

OPEN PEER REVIEW

The Influence of Religious Beliefs on Health Decision-Making: Perspectives from Diverse Faith Communities

Claire. Woolford¹ , Matthew. Horner^{1*} ¹ School of Social Work, Michigan State University, US

* Corresponding author email address: matthorner@msu.edu


Received: 2024-04-03

Revised: 2024-05-29


Accepted: 2024-06-11

Published: 2024-07-01


EDITOR:

Mehmet Çevik 
Department of Social Sciences, Ankara University, Türkiye
mehmetcevik@asbu.edu.tr

REVIEWER 1:

Sandeep Kotwal 
Knowledge Management Division, National Health Systems Resource Centre, Ministry of Health and Family Welfare, New Delhi, India
sandkotwal@gmail.com

REVIEWER 2:

Kaushalya Korlage 
Assistant Lecturer in Sociology at University of Colombo, Colombo, Sri Lanka
korlage@iouc.cmb.ac.lk

1. Round 1

1.1. Reviewer 1

Reviewer:

The introduction lacks a clear statement of the research questions or hypotheses guiding this study. Including explicit research questions would enhance the clarity and focus of the study.

The criteria for selecting participants are stated, but the rationale behind the purposive sampling strategy is not sufficiently justified. Please provide a detailed explanation of why purposive sampling was chosen and how it ensures the diversity of religious beliefs.

The development of the interview guide is mentioned briefly. Please provide more details on the process of developing the interview questions and how they were piloted or validated.

The coding process is described, but there is no mention of how inter-coder reliability was ensured. Please describe the steps taken to ensure consistency and reliability in coding the data.

The findings on dietary practices are insightful but lack depth. For instance, it would be beneficial to include direct quotes from participants to illustrate the diversity of dietary practices across different religions.

The mention of conflicts between religious beliefs and medical advice needs more elaboration. Including specific examples and discussing potential resolutions or accommodations would strengthen this section.

The conclusion reiterates the study's findings but lacks a clear articulation of the study's limitations and areas for future research. Please include a detailed discussion of the study's limitations and suggestions for future research directions.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The introduction references Ai and McCormick (2010) and Arutyunyan et al. (2016). However, there is a lack of discussion on how these studies specifically relate to the diversity of faiths in healthcare. Please elaborate on the specific findings of these studies and their implications for diverse faith communities.

The discussion on faith healing and prayer could be enhanced by comparing these findings with existing literature on faith-based medical refusals. This would provide a broader context for the study's findings.

The role of community support is highlighted, but there is little discussion on how these support systems differ across religious communities. A comparative analysis would provide more depth to these findings.

The influence of religious beliefs on end-of-life decisions is a critical area. However, the study could benefit from a more detailed exploration of the ethical dilemmas faced by healthcare providers in these contexts.

The discussion begins by reiterating the findings. It would be more effective to start with a synthesis of how these findings contribute to the existing body of knowledge and their practical implications for healthcare providers.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.