

Provider Relationship with Pediatric Patients and Their Families: A Scoping Review of the Role
of the Provider's Religious/Spiritual Beliefs

by
Najma Suri

A THESIS

submitted to

Oregon State University

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the requirements for the
degree of

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AN ABSTRACT OF THE THESIS OF

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Abstract approved: _____

Daniel López-Cevallos

Pediatricians and other physicians in the United States identify themselves with various religious or spiritual affiliations and use its practices and customary ways to influence their medical practice. Pediatricians and physicians affiliated in the pediatric medical field have an important role in monitoring the health of many children, teenagers, and young adults life, and each course of treatment might be influenced by these medical professionals' religion or spiritual affiliation. In this study, I examine the role of pediatricians' religious or spiritual affiliation in their pediatric patient care. By conducting a scoping review, sources including peer-reviewed journal articles, and published works, we used to examine the current state of scientific evidence. Results showed that religious or spiritual affiliation has a subconscious role in the physician's lives that influences the physician's medical practice. These results suggest that depending on the pediatrician or physician affiliated in the pediatric medical field and their religious or spiritual affiliation, the way that their medical practice and responses to medical dilemmas would differ. On this basis, patients and their families would decide on which physician to go to and see based on whether or not their morals and values and the physician's morals and values align.

Key Words: pediatrician, physician, religion, spiritual affiliation, patient, role, medical, influence

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I understand that my project will become part of the permanent collection of Oregon State University, Honors College. My signature below authorizes release of my project to any reader upon request.

Najma Suri, Author

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Introduction

In the United States, a pediatrician plays a crucial role in the development and maintenance of infants, children, adolescents, and young adults. Pediatricians and physicians affiliated with the pediatric medical field are medical doctors who manage the physical, behavioral, and mental care for children from birth and through adolescence (Collins, 2020). These types of medical professionals monitor their patients' growth and development from infancy to young adulthood and usually provide routine healthcare treatments, such as physical examinations, immunizations, and prescriptions for antibiotics to treat bacterial infections (Rimsza et al., 2015). Pediatricians and physicians affiliated with the pediatric medical field need to have patience and attentively listen to their young patients' needs in order to diagnose the symptoms presented (Learn.org, 2003-2022). In order to find the cause of the children's discomfort or illness and provide immediate, effective treatment, effective communication with children and their parents or parental guardians is important (Learn.org, 2003-2022). Also, pediatricians and physicians affiliated with the pediatric medical field provide healthcare advice to their patients, counseling on topics such as teen birth control, obesity problems, eating disorders and sex education (Learn.org, 2003-2022). In the medical field, especially in pediatrics, it is important to have a relationship between the physician and their patient(s).

Along with focusing on the human physiological aspect in pediatrics, pediatricians and physicians affiliated with the pediatric medical field subconsciously include their own spiritual or religious affiliation when providing their own input, suggestions, and counseling on healthcare advice for their patient(s). Spiritual or religious affiliation refers to the religious or spiritual beliefs and practices to which a person adheres or the religious group to which a person belongs

(NW et al., 2018). Religion and spirituality are rooted in trying to understand the meaning of life and sometimes, how a relationship with a higher power may influence that meaning (Greenstein, 2016). Focusing on the United States' population, many people are affiliated with a religious or spiritual affiliation. They follow and associate with its traditions, customs, and ways, and they use their religious or spiritual affiliation to guide them throughout their lives (Swihart et al., 2021). This could include picking and disregarding certain food groups to eat (i.e., eating kosher or halal food or not consuming beef) or wearing certain types of articles of clothing (i.e., men who follow Judaism wear a kippah or Muslim women wear hijabs).

In this context, how do these two concepts: religious or spiritual affiliation and pediatrics, intertwine? How do they relate with one another? One's religion or spiritual affiliation can make an impact on many decisions. These decisions can regard one's diet, medicines based on animal products, modesty, and the preferred gender of their health providers. With that, there are some religions that have strict prayer times, which can interfere with some medical treatment (Medical Bag Contributing Writer, 2019). When working in the medical field, there can be many challenges, especially when physicians and/or patients turn to their religious and spiritual affiliated beliefs when giving medical advice or making medical decisions (Swihart et al., 2021). Focusing on the physician point of view, their religion or spirituality can alter the way of treatment and patient care is done in their office/practice. For instance, some physicians might not necessarily advise (at first) to cure certain ailments with medications and/or pharmaceutical products. An example being that those who practice Buddhism prefer to use herbal remedies before resorting to medications and/or pharmaceutical products (Swihart et al., 2021). How the course of treatment and how the pediatrician or physician affiliated with the pediatric medical

field goes about their practice can all be influenced by their religion or spiritual affiliation.

In this research paper, I conducted a scoping review to examine the role of the pediatricians' and physicians affiliated with the pediatric medical field's religious or spiritual affiliation is in pediatric patient care. With this, I will dive deeper to figure out whether or not the pediatricians' and physicians affiliated with the pediatric medical field religious or spiritual affiliation affects the interpersonal relationship between the physician and the patient and/or the patient's family.

Methods

I conducted a scoping review of the literature to examine the role of the pediatricians' and physicians affiliated with the pediatric medical field's religious or spiritual affiliation in the pediatric patient care. A scoping review is a type of research synthesis that aims to "map the literature on a particular topic or research area and provide an opportunity to identify key concepts" (Arksey & O'Malley, 2005). The methodology for our scoping review was based on the guidelines established by Hsin Han Elisha Chow, Qian Hui Chew, and Kang Sim (Chow et al., 2021), the format outlined by Mai T Pham, Andrijana Rajić, Judy D Greig, Jan M Sargeant, Andrew Papadopoulos, and Scott A McEwena (Pham et al., 2014), and the flow chart outline created with PRISMA (PRISMA, 2020). For our scoping review, we followed four steps: 1) establishing thesis statement and study, 2) gathering sources, 3) organizing the collected sources, and 4) interpreting findings.

The first step for this scoping review began with multiple discussions and meetings with my honors thesis mentor. After these meetings and discussions, my mentor and I established a concrete idea for this thesis project. This idea led us to explore the role of a pediatrician's or a physician affiliated in the pediatric medical field's religious and spiritual beliefs in the relationship between physicians and patients. This became our thesis statement and research question.

The second step involved gathering relevant studies. This step included finding peer-reviewed articles or journal articles found through the following search engines: PubMed/Medline, Google Scholar, and Web of Science, which were relevant to our thesis topic. The search engines listed previously were all available through Oregon State University's library

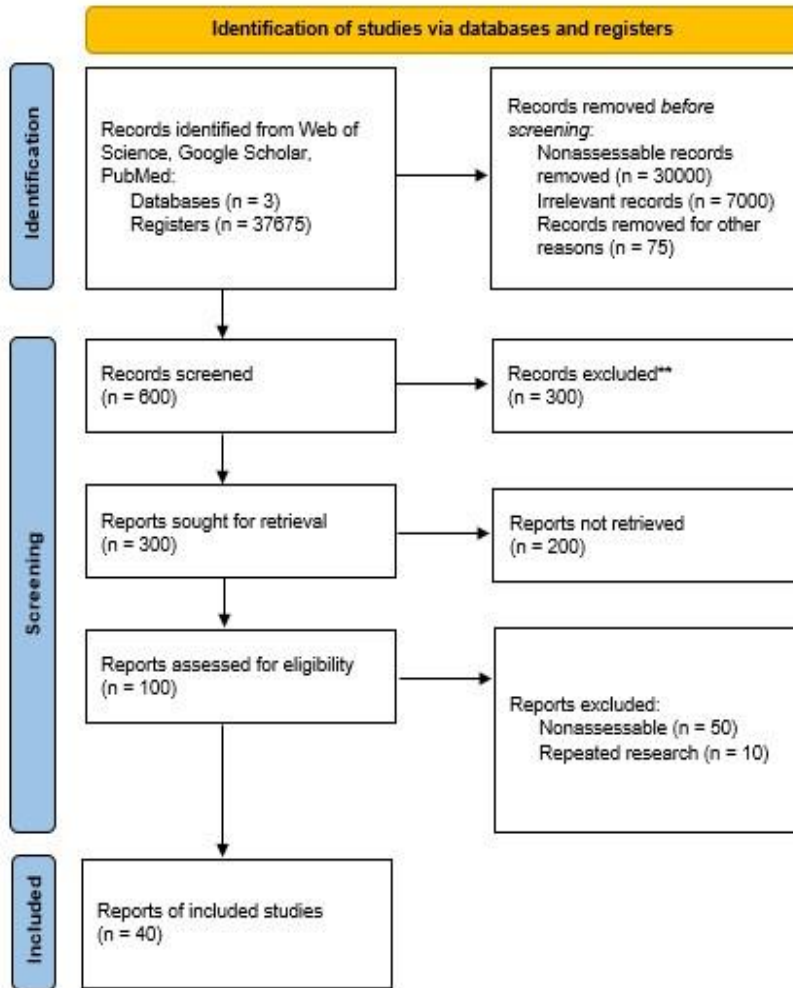
and the internet. Keywords for the literature searches were “religion pediatric care,” “scoping review religion pediatric care,” and “scoping review pediatric and religion and patient relationship.” Throughout this process, I started out with over 37,000 sources to sort through. Each of the sources found had to go through a series of screening. The screenings consisted of ciphering through each of the sources and articles and making sure they had followed a certain criteria. The criteria we followed when selecting sources were according to the following: a) sources must be peer-reviewed articles with open-access to full-text and b) articles relevant to the thesis topic. Sources that I excluded were amongst the following: a) non peer reviewed articles without open-access to full-text, b) articles not relevant to the United States, and c) articles that were not in any relation to the pediatric field. After doing this, I ended up disregarding and excluding about 36,950 sources and keeping the rest of the sources to use and reference for this thesis project. In the end, I, independently, collected 40 peer-reviewed articles and sources for this scoping review. Then, all of the articles and sources were saved and sorted through Zotero, an external reference assistant tool.

The third step involved charting and summarizing the collected sources. After collecting all of the relevant sources for this study, I needed to map out how I collected the sources (my methodology) using one of the provided the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow chart outlines. On the PRISMA website, there were four distinct types and styles of flow chart outlines to choose from (PRISMA, 2020). My mentor advised me to choose the first option due to its relevance and accuracy to our style of scoping review. With that, I completed the flow chart accordingly. The PRISMA flow chart used for this scoping review is shown below in Figure 1. Patients and the public were not involved in the

following: design, conduct, reporting, and/or dissemination plans of our research.

Figure 1: PRISMA flowchart

PRISMA 2020 flow diagram for new systematic reviews which included searches of databases and registers only



Finally, the fourth step involved dissecting and understanding all the articles and sources that I collected and sorted. I used all of the articles and sources to provide evidence. This guided our research for our thesis statement and research question, which was to explore the role of a pediatrician's religious and spiritual beliefs in the relationship between physicians and patients.

Results

In this scoping review, all of the articles and sources that I collected and sorted through were used to gather evidence and examples of what the role of a pediatrician's religious and spiritual affiliation in relation to the relationship between physicians and patients. From these sources, the evidence that I gathered included examples of influences from different religions in the United States that some pediatricians or physicians associated in the pediatric field may associate themselves with. The religions that I gathered from the literature reviewed included Buddhism, Christianity, Catholicism, Islam, Hinduism, and Judaism. Catholicism is a branch of Christianity. Each of these religions come with their own set of rules, traditions, customs, and ways of being. Focusing on these religions and their influential ways, figuring out the role of these beliefs and how it influences the pediatricians or physician associated with the pediatric medical field was able to be understood by first, focusing on the religions themselves and second, looking at the seemingly controversial topic about vaccinations and seeing where religions play a part.

Concepts of Religion and Spiritual Affiliation

Among the 40 peer-reviewed articles and sources that were collected during this scoping review, there was a common theme present. The main theme was the concepts of religion and spiritual affiliation. The concepts of religion and spiritual affiliation has been defined throughout all of the peer-reviewed articles and sources similarly. Spirituality can refer to the inner spiritual dimensions of religious traditions (Greenstein, 2016), the experience of lived religious expression and its meaning for a particular person (Catlin et al., 2008), and/or can exist entirely

outside traditional religious systems and be considered “free-floating” (Roger and Hatala, 2018). On the other hand, religion refers to an organized system of beliefs, practices, rituals, and symbols designed to facilitate closeness to the sacred or transcendent (God, higher power, or ultimate truth/reality), with specific emphasis on a particular framework for public expression that includes a belief structure, a moral code, an authority constitution, and collective forms of worship (Roger and Hatala, 2018), and/or can involve a wide range of perspectives, including religious beliefs, feelings, motivations, experiences, and behaviors (Barnes et al., 2000). With this, the concepts of religion and spirituality can be implemented and influence a person’s way, including in the medical field.

Religious Beliefs and Their Potential Implications for Patient Care

In the medical field, it has been known that health is defined as the presence of physical, mental, spiritual, and social well-being (Kelly et al., 2021). With this, it is important to note that many physicians in the United States are connected with their spiritual and religious identities, beliefs, and practices (Catlin et al., 2008). In the United States, pediatricians and physicians associated with the pediatric medical field play a significant role in the development of children and families, caring for almost 100 million U.S. children (Catlin et al., 2008). There is evidence that shows the influences of the religious or spiritual affiliation of the pediatrician has in relation to the pediatrician’s practice/approach to care. A survey among pediatric residents and faculty showed a positive attitude toward incorporating religious or spiritual affiliation into pediatric practices among those who associate themselves with a religion or spirituality practice (Siegel et al., 2002). According to Siegel et al. (2002), about 65% of the participating pediatricians felt that one’s faith plays an important role in healing (Siegel et al., 2002). With these findings and more,

overall, there was a strong personal religious/spiritual orientation, which was associated with the pediatrician's beliefs that incorporating religion and spirituality in their practice and conversation with patients is necessary for treatment (Siegel et al., 2002).

An example of a religious or spiritual affiliation that could influence the pediatrician's practice is Islam. Islam is one of the three monotheistic religions in the world. Those who follow Islam are called Muslims and they believe in Allah, the Arabic terminology for God. The practices associated with this religion are unique to the other monotheistic religions because of its own conservative practices and ways (History.com editors, 2018). With this knowledge, there can be some instances with pediatricians who affiliate with Islam and how their religious affiliation influences their medical practice. An example being that those who practice and follow Islam are hesitant with the practice of euthanasia (Swihart et al, 2021). If there were to be an instance with the topic of euthanasia being present and discussed amongst the pediatrician and its patient, there will be some drawback and the advice given by the pediatrician will lean towards a different option, but in a professional manner. This is one of many ways Islam could influence a pediatrician's, or a physician associated in the pediatric medical field's practice. Also, Muslims cannot, in any sort of way, have pork or anything involving pig. "The Qur'ān and the Islamic tradition forbid the use of certain food – haram (pig flesh)" (Pelčić et al., 2016). In medicine, this can be an issue in regard to the use of gelatin. In the United States, gelatin is obtained by boiling pig fat (PETA, 2010), and Muslims are forbidden to use, consume, or be in contact with anything that is pig flesh. With this, Muslim pediatricians or physicians associated with the medical field may not be able to do certain procedures or use certain products because of their faith and its customs. Knowing and understanding this example shows a definitive role of

a pediatrician's religious and spiritual beliefs in the relationship between physicians and patients. Another example of a religious or spiritual affiliation that could influence the pediatrician's practice is Hinduism. Hinduism is the dominant religion of India, and it emphasizes dharma, a cosmic law underlying right behavior and social order, with its unique ritual and social observances and often mystical contemplation and ascetic practices (History.com Editor, 2017). Those who affiliate with Hinduism and its customs tend to have a different approach to life, specifically in medicine. Pediatricians who consider themselves to be followers of Hinduism forbid the practice of euthanasia (Swihart et al, 2021). If there were to be a situation where someone asks the pediatrician, who follows Hinduism, for their opinion on euthanasia, their opinion would be against this. Also, in Hinduism, circumcision is uncommon (Swihart et al, 2021). Hence, if a Hindu pediatrician were to give their own personal opinion on this matter, they necessarily would not be for this procedure. All of these circumstances and situations are decided by the patient and their parent or parental guardian. Overall, these are different circumstances and concrete examples in which a religion, spirituality, or a religious/spiritual affiliation could influence the pediatrician's practice and role.

Another way religious or spiritual affiliation that could influence the pediatrician's practice is when the topic of vaccines is being discussed. In the United States, there is an ongoing discussion about vaccines and vaccinations that has made it a very controversial topic to discuss about. Many people are in favor of getting themselves and their families vaccinated, but on the other hand, there are other people who are against vaccinations and many of their reasons are based on their associated religion's or spiritual affiliation's customary ways. Throughout medical history, there have been many developments in how to fight the ongoing viral and

disease wars. Vaccines have been considered to be “one of the greatest public health achievements in the 20th century, which has helped to build a society free of vaccine preventable diseases and save lives of millions children across the globe” (Delany et al., 2014; Pelčić et al., 2016). When it comes to vaccines, some people in the United States have been trying to avoid vaccinating themselves and their children. Among the reasons for not getting vaccinated, people have mentioned their religious or spiritual affiliation (Pelčić et al., 2016). For instance, the Catholic traditional religious teachings recognize “the ability of human intellect to meet the God” (Pelčić et al., 2016). Relating to pediatricians, those who follow Catholicism and/or consider themselves to be Catholic may extend the same mindset on the matter of vaccinations and vaccines. However, as a pediatrician, it is important to let the patient and its family know the medical requirements that a child must have in our society. But, if a patient or its family were to ask about the pediatrician’s personal opinion on the matter and that pediatrician were to follow the Catholic traditional teachings, then their religious or spiritual affiliation would influence their practice and medical advice. Another instance in regard to vaccinations would be if the pediatrician or physician associated with the pediatric medical field were associated with the religious or spiritual affiliation of Judaism. “Jewish theology tells us nothing explicit about today's medicine” (Pelčić et al., 2016). In the Jewish faith, there are no objections to vaccines and medicines. With this, a Jewish pediatrician would encourage the patient to get their vaccinations because based on their religion, God commanded them to be “fruitful and multiply” and in this day and age, this command can be done through vaccines (Pelčić et al., 2016). A different religion or spirituality that is unique to others is Buddhism. Buddhism claims that life is one, which means that all forms of life are

essentially related to one another and share a common essence (Pelčić et al., 2016). In other words, those who follow Buddhism value life and its true form(s). Impurities, such as murder, stealing, lying, etc., are prohibited in a Buddhist life. Relating back to its theologies, Buddhists, themselves, are not against vaccines. With this, a pediatrician who is affiliated with Buddhism would not be reluctant in advising their patients and their families to get vaccinated. In the end, there are countless pieces of evidence that shows the role of a pediatrician's or a physician associated with the pediatric medical field's religious and/or spiritual beliefs in the relationship between physicians and patients.

Overall, during this scoping review, retrieving examples and evidence needed to understand what the role of a pediatrician's or physician associated with the pediatric medical field's religious and spiritual beliefs in relation to the relationship between physicians and patients was accomplished. In this scoping review, the information provided in the articles and sources were all focused on the United States. Looking at different religions or spiritual affiliations and understanding their distinct rules, customs, traditions, and ways brought how they influence a pediatrician or physician associated with the pediatric medical field. The religions that were mentioned were Buddhism, Hinduism, Judaism, Catholicism, Islam, and Christianity. Then, dividing into the ongoing controversial topic about vaccines and vaccinations, there was evidence showing what the role of religion and spiritual affiliation is in regard to the pediatrician or physician associated with the pediatric medical field and their medical practice.

Discussion

Pediatricians and physicians associated with the pediatric medical field hold a crucial role in the development of babies, children, teens, and young adults. Their profession entails for them to maintain the health of their patients and provide guidance on medical situations to them. Religion and spiritual affiliation play an important part in many individuals' lives. These practices help guide people through its faith, traditions, customs, beliefs, and rules about life. With that being said, what is the role of a pediatrician's or physician associated with the pediatric medical field's religious and spiritual affiliation in relation to the relationship between physicians and patients? How does religion and spiritual affiliation influence the provider and their medical practice? After conducting a scoping review, it was evident that religion and spiritual affiliation has a definitive role. In different religions and spiritual affiliations, there are distinct rules that its followers and believers follow. As a pediatrician or a physician affiliated with the pediatric medical field, religion or spiritual affiliations can influence their medical practices. Examples being a Muslim pediatrician might not be able to perform certain procedures involving pig flesh due to their faith forbidding the contact of pig flesh (Pelčić et al., 2016) , Catholicism regards vaccines as an act of humans being God and a Catholic physician's opinion on this matter would be subjective to their beliefs (Pelčić et al., 2016), and/or a Buddhist provider would primary offer the advice of using herbal remedies to cure alignments before providing the option of medications or pharmaceutical products (Swihart et al., 2021). After looking at the evidence provided in the articles and sources, it can be concluded that the role of a pediatrician's or physician associated with the pediatric medical field's religious and spiritual affiliation in relation to the relationship between physicians and patients is to function as a subconscious

guide. Religions and/or spiritual affiliations influence those who follow them in their daily lives and different decision-making circumstance. This could consist of picking certain articles of clothing to eating certain food groups to having certain medical procedures done.

With that being said, why is knowing the role of the pediatrician's or physician in the pediatric medical field's religion or spiritual affiliation in pediatric patient care important, especially to me? First thing is first, the United States is a country that is full of diversity with a lot of cultures and ethnicities and religions/spiritualities. Personally, I experience this firsthand. My parents are immigrants from India and Palestine, and with my parents' heritage and upbringing, I was exposed to many different cultures, religions, ethnicities, and people from a noticeably young age. This fascinated me because I was able to learn about life and treatment in many different ways. Examples being that my parents raised me in an Islamic household; my grandmother was a Christian but converted to Islam; most of our family friends are Hindus; I went to a Catholic middle and high school; and my boyfriend was raised in a Christian household. So, my own personal experiences influenced this thesis idea.

Secondly, the role of the pediatrician's or physician in the pediatric medical field's religion or spiritual affiliation in pediatric patient care is important to me because the pediatric field is a career interest of mine. I would like to be a pediatrician so, understanding this role will benefit me and those future pediatricians in the United States. Knowing that my background is culturally diverse, the findings from this thesis will help me understand how my upbringing will affect my future career.

What the pediatrician's or physician in the pediatric medical field's religion or spiritual affiliation is one of the many criteria a patient and their families consider when picking their

provider. When finding a provider, one of the questions asked is “where do you stand on topics important to me?” (Higuera, 2020). This question includes where the pediatrician or physician stands on topics like circumcision, immunizations, breastfeeding, antibiotics, etc. (Higuera, 2020). In regard to this questions, the pediatrician’s or physician in the pediatric medical field’s religion or spiritual affiliation plays an impactful part. Depending on the influences of the religion or spiritual affiliation, the patient and their family will decide whether or not to go to that pediatrician or physician. If the patient’s and/or their values and morals do not align with the pediatrician’s or physician’s, then they will not see or go to that provider and look elsewhere to someone who aligns better with them. In all honesty, when it comes to medicine, constantly arguing with your physician about medical matter is not ideal and thus the relationship between the physician and the patient would nonexistent.

In conclusion, religion and spiritual affiliations impacts many people’s lives in the United States. These types of affiliations can become rooted into our lives and influence how we go about our daily lives. Subconsciously, religion and spiritual affiliations influence many decisions we make, including medical decisions we encounter on a daily basis. Medical decisions include procedures, immunizations, and treatment plans provided by the physician. Religion and spiritual affiliations also influence physicians, including pediatricians. The way the pediatrician or physician sets up their practice and how they provide advice can all be influenced by religion and spiritual affiliation.

A possible way to further this research is to conduct an observational experiment. Interviewing pediatricians and physicians affiliated with the pediatric field and gathering information from them personally on how their religious or spiritual affiliation influences their

medical practice would a possible next step for this research. To go about this type of research could consist of conducting an interview with different pediatricians across the nation or in a particular state or in one city/county. These pediatricians could all be associated with the same religion or spiritual affiliation to find evidence on how one religion or spiritual affiliation can influence medical practices, or all the pediatricians could be associated with different types of religion or spiritual affiliation. With them all being associated with different types of religion or spiritual affiliation, finding key differences between medical practices associated with the type of religion or spiritual affiliation would be discovered with concrete evidence. In the interviews, the questions asked could consist of asking what religion or spiritual affiliation they associate themselves with, what practices of their religion or spiritual affiliation they portray in their medical practices, and/or how does their religion or spiritual affiliation influence them. Another possible way to further this research is to conduct a similar scoping review, but have the sources gathered focus on a different common theme. A theme that could be considered is “measurements of religion or spirituality” or “negative outcomes of religion or spirituality in regard to health care”. If one were to focus on a different theme, then another perspective would be considered and compared with.

References

Albelaikhi, A. (1997). Development of a Muslim Religiosity Scale [University of Rhode Island].

<https://doi.org/10.23860/diss-albelaikhi-abdulaziz-1997>

American Academy of Pediatrics (AAP). (n.d.). How to Choose a Pediatrician.

HealthyChildren.Org. Retrieved April 16, 2022, from

[https://www.healthychildren.org/English/family-life/health-management/Pages/How-To-Choose-](https://www.healthychildren.org/English/family-life/health-management/Pages/How-To-Choose-A-)

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[Pediatrician.aspx?_gl=1*_1smgi1d*_ga*NzM5MzI4NDYuMTY0OTU0MjU4MA..*_ga_FD9D3](https://www.healthychildren.org/English/family-life/health-management/Pages/How-To-Choose-A-Pediatrician.aspx?_gl=1*_1smgi1d*_ga*NzM5MzI4NDYuMTY0OTU0MjU4MA..*_ga_FD9D3)

[XZVQQ*MTY1MDE1MzkzMS41LjEuMTY1MDE1NDU1Ni4w&_ga=2.165434367.19942379](https://www.healthychildren.org/English/family-life/health-management/Pages/How-To-Choose-A-Pediatrician.aspx?_gl=1*_1smgi1d*_ga*NzM5MzI4NDYuMTY0OTU0MjU4MA..*_ga_FD9D3)

[23.1650153932-73932846.1649542580](https://www.healthychildren.org/English/family-life/health-management/Pages/How-To-Choose-A-Pediatrician.aspx?_gl=1*_1smgi1d*_ga*NzM5MzI4NDYuMTY0OTU0MjU4MA..*_ga_FD9D3)

Antommaria, A. H. M., Weise, K. L., Fallat, M. E., Katz, A. L., Mercurio, M. R., Moon, M. R., Okun, A. L., & Webb, S. A. (2013). Conflicts Between Religious or Spiritual Beliefs and Pediatric Care: Informed Refusal, Exemptions, and Public Funding. *Pediatrics*, 132(5), 962–965.

<https://doi.org/10.1542/peds.2013-2716>

Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework.

International Journal of Social Research Methodology, 8(1), 19–32.

<https://doi.org/10.1080/1364557032000119616>

Armbruster, C. A., Chibnall, J. T., & Legett, S. (2003). Pediatrician Beliefs About Spirituality and Religion in Medicine: Associations With Clinical Practice. *Pediatrics*, 111(3), e227–e235.

<https://doi.org/10.1542/peds.111.3.e227>

Australian Bureau of Statistics (ABS). (2016, March 8). Religious Affiliation Standard, 2016 | Australian Bureau of Statistics. <https://www.abs.gov.au/statistics/standards/religious-affiliation-standard/latest-release>

Barnes, L. L., Plotnikoff, G. A., Fox, K., & Pendleton, S. (2000). Spirituality, Religion, and Pediatrics: Intersecting Worlds of Healing. *Pediatrics*, 106(Supplement_3), 899–908. <https://doi.org/10.1542/peds.106.S3.899>

Blythe, J. A., & Curlin, F. A. (2019). How Should Physicians Respond to Patient Requests for Religious Concordance? *AMA Journal of Ethics*, 21(6), 485–492. <https://doi.org/10.1001/amajethics.2019.485>

Cadge, W., Ecklund, E. H., & Short, N. (2009). Religion and Spirituality: A Barrier and a Bridge in the Everyday Professional Work of Pediatric Physicians. *Social Problems*, 56(4), 702–721. <https://doi.org/10.1525/sp.2009.56.4.702>

Catlin, E. A., Cadge, W., Ecklund, E. H., Gage, E. A., & Zollfrank, A. A. (2008). The Spiritual and Religious Identities, Beliefs, and Practices of Academic Pediatricians in the United States. *Academic Medicine*, 83(12), 1146–1152. <https://doi.org/10.1097/ACM.0b013e31818c64a5>

CDC. (2021, September 23). Child Development: Young Teens (12-14 years old) | CDC. Centers for Disease Control and Prevention. <https://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/adolescence.html>

Chow, H. H. E., Chew, Q. H., & Sim, K. (2021). Spirituality and religion in residents and inter-relationships with clinical practice and residency training: A scoping review. *BMJ Open*, 11(5), e044321. <https://doi.org/10.1136/bmjopen-2020-044321>

Collins, S. (2020, December 20). What Is a Pediatrician? WebMD.

<https://www.webmd.com/baby/pediatricians-role-twins>

Committee on Bioethics. (1997, February 1). Religious Objections to Medical Care | Pediatrics | American Academy of Pediatrics. American Academy of Pediatrics.

<https://www.publications.aap.org/pediatrics/article-abstract/99/2/279/64697/Religious-Objections-to-Medical-Care?redirectedFrom=fulltext>

Committee on Bioethics, Antommaria, A. H. M., Weise, K. L., Fallat, M. E., Katz, A. L., Mercurio, M. R., Moon, M. R., Okun, A. L., & Webb, S. A. (2013). Conflicts Between Religious or Spiritual Beliefs and Pediatric Care: Informed Refusal, Exemptions, and Public Funding. *Pediatrics*, 132(5), 962–965. <https://doi.org/10.1542/peds.2013-2716>

Delany, I., Rappuoli, R., & De Gregorio, E. (2014). Vaccines for the 21st century. *EMBO Molecular Medicine*, 6(6), 708–720. <https://doi.org/10.1002/emmm.201403876>

Editors, H. com. (2017). Hinduism. HISTORY.

<https://www.history.com/topics/religion/hinduism>

Editors, H. com. (2018). Islam. HISTORY. <https://www.history.com/topics/religion/islam>

Fowler, J. D. (n.d.). Cultural and structural barriers that affect the doctor-patient relationship: A Bolivian perspective. Oregon State University.

Gall, T. L., Charbonneau, C., Clarke, N. H., Grant, K., Joseph, A., & Shouldice, L. (2005).

Understanding the Nature and Role of Spirituality in Relation to Coping and Health: A Conceptual Framework. *Canadian Psychology/Psychologie Canadienne*, 46(2), 88–104.

<https://doi.org/10.1037/h0087008>

Greenstein, L. (2016, December 21). The Mental Health Benefits of Religion & Spirituality | NAMI: National Alliance on Mental Illness. NAMI National Alliance on Mental Illnesses.

<https://www.nami.org/Blogs/NAMI-Blog/December-2016/The-Mental-Health-Benefits-of-Religion-Spiritual>

Grossoehme, D., Ragsdale, J., McHenry, C., Thurston, C., DeWitt, T., & VandeCreek, L. (2007, January 1). Pediatrician Characteristics Associated With Attention to Spirituality and Religion in Clinical Practice | Pediatrics | American Academy of Pediatrics. American Academy of

Pediatrics. <https://www.publications.aap.org/pediatrics/article-abstract/119/1/e117/70669/Pediatrician-Characteristics-Associated-With?redirectedFrom=fulltext>

Hedayat, K. M., & Pirzadeh, R. (2001). Issues in Islamic biomedical ethics: A primer for the pediatrician. *Pediatrics*, 108(4), 965–971. <https://doi.org/10.1542/peds.108.4.965>

Hexem, K. R., Mollen, C. J., Carroll, K., Lanctot, D. A., & Feudtner, C. (2011). How Parents of Children Receiving Pediatric Palliative Care Use Religion, Spirituality, or Life Philosophy in Tough Times. *Journal of Palliative Medicine*, 14(1), 39–44.

<https://doi.org/10.1089/jpm.2010.0256>

Higuera, V. (2020, June 18). How to Choose a Pediatrician: 7 Things to Consider. Healthline.

<https://www.healthline.com/health/childrens-health/how-to-choose-a-pediatrician>

Huerto, R. (2020, March 31). Minority Patients Benefit From Having Minority Doctors, But That's a Hard Match to Make. University of Michigan.

<https://labblog.uofmhealth.org/rounds/minority-patients-benefit-from-having-minority-doctors-but-thats-a-hard-match-to-make-0>

Kelly, E. P., Myers, B., Henderson, B., Sprik, P., White, K. B., & Pawlik, T. M. (2021). The Influence of Patient and Provider Religious and Spiritual Beliefs on Treatment Decision Making in the Cancer Care Context. *Medical Decision Making*, 42(1), 125–134.

<https://doi.org/10.1177/0272989X211022246>

King, S. D. W., Dimmers, M. A., Langer, S., & Murphy, P. E. (2013). Doctors' Attentiveness to the Spirituality/Religion of their Patients in Pediatric and Oncology Settings in the Northwest USA. *Journal of Health Care Chaplaincy*, 19(4), 140–164.

<https://doi.org/10.1080/08854726.2013.829692>

Kokorelias, K. M., Gignac, M. A. M., Naglie, G., & Cameron, J. I. (2019). Towards a universal model of family centered care: A scoping review. *BMC Health Services Research*, 19(1), 564.

<https://doi.org/10.1186/s12913-019-4394-5>

Krauss, S. E., Hamzah, A., & Idris, F. (2007). Adaptation of a Muslim Religiosity Scale for Use with Four Different Faith Communities in Malaysia. *Review of Religious Research*, 49(2), 147–164.

Learn.org. (2003a, 2022). What Are the Duties and Responsibilities of a Pediatrician? Learn.Org.
https://learn.org/articles/https%3A%2F%2Flearn.org%2Farticles%2FWhat_Are_the_Duties_and_Responsibilities_of_a_Pediatrician.html

Learn.org. (2003b, 2022). What Is a Pediatrician? Learn.Org.
https://learn.org/articles/https%3A%2F%2Flearn.org%2Farticles%2FWhat_is_a_Pediatrician.html

Luckhaupt, S. E., Yi, M. S., Mueller, C. V., Mrus, J. M., Peterman, A. H., Puchalski, C. M., & Tsevat, J. (2005). Beliefs of primary care residents regarding spirituality and religion in clinical encounters with patients: A study at a Midwestern US Teaching Institution. *Academic Medicine*, 80(6), 560–570. <https://doi.org/10.1097/00001888-200506000-00011>

Medical Bag Contributing Writer. (2019, July 8). Facilitating Religious Concordance Between Patients and Physicians. Medical Bag.
<https://www.medicalbag.com/home/more/ethics/facilitating-religious-concordance-between-patients-and-physicians/>

Munn, Z., Peters, M. D. J., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Medical Research Methodology*, 18(1), 143.
<https://doi.org/10.1186/s12874-018-0611-x>

Naufel, L. Z., Cunha Di Sarno, M. T., & Junqueira Alves, M. A. (2019). Physicians' knowledge about patients' religious beliefs in pediatric care. *Revista Paulista De Pediatria*, 37(4), 479–485.

<https://doi.org/10.1590/1984-0462/;2019;37;4;00003>

NW, 1615 L. St, Washington, S. 800, & Inquiries, D. 20036 U.-419-4300 | M.-857-8562 | F.-419-4372 | M. (2018, August 29). The Religious Typology. Pew Research Center's Religion & Public Life Project. <https://www.pewresearch.org/religion/2018/08/29/the-religious-typology/>

O'Brien, S. A., Rose-Jacobs, R., Seval, C., & Jamanka, A. (2000). Faith, religion and spirituality: What role does the pediatrician play? *Pediatric Research*, 47(4), 214A-214A.

Palmer Kelly, E., Hyer, M., Payne, N., & Pawlik, T. M. (2020). Does spiritual and religious orientation impact the clinical practice of healthcare providers? *Journal of Interprofessional Care*, 34(4), 520–527. <https://doi.org/10.1080/13561820.2019.1709426>

Papoudi, D., Jørgensen, C. R., Guldborg, K., & Meadan, H. (2021). Perceptions, Experiences, and Needs of Parents of Culturally and Linguistically Diverse Children with Autism: A Scoping Review. *Review Journal of Autism and Developmental Disorders*, 8(2), 195–212.

<https://doi.org/10.1007/s40489-020-00210-1>

Paul Victor, C. G., & Treschuk, J. V. (2020). Critical Literature Review on the Definition Clarity of the Concept of Faith, Religion, and Spirituality. *Journal of Holistic Nursing*, 38(1), 107–113.

<https://doi.org/10.1177/0898010119895368>

Pelčić, G., Karačić, S., Mikirtichan, G. L., Kubar, O. I., Leavitt, F. J., Cheng-tek Tai, M., Morishita, N., Vuletić, S., & Tomašević, L. (2016). Religious exception for vaccination or religious excuses for avoiding vaccination. *Croatian Medical Journal*, 57(5), 516–521.

<https://doi.org/10.3325/cmj.2016.57.516>

Pesut, B., Sinclair, S., Fitchett, G., Greig, M., & Koss, S. E. (2016). Health Care Chaplaincy: A Scoping Review of the Evidence 2009–2014. *Journal of Health Care Chaplaincy*, 22(2), 67–84.

<https://doi.org/10.1080/08854726.2015.1133185>

PETA. (2010, July 7). What is gelatin made of? PETA. <https://www.peta.org/about-peta/faq/what-is-gelatin-made-of/>

Pham, M. T., Rajić, A., Greig, J. D., Sargeant, J. M., Papadopoulos, A., & McEwen, S. A. (2014). A scoping review of scoping reviews: Advancing the approach and enhancing the consistency. *Research Synthesis Methods*, 5(4), 371–385. <https://doi.org/10.1002/jrsm.1123>

PRISMA. (2020). <http://prisma-statement.org/prismastatement/flowdiagram.aspx>

Rimsza, M. E., Hotaling, A. J., Keown, M. E., Marcin, J. P., Moskowitz, W. B., Sigrest, T. D., & Simon, H. K. (2015). Definition of a Pediatrician. *Pediatrics*, 135(4), 780–781.

<https://doi.org/10.1542/peds.2015-0056>

Roger, K. S., & Hatala, A. (2018). Religion, spirituality & chronic illness: A scoping review and implications for health care practitioners. *Journal of Religion & Spirituality in Social Work: Social Thought*, 37(1), 24–44. <https://doi.org/10.1080/15426432.2017.1386151>

Sadat Hoseini, A. S. (2019). A Proposed Islamic Nursing Conceptual Framework. *Nursing Science Quarterly*, 32(1), 49–53. <https://doi.org/10.1177/0894318418807944>

Siegel, B., Tenenbaum, A. J., Jamanka, A., Barnes, L., Hubbard, C., & Zuckerman, B. (2002). Faculty and resident attitudes about spirituality and religion in the provision of pediatric health care. *Ambulatory Pediatrics*, 2(1), 5–10. [https://doi.org/10.1367/1539-4409\(2002\)002<0005:FARAAS>2.0.CO;2](https://doi.org/10.1367/1539-4409(2002)002<0005:FARAAS>2.0.CO;2)

Sorensen, T. K. (n.d.). Medical Professionals' Sensitivity to Patient's Religious and Spiritual Backgrounds and Its Effects on Prevention, Treatment, and/or Recovery in the United States. Oregon State University.

Swihart, D. L., Yarrarapu, S. N. S., & Martin, R. L. (2021). Cultural Religious Competence In Clinical Practice. In StatPearls. StatPearls Publishing. <http://www.ncbi.nlm.nih.gov/books/NBK493216/>

Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K., Colquhoun, H., Kastner, M., Levac, D., Ng, C., Sharpe, J. P., Wilson, K., Kenny, M., Warren, R., Wilson, C., Stelfox, H. T., & Straus, S. E. (2016). A scoping review on the conduct and reporting of scoping reviews. *BMC Medical Research Methodology*, 16(1), 15. <https://doi.org/10.1186/s12874-016-0116-4>

