

## Perspectives about Spiritual Care in Pharmacy Practice: A Community-based Survey

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### Abstract

**Background:** Addressing religious and spiritual needs are important components of holistic healthcare. Little is known about the general public's perspectives about pharmacists providing spiritual care (SC).

**Objectives:** To explore how community members perceive, experience, and desire pharmacist-provided SC.

**Method:** IRB approval was obtained for this observational, cross-sectional study. Adults receiving COVID-19 vaccinations at an immunization clinic completed an investigator-designed 33-item online survey. The survey measured respondents' perspectives about and experiences with pharmacist-provided SC, as well as demographic characteristics.

**Results:** Of the respondents (n = 261), 57% were female and 46% were Hispanic/Latino. Most (59%) agreed that their religion/spirituality would be important to them if they were ill; 64% also agreed that it would be helpful for a pharmacist to know about patients' religious/spiritual beliefs pertaining to their healthcare, and 60% agreed that pharmacists should provide SC to patients who request it. While 96% indicated that they had never talked to a pharmacist about a spiritual or religious matter related to their health or medication, 96% also indicated that no pharmacist had asked to pray with them. These results are contextualized perhaps by the finding that 76% reported having no professional relationship with a pharmacist.

**Conclusion:** Respondents often reported an openness to receiving SC from pharmacists. Most respondents, however, had not received SC from a pharmacist. Future studies should be conducted to better understand patient preferences for pharmacist-provided SC.

**Key words:** spirituality, religion, pharmacy, pharmacists

### Introduction

Results of the national Gallup poll show that most Americans are religious and spiritual.<sup>1</sup> In 2021, 76% of Americans identified with a specific religious faith.<sup>1</sup> Religion has been defined as a, "set of beliefs, texts, rituals, and other practices that a particular community shares regarding its relationship with the transcendent."<sup>2</sup> On the other hand, spirituality is, "a personal search toward understanding questions about life, its meaning, and its relationships to sacredness or transcendence that may or may not lead to the development of religious practices or formation of religious communities."<sup>3</sup> Spirituality and/or religion is important to many patients.<sup>4,5</sup>

Religiosity and/or spirituality (R/S) intersect with health and healthcare in diverse ways. Many patients and their family caregivers have spiritual concerns.<sup>6</sup> Serious illness poses several physical, psychological, social, and spiritual concerns and consequences for patients and caregivers. Patients who have unresolved spiritual concerns may experience unnecessary emotional and physical suffering as well as spiritual distress.<sup>7-9</sup> A study of 105 community pharmacy patients in Maryland reported that most patients (93%) believe that spiritual health positively impacts mental and physical health.<sup>10</sup> R/S support patients with adjustment and coping with medical illness, stress management, and influence medical decision making, treatment adherence, and consequently survival rates.<sup>4, 11-14</sup>

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Many healthcare professionals (HCPs) recognize the importance of addressing patients' spiritual concerns and needs while providing healthcare. For example, in several studies most physicians believe that they should know about their patients' spiritual or religious beliefs.<sup>15-17</sup> A previous study of 215 California pharmacists found that most pharmacists believe that they should practice in a spiritually sensitive manner.<sup>18</sup> This study also reported that 64% of pharmacists prayed privately for a patient.<sup>18</sup> Pharmacists who do provide spiritual care (SC) do so mostly through praying for patients, referring patients to spiritual experts, or talking to patients about a spiritual or religious topic.<sup>18</sup> Pharmacists reported that some patients initiate R/S conversations, or ask pharmacists to pray for and with them.<sup>19</sup> Some pharmacists offer SC to patients while others wait for patients to initiate it.<sup>18,19</sup>

SC is a key component of holistic health care.<sup>20</sup> SC has been defined "as attending to and supporting the patient's own sense of transcendent meaning in life, which may or may not include religious practices."<sup>21</sup> To provide SC, clinicians practice a variety of therapeutics, presumably tailored to what they assess to be the patient's need. Examples of therapeutics can include: listening deeply and verbally responding in ways that allow the patient to explore and gain insight, facilitating religious practices, referring to and collaborating with SC experts, or assisting patients to engage in meaning-making or awe-inspiring experiences.<sup>22-24</sup>

Likewise, patients value spiritual support from their healthcare providers.<sup>14, 22, 25-30</sup> Patients want HCPs to be aware of their spiritual beliefs, and consider or address their spiritual needs and concerns as part of patient care.<sup>10</sup> A study by Oyama and

Koenig found that 67.3% of 380 family medicine outpatient patients in North Carolina wanted their physicians to pray with them.<sup>15</sup> Some patients ask their physicians and nurses to pray with and for them.<sup>31</sup> The need for spiritual support and care has been reported to be higher among patients with serious illnesses, experiencing long hospitalizations, and those who are older, religious or of a racial ethnic minority group.<sup>10, 14, 26, 32, 33</sup> Furthermore, patients receiving hospice/palliative care have been found to have elevated spiritual needs and to have greater desire for SC than other patients.<sup>34-36</sup> However, some patients do not welcome HCPs' inquiry about spirituality preferring to keep their spirituality private and out of the domain of health care.

Little is known about patients' perspectives about and acceptance of pharmacist-provided SC. A recent study reported that pharmacy students on advanced pharmacy practice experience rotations encountered patients who refused specific therapy because of their spiritual and religious beliefs.<sup>37</sup> Only one known study has explored patient attitudes concerning pharmacist inquiry of spirituality in a community pharmacy setting.<sup>10</sup> Findings from this survey study indicated that the majority (57%) of 105 community pharmacy patients indicated that it was appropriate for pharmacists to inquire about patients' spiritual beliefs and for a pharmacist to offer prayer to patients.<sup>10</sup>

### Objectives

The aim of the study was to explore general public's perspectives about SC, and their experiences with pharmacist-provided SC. The specific objectives of the study were to measure:

1. Respondents' experiences with SC in pharmacy practice.
2. Respondents' perspectives about SC in pharmacy practice.
3. Associations between demographic factors and perspectives about pharmacist-provided SC.

### Methods

This cross-sectional, observational, descriptive study was approved by the investigators' university institutional review board (IRB).

### Sampling and recruitment

The study sought to include general community members residing mainly in San Bernardino and Riverside counties, California presenting for vaccination at a mass COVID-19 vaccination clinic in southern California in Spring, 2021. Only adult, English-speaking individuals presenting for their second COVID-19 vaccine dose who consented to participate were included in the study.

To recruit participants, a QR code and brief description of the survey was posted on the backs of all chairs in the waiting area; this advertisement was also included on a circulating slide on the television monitors in the waiting area. The advertisement informed potential respondents that they could complete a

Qualtrics® survey on their personal electronic device during the 15-minute post-vaccination wait. The advertised estimated time to complete the questionnaire was eight minutes. All individuals were offered an aggregated summary of the study results.

### Instrument development and data collection

Data were collected using a 33-item survey instrument developed by the investigators for this study. Most items were developed based on the existing pharmacy and healthcare literature on spirituality and SC.<sup>18, 38</sup>

**Perceptions about pharmacist-provided SC.** The first 16 items on the survey assessed participants' perceptions on the appropriateness of pharmacist providing SC. Eight of these 16 items assessed the appropriateness of SC and the other 8 items about the benefit or harm of a pharmacist providing such care. Whereas the items about the appropriateness of various types of SC (e.g., pray with or for a patient, inquire about religious or spiritual beliefs affecting a prescription, refer to a SC expert, or inquire about spiritual coping) had 5-point Likert scale response options that ranged from *never appropriate* (1) to *always appropriate* (5), the other items about SC in pharmacy practice included 5-point Likert scale response options ranging from *strongly disagree* (1) to *strongly agree* (5). Examples of items included: "Receiving spiritual care from pharmacists would be helpful", "It is helpful for a pharmacist to know about patients' religious or spiritual beliefs that would impact their health or healthcare."

**Religiosity.** To assess participants' religiosity, we used two items from the Duke University Religion Index.<sup>39</sup> One item measured non-organizational religiosity with "How often do you spend time in private religious activities, such as prayer, meditation or Bible study?" (Response options ranged from *Rarely or never* [1] to *More than once a day* [6]). The other item assessed organizational religiosity by asking, "How often do you attend church or other religious meetings?" (Response options ranged from *Never* [1] to *More than once/week* [6]). Affiliation with a religious tradition was assessed with one item that included categorical response options for each of the world's major faith traditions.

The survey also included two items that measured the respondents' past experience with pharmacist-provided SC. Specifically, they inquired if pharmacists had ever asked to pray with them, and whether they had ever discussed how their spirituality/religiosity related to their health or medication. For these items, all provided the following categorical response options: *Yes*, *No*, and *Don't know*.

**Demographics and pharmacy experience.** The survey items also included health and pharmacy-related information (4 items) and demographic data (6 items). For example, we assessed whether the respondents had a "professional relationship with any pharmacist," what was their current

health condition (*poor to excellent*), and how many medications they were taking. Demographic items assessed marital status, gender, highest level of education attained, race and ethnicity, and age. A final open item on the survey asked respondents to provide any comments they had about SC in pharmacy practice.

### Data analysis

Data were exported directly from Qualtrics® to the Statistical Package for Social Sciences® (SPSS) version 26.0 for analysis. Descriptive statistics such as means, medians, standard deviations and frequencies were computed for all study variables.

We joined the 16 items that assessed perceptions on the appropriateness of pharmacist providing SC and explored how they best could form a psychometrically robust scale. Initial exploration of statistical behavior revealed that two items contributed poorly and so were eliminated from the scale (items number 7 and 16 in Table 3); for one, its theoretical and negative nature confirmed its misfitting with the other items (i.e., “Most pharmacists do not provide spiritual care to patients”), while the other correlated and loaded very poorly (i.e., “Ask patients how they are coping with their serious health challenges”). Items on the scale intercorrelated appropriately between 0.23 and 0.66. Given a KMO of 0.92 and Bartlett’s test resulted in non-significance, exploratory factor analysis (EFA) was conducted. Principal component analysis produced loadings ranging from 0.52 to 0.83. Because of the known correlation among these items, Promax rotation with Kaiser normalization was used; after three iterations, a two-factor structure emerged explaining 55.8% of the variance. When examining the structure matrix, it was found that the items loaded between 0.35 and 0.86 on Factor I. Thus, the 14 items were retained as a unidimensional scale called Perspectives. The Cronbach’s alpha for these 14 scale items indicated internal reliability of 0.92.

Pearson correlations, the independent t-test, and one-way analyses of variance (ANOVA) with Scheffe post-hoc analyses allowed for analyses of how variables were associated. Prior to the ANOVAs, several of the demographic categorical variables were recategorized to create responses in only 2-3 categories. A *p* value of <0.05 was the threshold for determining significance for all analyses.

### Results

A total of 283 persons completed the surveys. Data from 22 respondents who indicated that they were under 18 years of age were excluded. Just over half of the 261 respondents were female (*n* = 125, 56.6%) or had at least a baccalaureate degree (115, 51.6%); nearly half were under the age of 45 (155, 69.5%). The most common ethnicity represented was Hispanic/ Latino (*n* = 103, 46.2%). Most were employed for wages (139, 62.9%; see Table 1).

The majority of respondents attended church only *a few times per year* or less frequently (143, 64.4%). Time spent in private religious activities, such as prayer, meditation, or Bible study was more common; however, 118 (53.1%) reported doing so only *a few times a month* or less often (See Table 2).

Most participants reported that their present health condition was either *good* or *excellent* (*n* = 190, 82.6%), were not currently taking any prescription medications (*n* = 140, 60.9%) and did not currently have a professional relationship with any pharmacist (*n* = 175, 76.4%; see Table 2).

### What are the respondents’ experiences with receiving SC from pharmacists?

A majority of respondents indicated that no pharmacist had asked to pray with them (*n* = 216, 95.6%). Likewise, they reported never having talked to a pharmacist about spiritual or religious matters related to their health or medication (*n* = 211, 95.9%) (See Table 2).

### What are the perceptions about pharmacist-provided SC?

Most item means were between 3.0 – 4.25, suggesting neutral to some positive perspective about pharmacist-provided SC (Table 3). Particularly noteworthy items indicated that most respondents agreed that it is occasionally, frequently or always appropriate for pharmacists to pray with the patient who asks for prayer (*n* = 234, 89.7%). Similarly, most agreed that it is occasionally, frequently or always appropriate for a pharmacist to tell patients that they are privately praying for them (*n* = 197, 75.8%) and to ask patients about any spiritual or religious beliefs or practices that might affect the prescription they are filling (*n* = 188, 72.3%, Table 3).

Respondents *agreed* or *strongly agreed* that their religion and/or spirituality were important considerations to them when they were ill (*n* = 139, 59.1%; Table 3). Many were also of the opinion that it would be helpful for a pharmacist to know about patients’ religious or spiritual beliefs that would impact their health or healthcare (*n* = 150, 63.8%) and pharmacists should provide SC to patients when patients request it (*n* = 142, 60.4%). However, a majority of respondents *agreed* that most pharmacists did not provide SC to patients (*n* = 174, 74.0%; Table 3).

### How are demographic factors associated with perceptions about pharmacists providing SC?

Correlational analysis of continuous study variables revealed some significant relationships. That is, Perspectives About Pharmacist-Provided Care (or Perspectives indicated by the 14-item scale) was positively correlated with organized religiosity (*r* = 0.50, *p* < .001) more than non-organized religiosity (*r* = 0.38, *p* < .001). Given both forms of religiosity were fairly strongly correlated (*r* = 0.60), it may be worth noting that when these two items about religiosity were merged to form a scale, Perspectives About Pharmacist-Provided Care were moderately positively correlated (*r* = 0.48, *p* < .001), also showing how the

more frequently respondents practiced religion, the more affirming were their perceptions towards pharmacists providing SC. Age was not significantly correlated with Perspectives About Pharmacist-Provided Care.

The Perspectives scale score (14 items) ranged from 14 to 70 and had a mean and standard deviation of 47.6 (12.9). When examining whether Perspectives About Pharmacist-Provided Care varied between groups when demographics were measured using categorical variables, only one demographic factor was found to have an association. That is, Perspectives About Pharmacist-Provided Care did differ among those who self-reported a religious affiliation (Mean = 50.1) and those who declared none (Mean = 38.4) ( $F [df = 211, 1] = 44.06, p < .001$ ). However, employment status (employed vs unemployed vs student), ethnicity (Whites vs others), marital status (married vs not), education (4-years of college and higher vs less), existing relationship with a pharmacist (yes vs no), ever having spoken with a pharmacist about R/S (yes vs no), and whether presently taking a prescription medication (yes vs no) were not associated with Perspectives About Pharmacist-Provided Care.

### Discussion

These study findings show that members of the general public who participated in this study have a somewhat favorable view of pharmacists providing SC. Very clear in these findings as well, is the rather strong relationship between religiosity and receptive perspectives to receive SC from a pharmacist. Whether measuring religiosity using the frequency of organized and non-organized religious practices or self-reported religious affiliation or none, this factor consistently was associated with perceptions about SC from pharmacists. In this discussion, we will unpack the meaning of these findings to reflect on how pharmacists might consider including overt support for patients' spiritual/religious needs.

Nearly three-fifths of the respondents attended church at least a few times a year, spent time in private religious activities such as prayer, meditation, or Bible study at least a few times a month and agreed that their R/S were important considerations for them when they were ill. These members of the general public were mildly spiritual and religious. Data on religious affiliation and service attendance is akin to national US data from the Gallup poll.<sup>1</sup> However, over half (53%) never or very infrequently had personal spiritual or religious activity. Other studies involving cancer patients and physicians also highlighted the importance of spirituality in patients' lives.<sup>40-43</sup>

Nearly four-fifths (78%) of the respondents agreed that it was helpful for pharmacists to know about patients' religious and spiritual beliefs that would impact their health or healthcare. These individuals also wanted pharmacists to talk about their spirituality in pharmacy practice. Similarly, a previous study of 105 community pharmacy patients also found that most (57%) believed that it was appropriate for pharmacists to inquire about patients' spiritual beliefs.<sup>10</sup> A previous study reported

that 77% of pulmonary outpatient practice patients at a university teaching hospital wanted their physicians to consider their spiritual needs.<sup>12</sup> Other researchers have also reported that patients often want physicians and nurses to consider or address their spiritual beliefs.<sup>13, 41, 43, 44</sup> Findings from our study suggest that while the general public is not as expectant of pharmacists to give SC, they are still considerably welcoming of it.

Thus, pharmacists should explore ways to better understand their patients' spiritual and religious beliefs that affect their health, particularly their use of pharmaceuticals. Pharmacists can do this by completing a spiritual screening and listening to their patients. For example, a pharmacist could adopt questions such as "Are there any spiritual, religious, or cultural beliefs that could impact how you take medicines?" or "Are there any spiritual beliefs or practices that would be important for me to know as I plan your care?" Some brief tools are available in the literature to help HCPs to assess patients' spirituality.<sup>45-47</sup>

A majority of the general public surveyed in this study agreed that it is occasionally, frequently or always appropriate for pharmacists to offer each of the eight SC approaches identified (Table 3). For example, most respondents agreed that it was *occasionally* to *always appropriate* for: a pharmacist to pray with the patient who asks for prayer (90%), tell patients that he/she is praying for them privately (76%), and make a recommendation for an expert who can help them with their spiritual or religious needs (70%). These respondents were greatly supportive of pharmacist-provided SC consistent with other previous studies involving physicians.<sup>33, 48</sup> These findings align with results from other studies, which indicate that many patients believe that SC positively influences their physical and mental health, helps build a strong provider-patient relationship, and supports their coping with chronic and life-threatening illnesses.<sup>4, 5, 49</sup>

Despite patients welcoming pharmacist-provided SC, 74% reported that they had never received SC in pharmacy practice. This suggests that a gap may exist between general public's perceived needs versus how pharmacists address patients' needs. Similarly, another study also reported that patients with life-limiting disease and caregivers believe that SC is lacking in palliative care in their countries.<sup>6</sup> Yet another study found that 68% of 203 family practice patients reported that their physicians had never talked with them about their religious beliefs.<sup>50</sup> Less than 30% of patients receiving end of life care—those arguably most needy of SC, do receive SC from HCPs.<sup>25, 26, 34, 51</sup> Indeed, SC is not prioritized by HCPs in practice,<sup>23, 52, 53</sup> and patients' spiritual beliefs and needs are rarely addressed by physicians,<sup>15, 51</sup> and nurses.<sup>51, 54</sup>

Like other HCPs, pharmacists are not consistently and systematically addressing patients' spiritual needs and concerns in patient care.<sup>18, 49</sup> This could be explained by the many barriers that pharmacists face when providing SC. These

barriers can include: time constraints, limited education and knowledge, personal discomfort, lack of organizational policy and employer support, discomfort with initiating spiritual conversations with patients, and a fear of rejection.<sup>18, 50</sup> Some pharmacists also believe that SC is outside the scope of practice for pharmacists.<sup>19</sup> Training and educating pharmacists about SC may increase their confidence and willingness to provide SC in pharmacy practice.

The public's perceptions towards SC varied based on whether they were religious or spiritual. Those who practiced organized and non-organized religion tended to affirm pharmacists providing SC than those who did not. Similarly, patients who are religious have been found to want SC from nurses than those who are less so.<sup>55</sup> For example, a study of 68 family caregivers and 156 cancer patients in southwestern US found that those who were religious believed that spiritual needs were important and tended to value nurses' help with their spiritual needs.<sup>55</sup>

#### Limitations of the study

The study has several limitations. It is possible that some participants responded positively to some items owing to social desirability bias. However, there was no incentive for participants to be deceptive given that the survey was anonymous and confidential. Second, religiosity and spirituality were not defined for the respondents in the survey because we wanted the respondents to answer the questions based on their own understanding of these terms. It is possible that some respondents had misconceptions about these social constructs. Third, this study included a convenience sample of participants. The results of this study may not be generalizable to the entire state of California or US population. Furthermore, the average patient seen by pharmacists may be different (e.g., sicker and older) than our sample. Fourth, our sample size is small and participants were recruited at only one locality. Our sample was, however, more ethnically diverse than the average US population with 46.2% of the respondents being Hispanic/Latino.

#### Conclusion

Members of the public reported an openness to receiving spiritual care through prayer, referrals to an expert, and pharmacist inquiry about spiritual and religious beliefs. Most respondents had not received spiritual care in pharmacy practice. Future studies should focus on better understanding patient preferences for spiritual care.

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#### Conflicts of Interest: None

The opinions expressed in this paper are those of the authors.

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Table 1. Respondents' Demographic Characteristics

Variable	Frequency (%)
<b>Religious denominational affiliation (n = 222)</b>	
Protestant	74 (33.3)
Catholic	67 (30.2)
No religious tradition	49 (22.1)
Buddhist	5 (2.3)
Agnostic/Atheist	3 (1.4)
Hindu	4 (1.8)
Muslim	3 (1.4)
Other (e.g., Taoist, Baha'i, Pagan, Paganism)	17 (7.7)
<b>Marital status (n = 222)</b>	
Never Married	111 (50.0)
Married	89 (40.1)
Divorced/ Separated	19 (8.6)
Widowed	3 (1.4)
<b>Gender (n = 221)</b>	
Female	125 (56.6)
Male	94 (42.5)
Non-binary/ third gender/ prefer not to say	2 (1.0)
<b>Race/Ethnicity (n = 223)</b>	
Hispanic/ Latino	103 (46.2)
White	59 (26.5)
Asian	39 (17.5)
Black or African American	13 (5.8)
American Indian or Alaska Native	1 (0.4)
Other (e.g., Asian Indian, Mediterranean, Pakistani, multi-racial)	8 (3.6)
<b>Highest level of education (n = 223)</b>	
Less than high school	3 (1.3)
High school graduate	21 (9.4)
Some college	66 (29.6)
2-year degree	18 (8.1)
4-year degree	71 (31.8)
Professional degree	29 (13.0)
Doctorate	15 (6.7)
<b>Employment status (n = 221)</b>	
Employed for wages	139 (62.9)
Unemployed/ Unable to work	19 (8.6)
Retired	9 (4.1)
Student	43 (19.5)
Homemaker	11 (5.0)
<b>Age (n = 223)</b>	
18 – 24 years	56 (25.1)
25 – 34 years	65 (29.1)
35 – 44 years	34 (15.2)
45 – 54 years	48 (21.5)
55 years and over	20 (9.0)



Table 2. Patient experiences with spiritual care in pharmacy practice and spiritual or religious behaviors

Item	Frequency (%)
<b>a. Has any pharmacist asked to pray with you? (n = 226)</b>	
Yes	4 (1.8)
No	216 (95.6)
Don't Know	6 (2.7)
<b>b. Have you ever talked to a pharmacist about a spiritual or religious matter related to your health or medication? (n = 220)</b>	
Yes	9 (4.1)
No	211 (95.9)
<b>c. Do you have a professional relationship with any pharmacist? (n = 229)</b>	
Yes	43 (18.8)
No	175 (76.4)
Maybe	11 (4.8)
<b>d. How would you rate your present health condition in general? (n = 230)</b>	
Excellent	70 (30.4)
Good	120 (52.2)
Average	34 (14.8)
Poor	6 (2.6)
<b>e. Currently taking prescription medications (n = 230)</b>	
Yes	90 (39.1)
No	140 (60.9)
<b>f. Number of prescription medications (n = 90)</b>	
One	38 (42.2)
Two	21 (23.3)
Three	19 (21.1)
Four	4 (4.4)
Five or more	8 (8.4)
<b>g. Frequency of church attendance (n = 222)</b>	
More than once a week	14 (6.3)
Once a week	38 (17.1)
A few times a month	27 (12.2)
A few times a year	47 (21.2)
Once a year or less	38 (17.1)
Never	58 (26.1)
<b>h. How often do you spend time in private religious activities, such as prayer, meditation, or Bible study? (n = 222)</b>	
More than once a day	16 (7.2)
Daily	39 (17.6)
Two or more times a week	37 (16.7)
Once a week	12 (5.4)
A few times a month	28 (12.6)
Rarely or never	90 (40.5)

**Table 3. Respondents perspectives about appropriateness of pharmacist provided spiritual care**

How appropriate is it for a pharmacist to (n = 260):	Mean (SD)	Never appropriate (1)	Rarely Appropriate (2)	Occasionally appropriate (3)	Frequently appropriate (4)	Always appropriate (5)
1. Pray with the patient who asks for prayer? (n = 261)	4.09 (1.2)	13 (5.0)	14 (5.4)	46 (17.6)	52 (19.9)	136 (52.1)
2. Tell patients that he/she is praying for them privately?	3.32 (1.3)	36 (13.8)	27 (10.4)	86 (33.1)	41 (15.8)	70 (26.9)
3. Ask patients about how important is their religion or spirituality to them. (n = 259)	2.87 (1.4)	60 (23.2)	47 (18.1)	70 (27.0)	31 (12.0)	51 (19.7)
4. Ask patients about any spiritual or religious beliefs or practices that might affect the prescription he/she is filling.	3.50 (1.5)	44 (16.9)	28 (10.8)	47 (18.1)	36 (13.8)	105 (40.4)
5. Encourage patients to cherish their spiritual activities or beliefs that are helpful.	3.56 (1.3)	28 (10.8)	27 (10.4)	64 (24.6)	53 (20.4)	88 (33.8)
6. Ask patients questions that invite them to talk about spiritual matters if they want to. (n = 259)	3.16 (1.3)	42 (16.2)	29 (11.2)	87 (33.6)	48 (18.5)	53 (20.5)
7. Ask patients how they are coping with their serious health challenges. (n = 256)*	4.25 (1.0)	6 (2.3)	7 (2.7)	45 (17.6)	56 (21.9)	142 (55.5)
8. Make a recommendation for an expert who can help them with their spiritual or religious needs. (n = 259)	3.11 (1.3)	37 (14.3)	40 (15.4)	91 (35.1)	40 (15.4)	51 (19.7)
<b>In general, I believe (n=235):</b>	<b>Mean (SD)</b>	<b>Strongly Disagree (1)</b>	<b>Disagree (2)</b>	<b>Neutral (3)</b>	<b>Agree (4)</b>	<b>Strongly Agree (5)</b>
9. My religion and/or spirituality are important considerations when I am ill.	3.51 (1.5)	44 (18.7)	17 (7.2)	35 (14.9)	54 (23.0)	85 (36.2)
10. Receiving spiritual care from pharmacists would be helpful.	3.01 (1.4)	46 (19.6)	41 (17.4)	58 (24.7)	44 (18.7)	46 (19.6)
11. I am comfortable discussing my health-related spiritual and religious beliefs with a pharmacist. (n = 236)	3.32 (1.4)	37 (15.7)	31 (13.1)	47 (19.9)	62 (26.3)	59 (25.0)
12. Spiritual care can strengthen the patient-pharmacist relationship. (n = 234)	3.43 (1.3)	30 (12.8)	20 (7.7)	63 (26.9)	61 (26.1)	60 (25.6)
13. It is helpful for a pharmacist to know about patients' religious or spiritual beliefs that would impact their health or healthcare.	3.69 (1.4)	29 (12.3)	23 (9.8)	33 (14.0)	56 (23.8)	94 (40.0)
14. Pharmacists should provide spiritual care to patients when patients request it.	3.63 (1.3)	22 (9.4)	21 (8.9)	50 (21.3)	71 (30.2)	71 (30.2)
15. Spiritual care can hurt the patient-pharmacist relationship. (n = 236)	2.82 (1.2)	42 (17.8)	43 (18.2)	86 (36.4)	45 (19.1)	20 (8.5)
16. Most pharmacists do <u>not</u> provide spiritual care to patients.*	4.24 (0.9)	1 (0.4)	5 (2.1)	55 (23.4)	49 (20.9)	125 (53.2)
Neutral= neither disagree nor agree; SD = Standard deviation; * Excluded from the Perspectives scale						