"bored." It seems like a word that should only be found in the dictionary of a decadent society. How can one become bored while engaged in the consummate struggle of living life in this amazing world that God created? I once looked up the word "bored" in my Bible's concordance, but I couldn't locate that exact word – only a reference to a "bored hole in a tree." Perhaps idle hands and laziness could both be loosely associated with boredom in the Bible. I prayed that I would be more aware of (and grateful for) all that God graciously provides to me on a daily basis. The next time I feel bored, may I be more mindful to view it as a message from God that I need to spend more quality time with Him and pay more attention to how much He has blessed me.

During the last 4 hours of the flight, I moved to another seat and was able to watch a movie. But the many hours I had spent with God was priceless and I am thankful that He is faithful, even when I am not. I need to be better about proactively seeking Him on a regular basis rather than waiting for God to go to the extreme to get my attention. I pray for His grace to cover me that I may always choose the best by choosing Him first.

On the flight home, I was on a different plane but it was the same year and model. This time, however, the TV screen, phone charger, and light worked perfectly. Before watching a movie, I remembered to make the best choice by first taking time to talk with and listen to God, not wasting a moment to be at His feet.

Before I left for India, I had prayed for safe travels, for the Lord to provide me with opportunities to shine His light, and for inspiration regarding a topic for my next *Christianity & Pharmacy* editorial. God graciously answered all of my prayers. But there were other blessings as well: during the trip, I met the most wonderful and beautiful people who will be lifelong friends. There was even a goat born during my trip that was named in my honor: "Mary Ma'am." (The name sounds better when you pronounce it with a heavy British accent. The black and white little goat in the photo is my namesake.) And the Taj Mahal was truly magnificent! Words cannot do it justice; it must be experienced. While I was there, I prayed for all the visitors of that magnificent architectural wonder… that the Lord would open their eyes to His infinite glory and majesty. And I prayed that I would be more intentional about choosing Him first by daily sitting at the feet of Jesus.

Side Note:
I felt like I was a celebrity while in India. I literally have never had so many people ask to have their picture taken with me – perhaps because I was the first blonde Caucasian that most people I encountered had ever seen, and they all wanted a picture with me. While I was in a restaurant, a random woman came up to me and without saying a word, handed her baby to me. Without skipping a beat, I instinctively held the child. I also took the opportunity to silently pray that the Lord would bless her and reveal Himself to her. The mother took a picture of me holding her daughter, then said "thank you" and left. I will continue to pray that God answers my requests for that woman and her little child.

Expanding Pharmacist's Roles: Allowing Spiritual Well-being a Place at Our Counter By Nancy Stoehr

Abstract
The purpose of the study was to gather quantitative data via survey concerning practicing pharmacists' views regarding taking on the responsibility of collecting spiritual data from patients for the purposes of healthcare. The goal was for the data collection survey to reach multiple areas of pharmacy practice over a broad span of practice years. The objective was to determine the type of response, either positive or negative, that pharmacists have to spiritual data collection and spiritual awareness education. There is very little published data surrounding pharmacists and spiritual data

gathering. One study addressed this issue with pharmacists practicing in California.[1] There are no national peer-reviewed published studies demonstrating the pharmacists' opinion on adding spiritual data collection to their normal acceptable roles in healthcare. This study is the first of its kind to gather data from practicing pharmacists across the United States over a wide range of practice sites regarding opinions, feelings, and concerns about spirituality in healthcare.

Spirituality has historically been and is still present within the roots of medicine and medical care. Jesus "took up our infirmities and bore our diseases,"[2] and the first hospitals in medieval Europe were formed by the Christian church.[3] In 2020, the United States maintained 24% of hospitals and health systems with religious beginnings or affiliations.[4] The body, the mind, and the soul (or spirit) are all part of the whole patient that we serve in healthcare. The phrase, "treat the whole patient," is often heard among discussions between healthcare practitioners. Equivocating these three areas of humanity to healthcare terms, it is recognized that medical treatment must be available to alleviate sickness in the body, sickness of the mind, and sickness of the spirit.[5] Medical practitioners have always provided treatment to the body. Mental health and wellness are finally starting to be incorporated more readily into daily conversations, though there is still much work to be done. Spiritual wellness has been slower to be recognized as an important part to the "whole person." However, slowly and steadily, spiritual care is receiving recognition.

Spirituality is a very personal part of the patient experience as it refers to the health of their soul, spirit, or "inner self." According to the University of Minnesota Earl E. Bakken Center for Spirituality & Healing, spirituality "includes a sense of connection to something bigger than ourselves, and it typically involves a search for meaning in life." Spirituality can also result "in positive emotions such as peace, awe, contentment, gratitude, and acceptance."[6] Religion, in contrast to the individualism of spirituality, is usually an organized, tangible, group of individuals with a common belief. There is usually a physical place, such as a church, that is associated with a specific religion. This place brings people of like-mindedness together in fellowship, which in turn creates relationships within a physical community.[7] Religion does often incorporate a spiritual component, but a person doesn't necessarily have to be spiritual to consider themselves religious. On the other hand, a person could have no religious affiliation and identify as extremely spiritual. One label does not negate nor necessitate the other.

Research suggests that there is a positive correlation between spirituality and the ability to cope with illness;[8] however, there is little quantitative consistency in how spirituality and spiritual well-being are defined within the literature. Mental health and wellness have been similarly reported to have a positive correlation with religious/spiritual interventions.[9] There is also evidence supporting increased religious attendance with decreased IL-6 levels, as well as other inflammatory markers.[10] A 2007 study published by Rosenbaum makes the argument that spiritual wellness is just as important as physical and emotional wellness. The study also describes the importance of healthcare practitioners, specifically pharmacists, to pray with and for their patients. Prayer can be beneficial as a coping mechanism and as a tool to manage depression or anxiety; in addition, it can also play a role in the grieving process.[11] Studies demonstrate that patients who identify as religious and pray to God (as opposed to a secular prayer) have decreased pain intensity and pain unpleasantness. Yet, patients who did not identify as religious had no significant difference in pain scores, regardless of whether they prayed to God or prayed a secular prayer.[12]

There is evidence that clearly supports that practitioner-led interviews with patients in regard to their spirituality enhances overall healthcare. The Spiritual Needs Assessment for Patients (SNAP) was created to assist clinicians in identifying unmet spiritual needs.[13] The discussion of spirituality by a healthcare practitioner is also important to the patients themselves.[14] The most compelling rationale simply suggests that the conversation between doctor and patient is a discovery of trust and building relationships. The Spiritual and Religious Inquiry (SRI) survey was designed to assess patient attitude regarding physician-led discussion of spirituality. The secondary endpoint of this survey was to determine potential screening variables predictive of a favorable response to physician-led spirituality in healthcare discussion. A patient's attendance at religious services could be a favorable predictor toward willingness to discuss spiritual care with their provider.[15] However, people do not identify as religious or spiritual simply because there is a positive association with health. Rather, "religion is the organizing principle and motivating force of his or her life."[16]

The Joint Commission (TJC) standards incorporate references to religious and spiritual beliefs in the elements of performance and TJC provides a Joint Commission Resource (JCR) that was updated in 2018: Cultural and Religious Sensitivity: A Pocket Guide for Health Care Professionals.[17] There are some continuing education manuscripts that describe communication strategies, listening skills, and ethics necessary to obtain spiritual data from patients.[18] There are also publications that describe some of the ways in which barriers to obtaining a spiritual history from a patient are overcome.[19,20] Curriculum in both physician and nursing programs has been adjusted to include spirituality and spiritual data collection for healthcare patients.[21,22,23] Most descriptions of how to appropriately assess spirituality in healthcare are written specifically for physicians and must be tailored to other healthcare practitioners.[24,25]

To be an accredited school/college of pharmacy, pharmacy programs must demonstrate that they are effectively instructing students in professional communication as well as providing cultural awareness through "exploration of the potential impact of cultural values, beliefs, and practices on patient care outcomes."[26] There has been a call for increased

education for pharmacists regarding spirituality in healthcare since the late 1980s with slow but progressive movement forward.[27] A new textbook published in 2021, *Spirituality in Pharmacy Providing Holistic Care - It's More Than Medicine,* by Mark S. Johnson and colleagues describe the pharmacist's direct relationship with spirituality in healthcare.[28] Although some pharmacy schools have developed curriculum that incorporates the spiritual health of the patient in the training of pharmacists, there is not a broad consensus of what or how training should be delivered.[29,30,31] An American Society of Health-System Pharmacists (ASHP) recommendation to the 2021 ASHP House of Delegates was submitted requesting that a group representing all sectors of pharmacy practice including practice locations, accrediting bodies, schools/colleges of pharmacy, pharmacy educators, pharmacists, pharmacy residents, pharmacy students, pharmacy technicians and other related parties should be convened to examine the current and future state of the pharmacist's role in the spiritual care of the patient. The written proposal submitted to ASHP used the preliminary results of the survey data presented in this manuscript to support the recommendation.

Methodology

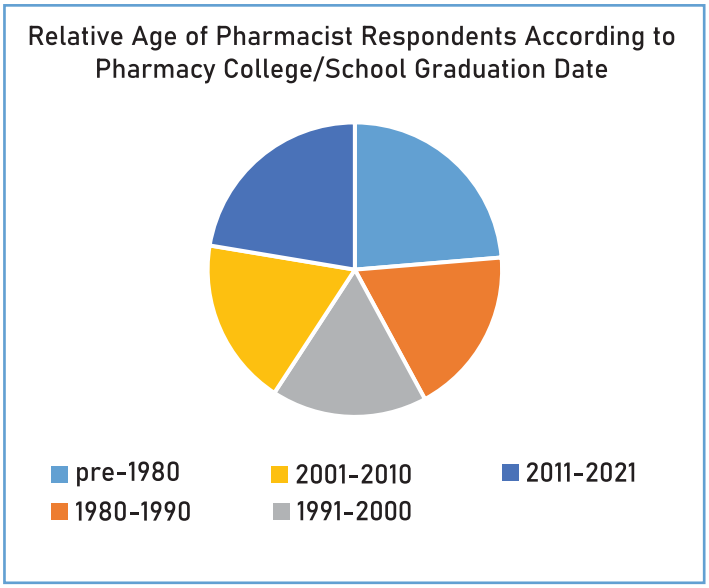
After careful review of the current literature, this researcher discovered that although there were some qualitative opinions of pharmacists about their role in spirituality associated with healthcare, there were few quantitative surveys to collect these opinions. Additionally, there is little evidence to describe what type of education has been given to pharmacists regarding this topic. To collect this data, this researcher developed a survey of 22 questions with intentions to gather the pharmacists' thoughts about their profession being "the healthcare practitioner to collect spiritual data from patients." The survey was developed in Qualtrics Experience XM, which is the survey distribution system used through the researchers' place of employment: Concordia University Wisconsin School of Pharmacy (CUWSOP). Once the survey was finalized, the Qualtrics software developed a link to the survey; then the survey link was sent to participants in the spring of 2021. This researcher partnered with two international pharmacy organizations to disperse the survey: American College of Apothecaries (ACA) and Christian Pharmacists Fellowship International (CPFI). Both of these organizations allowed the survey to be placed in emails to their members. About 1100 total pharmacists, pharmacy technicians, pharmacy faculty, and pharmacy students were provided the opportunity to voluntarily take the survey. No compensation was offered for their participation. The survey was sent to the recipients as an initial request, then again for a second request to participate. The research proposal and survey were vetted and accepted through the CUWSOP IRB committee.

A pilot study was completed with a small sample (n=8) of practicing pharmacists and pharmacy faculty. All 8 participants completed the survey and offered feedback. From the feedback of this pilot study, survey questions were clarified and expanded upon. No survey questions were eliminated after the pilot period. This researcher recognizes that there could be a sampling error or bias to the survey. There is no way of knowing which respondents viewed the survey from the ACA member list or the CPFI member list. There could be a scenario in which most of the respondents were from the CPFI member list which might skew the religiosity question more toward Christian participants. Effort was made to eliminate bias from the survey questions. Data was collected through the Qualtrics Experience survey system and tabulated using the responses entered into that system by the respondents. Filters were utilized to isolate specific data groups that were of specific interest to this researcher and manuscript.

Results

The survey was designed to be especially inclusive of all participants. This researcher did not want to place any bias on the individuality of pharmacy professionals and was therefore careful with terminology and phraseology of each question. The study was designed to be a quantitative random sample of pharmacists from a variety of international pharmacy organizations. Based on the study question, this researcher wanted to survey primarily pharmacist professionals. However, the opinions of pharmacy faculty and pharmacy students were important as well, thus they were not excluded. There were 179 total respondents, 155 of which were pharmacists. Of the remaining respondents, 22 were pharmacy students and 2 were pharmacy faculty. Out of the 175 respondents who chose to disclose gender: 55% were female and 45% were male. The relative age distribution, according to graduation date, is indicated in Figure 1.

Figure 1:



Although 179 individuals responded to the survey, there were some questions which allowed for more than one response per individual if desired. For example, when answering the question, "What is your current practice setting?" a participant could indicate more than one choice, such as "ambulatory care" AND "academia." This ability for multiple

answer selection resulted in an "n" of 209 total responses rather than 179 for that question. Table 1 outlines other survey respondent data such as area of practice and religious identity. Of the participants who indicated "other" for religious identity, all identified a further denomination of Christianity with the exception of one participant who wrote in "Humanism."

Table 1: Participant Demographic Data

Participant Demographic Data	N	%
Gender	175	
Female	96	55
Male	79	45
Current Practice Setting	209	
Traditional Chain Community Pharmacy	17	8.13
Independent Community Pharmacy	46	22.01
Mass Merchant or Supermarket Community Pharmacy	1	1.91
Inpatient Hospital Pharmacy	35	16.75
Outpatient Hospital Pharmacy	5	2.39
Ambulatory Care	18	8.61
Home Health/Home Infusion	1	0.48
Long Term Care	6	2.87
Hospice or Palliative Care	2	0.96
Academia	40	19.14
Industry	4	1.91
Other	31	14.83
Religious Identity	189	
Islam	1	0.53
Hinduism	1	0.53
Buddhism	3	1.59
Judaism	4	2.12
Christianity	163	86.24
Unaffiliated	5	2.65
None	5	2.65
Other	7	3.7

Results showed that 96% of the respondents described themselves to some degree as "spiritual" and indicated that spirituality had an impact on their overall health. To the question, "To what extent do you feel your spirituality has an impact on your overall health?" 75 of 151 pharmacists (49.67%) indicated that spirituality is "extremely impactful" for their health; 57 pharmacists (37.75%) indicated very impactful; 11 (7.28%) indicated moderately impactful; 4 (2.65%) indicated slightly impactful; and 4 (2.65%) felt that spirituality had no impact on their overall health. When asked "To what extent is it important to obtain a spiritual history from patients?" 93% of pharmacist respondents indicated it was important with varying degrees: only 21 pharmacists (13.91%) indicated that this would be extremely important; 46 (30.46%) indicated very important; 56 (37.09%) indicated moderately important; 17 (11.26%) indicated slightly important; and 11 (7.28%) indicated that spiritual data was not at all important to collect from patients.

Almost 15% of pharmacists (14.88%) felt that the healthcare practitioner best suited to collect information on a patient's spirituality was a pharmacist or pharmacy technician. The largest percentage (57.43%) selected a social worker as the best suited of the listed options given: occupational therapist, nurse, pharmacist, pharmacy technician, physical therapist, physician, physician's assistant, or social worker. Chaplain was not a healthcare provider listed as a choice for respondents. This researcher felt that by including "chaplain" as an option, it would skew the data toward the chaplain as the primary response. The chaplain was purposely left off of the listed options since this researcher wanted to gather opinions about other healthcare professionals on the team.

Less than 1% of respondents felt that pharmacists are well trained to collect spiritual data from patients, with 66.23% responding that they are not well trained "at all." Survey respondents were asked about spirituality in healthcare as a requirement in pharmacy school curriculums with only 21.65% of pharmacists indicating it was offered to any extent and 4% indicating it was only offered as an elective (4% indicated it was both a requirement and elective). Only 7.95% of pharmacist respondents indicated that they were offered an opportunity to practice the collection of spiritual data/histories from a patient or simulated patient during their pharmacy curriculum. Yet, 40.9% of current pharmacy student respondents stated that they had been given this opportunity. Table 2 describes the pharmacist respondent's opinions regarding necessary training to complete prior to incorporating spiritual data collection into everyday pharmacy practice with patients. "Other" items that pharmacists wrote in as "necessary training" related to current Table 2 listed categories were: "financial compensation for training," "joining CPFI," and "no training because I would not incorporate this skill into practice."

Table 2: Participant Preferences Regarding Training Needs

Training Required	N of 370	%
Webinar	94	25.41
Face to face instruction	74	20
Role play	64	17.3
World religion exploration	50	13.51
Reading/self-study	77	20.81
Other	11	2.97

Of pharmacist respondents, 90.48% indicated that they collect data regarding a patient's spirituality less than half the time, with 64.63% indicating that they never perform this function. Pharmacist respondents indicated they were uncomfortable taking a spiritual history at a response of 32.45%, while 36.36% of pharmacy students felt the same. Pharmacist respondents indicated that the top two barriers to gathering this information were "time" (15.12%) and "lack of appropriate place to document data gathered" (14.65%). Less than 4% of pharmacist respondents indicated that "nothing prevents me from collecting this data." Table 3 lists pharmacist and pharmacy student responses with regard to their barriers to collecting spiritual data from patients. "Other" barriers written in by the pharmacist respondents were categorized as "lack of patient interaction" and/or "spiritual data already collected by another profession."

Table 3: Barriers Identified by Participants to Collecting Spiritual Data

Barrier	N = 497	%
Time	73	14.69
Comfort level with the subject	36	7.24
Comfort level with the patient	51	10.26
Lack of formal training	51	10.26
Lack of appropriate place to document information gathered	75	15.09
Lack of knowledge of what to do with the information	62	12.47
Fear of offending the patient	59	11.87
It is outside the scope of a pharmacist's responsibilities to their patients	26	5.12
Other	28	5.63
Nothing prevents me from collecting this data	19	3.82
It is against policy to discuss spirituality at my place of employment	17	3.42

Pharmacists and pharmacy students indicated that they would perform the task of gathering spiritual data from patients if they had additional training 72.09% of the time, while 67.83% would support adding "taking a spiritual history" to the regular job performances of a pharmacist. However, that percentage increased to 83.24% agreement if pharmacists were nationally recognized as providers and subsequently paid for the service of collecting spiritual data from a patient.

Discussion

The pharmacist is consistently ranked among the highest most trusted and ethical professions, along with the most easily accessible healthcare practitioner in the United States.[32,33] The pharmacist is a trained medical professional who uses extensive knowledge of medications and medication therapies to enhance the health and wellness of all patients. A primary responsibility of the pharmacist is to utilize their knowledge to educate patients and other healthcare practitioners regarding medication administration, side effects, or drug interactions. However, the pharmacist is more than the medications they work with; they are also a healthcare advocate. Some of the skills, traits, and talents that a pharmacist uses to serve patients are learned behaviors, while others are God-given gifts. Learned skills are introduced and enforced throughout the pharmacy school/college curriculum. God-given gifts are discovered, shaped, mentored, and refined throughout the pharmacist's lifetime. Healthcare in the US is changing and the pharmacy profession is changing along with it. The pharmacist's roles are expanding and responsibilities for direct patient care are increasing. Pharmacists are filling in the gaps of healthcare in many settings; whether it is taking and recording patient vitals in clinics, testing blood sugar or blood pressure in the community pharmacies, or providing vaccinations to the community at large. Pharmacists are expertly trained in collecting information from patients regarding medical, medication, and other treatment history. Throughout the course of the pharmacy doctoral program, extensive training is dedicated to patient education, patient communication, and patient data gathering.

As the pharmacy professional assumes more responsibility for a patient's well-being, it is vital that the spiritual needs of the patient be addressed by every member of the healthcare team. The question remains to be asked, "Who, of the healthcare team, is best suited to initiate spiritual history data collection with the patient?"

As a pharmacist, this researcher supports the added role of "spiritual history data collection" to the pharmacist's regular professional roles, understanding that barriers, especially in the community setting, must be addressed. As an educator, this researcher recognizes the lack of data supporting this conclusion from the profession at large. It is important that the pharmacy profession continues this discussion and encourages the incorporation of spirituality into the curricula of the schools/colleges of pharmacy.

The "Oath of a Pharmacist" reminds the student pharmacist as well as the practicing pharmacist that being a pharmacist professional is not only an occupation, it is a life-changing commitment. The oath reads as follows:

> *"I promise to devote myself to a lifetime of service to others through the profession of pharmacy. In fulfilling this vow: I will consider the welfare of humanity and relief of suffering my primary concerns. I will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for my patients. I will respect and protect all personal and health information entrusted to me. I will accept the lifelong obligation to improve my professional knowledge and competence. I will hold myself and my colleagues to the highest principles of our profession's moral, ethical and legal conduct. I will embrace and advocate changes that improve patient care. I will utilize my knowledge, skills, experiences, and values to prepare for the next generation of pharmacists."*[34]

A pharmacist professional voluntarily makes the choice to live and abide by this oath. Note that the oath specifically states that the duty of a pharmacist is to "serve." Choosing to serve and to respond to societal needs freely and with passion demonstrates that the field of pharmacy is not only an occupation but a vocation. A Christian pharmacist who responds to God's calling to live out their vocation is joyous in their work, humbled to have the opportunity to serve, and consistently looking for ways in which to improve their craft. It may be difficult for some to see God in everyday, mundane activities. Yet, it is during these activities that God reveals Himself to be present in our lives. The God we cannot see shows Himself through the people who are serving Him. God is hidden behind, but is present within, the good works done by ordinary people. As a Christian pharmacist, it is within the vocation to serve the patient with all the knowledge the pharmacist has about the medication, treatments, and other potential options that may exist. It is the Christian pharmacist's vocation to help educate the patient regarding their medical care so that the patient can make the decision that best reflects their own moral

conscience. The Christian pharmacist's moral conscience can help them lead that discussion. Discussions regarding spirituality do not have to be intimidating and should not be confrontational. These discussions are just further information gathering to allow the healthcare team to best serve the whole patient. Each component of that patient must be served in mind, body and soul. Having a conversation regarding spirituality requires only the same listening skills, empathy, and concern that the profession of pharmacy currently shows to the patient.

Conclusion

It has been shown that 1) spirituality is important to patients participating in the healthcare system; 2) positive spirituality and positive association with a religion has a positive outcome on patient health; and 3) pharmacists are well trusted by the community at large. The healthcare professional team believes it is important to gather spiritual data from patients, however no specific profession has stepped up to fully claim ownership of this task. Pharmacists have the skills and trust to inquire about the spirituality of their patients with regard to healthcare needs.

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