

**SPIRITUAL CARE: BELIEFS, ATTITUDES AND PRACTICES
AMONG FILIPINO FAMILY PHYSICIANS IN ILOILO CITY**

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ABSTRACT

This is a descriptive study that aimed to determine beliefs, attitudes and practices in spiritual care among family physicians in Iloilo City. Using a survey design, data were collected through a self-administered questionnaire distributed to family physicians from Iloilo City who attended a regional conference for family physicians. Of the 72 physicians given the questionnaire, 54 participated and completed the questionnaire.

The findings showed that most of the family physicians covered by this study had favorable beliefs and attitudes regarding spiritual care. The majority agreed that religious beliefs are pertinent in health care and that spiritual care reduces patient morbidity and mortality. Most of them favored that patients should be provided with all the support in their existing religious beliefs and there should be a facilitated referral of patients to a religious support services. They also agreed expressed that spiritual issues are the province of pastoral care, however, most of them shared that they should avoid religious discussions with their patients or their folks.

The majority of the respondents claimed that they routinely inquire about the patient's health crisis and perform something to respond to the health crisis. Most of the family physician claimed that they in tend to discuss issues on spiritual care and ask the family to pray for the patient, but will not discuss spiritual issues in health crisis, but will pray with the patient during health crisis.

The family physicians believe that certain characteristic of the patient positively affect their health. They also fully support the idea that religious beliefs can improve health care, but they will not discuss religious issues with them. They also believe that

religious values tend to emerge overtime, thus a support system is needed during the time of health crisis. Some intend to encourage patients to become more active in their own religious faith, may sometimes share their religious faith with their patients, and encourage them to become more active in their own faith for health reason.

Although many of the family physician-respondents have favorable attitudes towards spiritual care and shared conviction on the importance and favorable effect of spiritual care on patients' health condition, they were not sure whose role or responsibility it is to provide spiritual care. Apparently some physicians have ambiguous understanding of the concept of spiritual care. Some of them were also uncertain regarding the guidelines on when and when or how they should do the specific spiritual care tasks.