Religious and Spiritual Beliefs and Health Care

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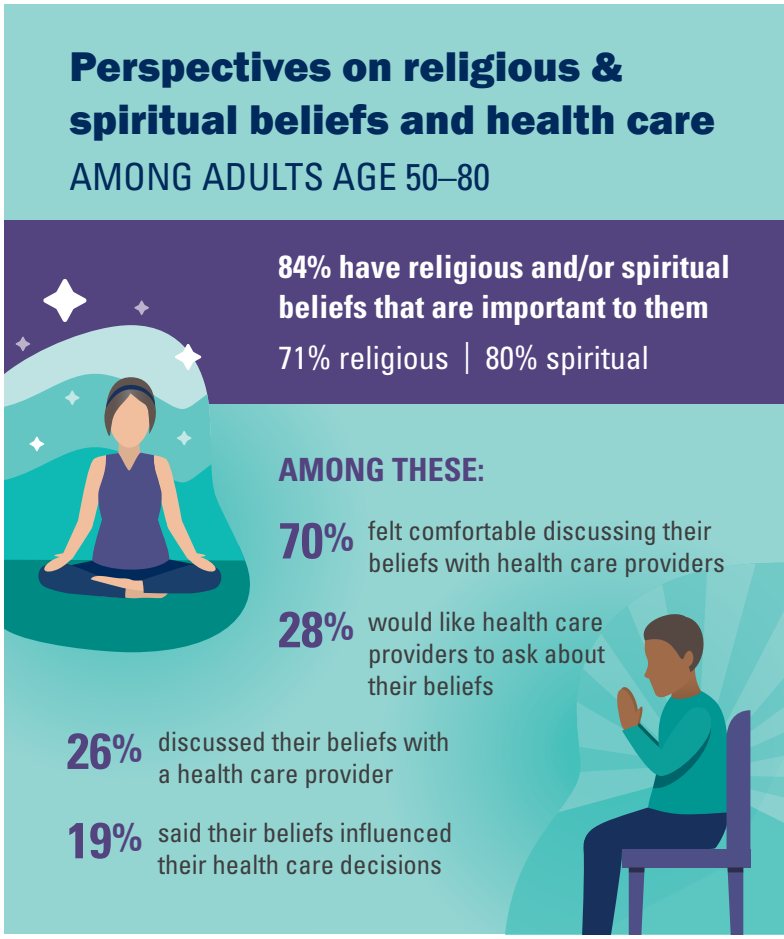
Religious and spiritual beliefs can offer support and meaning to those coping with health challenges. Because these beliefs may impact medical decision-making, health care providers are generally encouraged to ask patients about their faith background. In July 2022, the University of Michigan National Poll on Healthy Aging asked a national sample of adults age 50–80 about their religious and spiritual beliefs and how those beliefs may influence their health care decisions.

Importance of religious and spiritual beliefs

Most adults age 50–80 (84%) said that religious and/or spiritual beliefs are important to them, with 71% reporting their religious beliefs are important to them (45% very important, 26% somewhat important), and 80% stating their spiritual beliefs are important to them (50% very important, 30% somewhat important).

Women were more likely than men (63% vs. 46%) to report that religious or spiritual beliefs were very important, as were those living in the South and Midwest (61% and 59%) compared to those in the West and Northeast (51% and 43%). In addition, older adults with lower levels of education were more likely to report religious or spiritual beliefs as being very important (61% high school or less, 56% some college, 47% bachelor's degree or higher), as were those with annual household incomes <$100,000 compared to those with $100,000 or more (59% vs. 43%).



Many older adults reported that their religious beliefs (39%) or spiritual beliefs (46%) have become more important as they have gotten older. Older adults whose religious or spiritual beliefs are very important to them now were more likely to report that those beliefs have become more important as they have gotten older.

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Among those with important religious or spiritual beliefs, 63% reported belonging to a community or organization that shared those beliefs. Belonging to a religious or spiritual community was more common among older adults who had at least some college education, good to excellent self-rated physical and mental health, or whose religious or spiritual beliefs were very important to them.

Finding meaning and hope during illness

Overall, nearly two in five older adults (39%) believed their health care providers could help them with finding/supporting religious or spiritual connections, and 58% believed their providers could help them find deeper meaning in the experience of illness. Most adults age 50–80 (78%) believed their health care providers could help them with finding hope amidst health challenges.

The role of beliefs in health care discussions and decisions

Among adults age 50–80 with important religious or spiritual beliefs, 70% reported feeling comfortable discussing their beliefs with their health care providers, however, only 28% wanted their health care providers to ask about their beliefs. Those whose religious or spiritual beliefs were very important to them felt more comfortable discussing their beliefs with providers than those whose beliefs were somewhat important (77% vs. 56%). In addition, 26% said they have discussed their religious or spiritual beliefs with a health care provider, and those with very important beliefs were more likely than those with somewhat important beliefs to have discussed their beliefs (34% vs. 11%).

Among all older adults, 77% preferred that their health care providers keep their own beliefs separate from their practice of health care, including 68% of those whose religious or spiritual beliefs are very important to them. About one in seven of all older adults (15%) expressed reluctance to receive health care from a provider with different religious or spiritual beliefs.

78% older adults believed that health care providers could help with finding hope amidst health challenges.

Meanwhile, only 19% of those whose religious or spiritual beliefs were important to them reported that their beliefs had influenced their health care decisions, and this did not vary significantly based on education level, household income, race/ethnicity, or gender. Those who reported having very important religious or spiritual beliefs were more likely to report that their beliefs had influenced their health care decisions than those who said those beliefs were somewhat important (25% vs. 9%). Those belonging to a community or organization with shared religious or spiritual beliefs were also more likely to report their own beliefs influenced their health care decisions compared to those not belonging to such communities (25% vs. 9%).

Among older adults with important religious or spiritual beliefs, only 16% agreed or strongly agreed it was important for their health care provider to have beliefs similar to theirs. Those who said that their religious or spiritual beliefs were very important were more likely to agree that it was important for their providers to have similar beliefs than those who said their beliefs were somewhat important (22% vs. 7%).

Implications

For many older adults, religious or spiritual beliefs can be important sources of resilience, and the impact that these beliefs can have on health and health care has long been appreciated by clinicians. For these reasons, medical students and other health professional trainees are routinely taught to ask patients about strongly held beliefs that may impact their health care decisions.

This poll found that more than three in four adults age 50–80 have religious and/or spiritual beliefs that were somewhat or very important to them, and the majority also felt comfortable discussing those beliefs with their providers. Many older adults also said that health care providers could assist with finding meaning or hope during a health challenge. At the same time, most felt that their religious and spiritual beliefs did not affect their own health care decisions. Even among those who reported their religious or spiritual beliefs were very important to them, nearly three in four did not feel that their beliefs influenced their health care decisions.

Meanwhile, most adults age 50–80 did not want their health care providers to ask about their religious or spiritual beliefs, and most wanted their providers to keep their own beliefs to themselves. Similarly, most older adults did not rely on their providers to help them find/support religious or spiritual connections. Nevertheless, most adults age 50–80 said their beliefs are an important means of coping during health challenges.

It is important for health care providers to recognize the significance that religious and spiritual beliefs have in the lives of many patients, the potential impact of those beliefs on their patients' health care decision-making, and the role that religion and spirituality may have for many older adults coping with health challenges. Health care providers should also recognize that many older adults may prefer to find or maintain religious or spiritual connections through communities and organizations that share their beliefs. For health care providers who regularly care for patients with serious illness, being familiar with religious and spiritual community resources can allow them to better support patients during health challenges.

Data Source and Methods

This National Poll on Healthy Aging report presents findings from a nationally representative household survey conducted exclusively by NORC at the University of Chicago for the University of Michigan's Institute for Healthcare Policy and Innovation. National Poll on Healthy Aging surveys are conducted using NORC's AmeriSpeak probability based panel. This survey module was administered online and via phone in July 2022 to a randomly selected, stratified group of U.S. adults age 50–80 (n=2,163). The sample was subsequently weighted to reflect population figures from the U.S. Census Bureau. The completion rate was 75% among panel members contacted to participate. The margin of error is ±1 to 3 percentage points for questions asked of the full sample and higher among subgroups.

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