

Spirituality in medical education and COVID-19

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Alongside growing awareness about the spiritual dimension of health, there has been an ever-increasing tendency to incorporate spirituality into medical education and research in some contexts. This is part of an overarching movement from the biomedical approach toward a holistic medical education¹ in which spirituality is expected to take a more important role. In addition to rising publications in the field of spirituality, many medical schools and institutions have included spirituality in their programs.²

As a medical university in Iran, influenced by the rich history of Persian medicine and with regard to the special religious and cultural background of the people, Qom University of Medical Sciences has established, for the first time in the country, a research center for spiritual health and a school of health and religion. As researchers and faculty members of the Spiritual Health Research Centre and the School of Health and Religion, we have tried to incorporate spirituality in medical education. Our initiative on spirituality and health is directed toward developing spiritual competencies of health care providers.³ Spirituality has been defined as “that most human of experiences seeking to transcend self and finding the meaning and purpose of life through connection with others, nature, and/or a Supreme Being.⁴” To address this aspect of being human, medical students need to develop spiritual competencies and our plan has been directed toward developing these competencies. Some examples of spiritual competencies are noted in box 1.

In addition to providing reading materials and content, the hidden curriculum may be regarded as a means of developing spiritual competencies⁵ because the behaviors of instructors, especially in clinical contexts, are more influential than their words. Thus, it is necessary to equip educators with what is needed to have the right effect on the spiritual competencies of the learners. Since we believe that to enrich medical education and practice with spirituality requires a high level of spiritual competence, we have adopted a set of actions for the empowerment of faculty members and students. The empowerment process is fulfilled through both degree and non-degree programs.

BOX 1 Examples of spiritual competencies:

- Respecting patients' spiritual beliefs
- Ability to start and continue a spiritual conversation with patients.
- Ability to benefit from spiritual solutions (praying, appealing to God, ...) to help calm the patient
- Using one's religiosity to facilitate healing processes
- Identifying the spiritual needs of patients
- Trying to meet the identified religious and spiritual needs of patients and clients
- Demonstration of moral attributes in personal and professional behaviors (empathy, honesty, piety, compassion, altruism)
- Trying to fulfill professional duties in line with religious criteria

With regard to the role of instructors, particularly clinical teachers, in the process of education and formation of future professionals, we pay special attention to the spiritual and professional characteristics of faculty applicants. In this way spiritually potent persons are recruited. To empower the teachers, an online M.Sc. degree program in spirituality and ethics has been designed of more than 40 credits including a thesis. Over 100 learners have been admitted to the program; nearly half of them have completed the course work and are working on their theses. The participants of this program will be influential in training spiritually competent students.

In addition, we have developed workshops for instructors and hold scholarly debates on different issues by interdisciplinary teams of experts in the fields of medicine, health, and humanities. Other activities include journal clubs, festivals, conferences, and congresses.

For students, we do not offer a course on spirituality. Rather, we have adopted alternative solutions and try to convey the spiritual concepts implicitly or explicitly within other courses such as medical ethics and health. Integrating spiritual issues in curricula as a longitudinal theme to increase and expand the duration of the students' exposure to these topics is another method we have adopted as it has been shown to be effective in ethics courses.⁶ Furthermore, spiritual aspects of patient cases are discussed in morning reports and clinical rounds. Both undergraduate medical students and residents in different specialties receive an introductory session on spirituality in medicine and health.

Integrating spiritual issues in curricula as a longitudinal theme to increase and expand the duration of the students' exposure to these topics is another method.

We hold annual summer schools for students in different fields of medical sciences all over the country. Workshops, festivals, group discussions, and sessions of religious conversation are the other media used to expand the topic of spirituality among students.

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In the COVID-19 crisis, the need for spirituality and ethics has become more noticeable. With the shift to e-learning, learners and trainees have lost some opportunities for close contact with teachers and learning through mentoring or role-modeling. This hinders discussion of ethical and spiritual issue. However, all the educational activities including journal clubs, individual development, and summer schools are continuing online or through face-to-face learning.

The COVID-19 pandemic has provided an opportunity for trainees to observe the clinical demonstration of spirituality of health care providers in real situations and contexts. Humanitarian aid by health care providers has been outstanding in the COVID-19 period in our country and we are sure in many other countries. For example,

a number of physicians offered their counseling services through online devices, free of charge, and many did overtime activities without extra payments.

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In conclusion, with regard to the significant role of spirituality in health systems, especially in critical situations such as the pandemic, new opportunities should be considered for the development of spiritual competencies in medical education.

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REFERENCES

1. Hassed CS. Bringing holism into mainstream biomedical education. *The Journal of Alternative & Complementary Medicine*. 2004;10(2):405-407.
2. Ahf VI, Barnett KG. Medical school curricula in spirituality and medicine. *JAMA* 2004;291(23):2883.
3. Jose MM. Cultural, ethical, and spiritual competencies of health care providers responding to a catastrophic event. *Critical Care Nursing Clinics*. 2010;22(4):455-464.
4. Buck HG. Spirituality: concept analysis and model development. *Holist Nurs Pract* 2006;20(6):288-292.
5. Balboni MJ, Bandini J, Mitchell C, et al. Religion, spirituality, and the hidden curriculum: medical student and faculty reflections. *J Pain Symptom Manage* 2015;50(4):507-515.
6. Carter BS, Roberts A, Martin R, Fincher R. A longitudinal ethics curriculum for medical students and generalist residents at the Medical College of Georgia. *Academic Medicine: Journal of the Association of American Medical Colleges*. 1999;74(1 Suppl):S102-S103.

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