

# MEDICINE & Spirituality

## Spirituality of Medical Residents: *A “Vaccination” Against Depression?*

By John Campbell, PhD, Director of Research, Oklahoma Health Center Clinical Pastoral Education Institute, Inc. © 2006

“An arduous period” is the description of residency training provided by the authors of an article entitled **Religion, Spirituality, and Depressive Symptoms in Primary Care House Officers** (Ambulatory Pediatrics, Vol 6, No.2, March-April, 2006, pp 84-90) by Michael S. Yi, M.D., et al.

Was it a surprise then when **one-fourth of the medical residents** (called “house officers”) **met the criteria for significant depressive symptoms**? The authors collected data from 227 subjects whose mean age was 28.7 (give or take 3.8 years), 74% white, and 58% female. They used the 10-item Center for Epidemiologic Studies Depression Scale.

The residents represented **four residency programs**: Pediatrics, Internal Medicine, Family Medicine, and Internal Medicine-Pediatrics combined program. The breakout of each program represented was 49%, 27%, 12%, and 12%, respectively, in the order listed. The **poorer the religious coping**, the schedule of inpatient rotation, poorer the respondent’s health status, **the greater the spiritual support seeking**, and **the worse the spiritual well-being**, the **more significant the depression**. Interestingly, the choice of residency program also made a difference: the combined Internal Medicine-Pediatrics program members were most likely, among the programs, to report significant depressive symptoms.

The authors discussed how a **growing emphasis has been placed on teaching medical students and house officers to incorporate religion and spirituality into their patient-provider relationship**, but **apparently less emphasis has been placed on how physicians’ own spiritual needs will be met**. How effective will they be in treating their patients if they themselves are depressed significantly? What kind of practitioners will others be in health care as well, i.e. those training in various allied health care fields, if they, too, are at risk of depression from the ardor of their practical training?

The article described the association between residents’ spiritual and religious characteristics and their report of depressive symptoms – and suggested that **attention to their spiritual needs may improve their well-being**. Between the lines, **it could be read that it would also improve the well-being of their patients**. It may be one thing to reach out to residents whose spirituality/religiosity has a solid base. For these, a reminder of their spiritual resources may be possible to rebalance their attitude and affect. However, **if the resident does not have a good base and never developed their spiritual or religious self, what is to happen?** There may not be enough time to “grow” a spiritual awareness in the harried environment of medical practice.

Going a step further than the authors did, it could be suggested that **development of a spiritual base among potential medical student applicants is warranted at a much earlier stage in their school years**, perhaps as early as high school. Residents might then be ready for the arduous years they will inevitably confront.

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