(15.5)	
	Sometimes	8 (2.8)	46 (10.2)	54(7.3)	
	Never	3 (1.1)	4 (0.1)	7(0.95)	
Attributes of SpW contributing to the paradigm of connection					
Religious and god fearing	Always	238 (83.2)	323 (71.8)	561 (76.2)	0.001
	Usually	37 (12.9)	78 (17.3)	115 (15.6)	
	Sometimes	8 (2.8)	37 (8.2)	45 (6.1)	
	Never	3 (1.1)	12 (2.7)	15 (2.1)	
I understand my own values, beliefs and can speak on them.	Always	224 (78.3)	325 (72.2)	549 (74.6)	0.220
	Usually	41 (14.3)	91 (20.2)	132 (17.9)	
	Sometimes	17 (5.9)	26 (5.8)	43 (5.8)	
	Never	4 (1.4)	8 (1.8)	12 (1.6)	
I respect the beliefs of those around me	Always	199(66.1)	201(44.7)	400(54.3)	0.000
	Usually	73(25.5)	199(44.2)	272(36.9)	
	Sometimes	11(3.8)	39(8.7)	50(7)	
	Never	3(1.1)	11(2.4)	14(1.9)	

Table 2: Comparison of Elements of compassionate care in private and public Medical University students

		Public (n=286)	Private (n=450)	Total (n=736)	P Value (aggregate)
Elements of compassionate care					
Honest, respectful and trustworthy	Always	220 (76.9)	319 (70.9)	539 (73.2)	0.034
	Usually	56 (19.6)	96 (21.3)	152 (20.6)	
	Sometimes	9 (3.1)	21 (4.7)	30 (4.1)	
	Never	1 (0.3)	14 (3.1)	15 (2.1)	
Tolerant and attentive listener	Always	167(58.4)	247(54.9)	414(56.3)	0.565
	Usually	77(26.9)	119(26.4)	196(26.6)	
	Sometimes	31(10.8)	61(13.6)	92(12.5)	
	Never	11(3.8)	23(5.1)	34(4.6)	
Mindful, connected and compassionate	Always	201(70.2)	219 (48.7)	520(73.2)	0.000
	Usually	63(22.0)	196 (43.6)	259(35.2)	
	Sometimes	21(7.3)	21 (4.7)	42(5.7)	
	Never	1 (0.3)	14 (3.1)	15 (2.0)	
Empathic to others	Always	184(64.3)	192(42.7)	376(51.1)	0.000
	Usually	86(30.0)	174(38.7)	260(35.3)	
	Sometimes	9(3.14)	82(18.2)	91(12.4)	
	Never	7(2.4)	2(0.44)	9(1.22)	
Enthusiastic about relation to patients	Always	179(62.5)	186(41.3)	365(49.6)	0.000
	Usually	91(31.8)	206(45.8)	297(40.4)	
	Sometimes	8(2.8)	55(12.2)	63(8.56)	
	Never	8(2.8)	3(0.67)	11(1.49)	
Sense of accomplishment when I do good	Always	200(69.9)	213(47.3)	413(56.1)	0.000
	Usually	77(26.9)	155(34.4)	232(31.5)	
	Sometimes	9(3.1)	82(18.2)	91(12.4)	
	Never	-	-	-	
Practice communication skills for improved care	Always	142(49.6)	170(37.8)	312(42.4)	0.004
	Usually	67(23.4)	154(34.2)	221(30.0)	
	Sometimes	57(19.9)	100(22.2)	157(21.3)	
	Never	20(7.0)	26(5.78)	46(6.25)	

RECOMMENDATIONS

The concept of SpW and Compassionate Care should be introduced as a new curriculum in health care and allied professionals. We also recommend that, short courses in these two areas be started and faculty trained, as a part of faculty development programs to attain international standards. This will eventually also permit us to get closer to achieve our desired and health related national millennium developmental goals (MDG) for Pakistan.

DECLARATION OF INTEREST

The authors report no declarations of interest.

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