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Understanding of Spirituality among Healthcare Professionals at Chris HaniBaragwanath Academic Hospital: A Social Work Perspective

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ABSTRACT Everything concerning the spirit or soul has been the domain of the church or religious organisations. The awakening on spirituality can be traced back to the latter decades of the 20th century. Now it is picking up momentum and it cannot be denied anymore. Literature has indicated the importance of including spirituality as a means of assisting people to cope during trying times. The primary aim of this paper is to explore the views of healthcare professionals on the subject of spirituality. In this research, a qualitative research approach, which aims at understanding social interaction and experiences from the perspective of insiders, was used. The research adopted the exploratory design which focused on gaining insight into the views of the participants within and under the researched field.

INTRODUCTION

Background Information

According to Minnaar (2007), the word 'spirit' is derived from the Latin word "spiritus", which means "breath of life". Joseph (1987:15) describes spirituality as the study of our essence and that which is beyond the physical body and greater than the self. A free translation of spirit would refer to the part of the person that is invisible. It is a personal devotion to a higher Power and a search for meaning; a quest for inner peace, fulfilment and serenity. Therefore, Spirituality does not advocate a specific religion or faith and therefore it can be described as faith neutral. It does not denounce religion either. It does not judge, discriminate or condemn; it unites, heals and makes whole (Setiloane1986). Spirituality has played a role in healthcare for centuries. In literature, authors like Kreitzer et al. (2009) have indicated the importance of including spirituality as a means of assisting people to cope during trying times. According to Henriot (1992), Spirituality has a potential to inspire, uplift, renew and heal. Therefore, Spirituality is reflected in the values people uphold, how they live their lives and treat other people, living creatures and environment. Spiritual practices may include prayer, meditation, silent retreats, reflection, mindful living, community work and rituals to honour the Creator.

Given this integration, the terms Spirituality and religion are used in the context of this paper to refer to the same experience.

Healthcare professionals deal with patients holistically. In order to meet the needs of patients holistically, and to assist them in making sense of their circumstances, spiritual healthcare should be equally considered as important as physical, social and emotional dimensions. Therefore, the concept of a holistic patient care approach requires that healthcare professionals should understand the interconnectedness of the psychosocial, physical, social, emotional, spiritual and cultural realms and treat their patients accordingly (Govier 2000). Social workers and healthcare professionals who appreciate this interconnectedness are likely to ensure that the spiritual component is evident in their patient care (Callister et al. 2004).

Aim of the Study

The aim of this study is to explore the impact of religon among healthcare professionals.

Objective

To asses the role played by religious beliefs in healthcare at Hani Baragwanath Aca-

demic Hospital and develop guidelines for social workers.

RESEARCH METHODOLOGY

A generic qualitative, explorative-descriptive study was conducted. The explorative-descriptive was found to be more relevant as the purpose of this study was on exploring the understanding of spirituality among healthcare professionals. The population comprised social workers from Chris Hani Baragwanath Academic Hospital, which is a public hospital. Participants (patients and healthcare professionals) were recruited through purposive sampling methods. Data were collected through the use of focus groups, interviews and observations. Data analysis methods utilised, included coding, the constant comparison method and Tesch's guidelines on data analysis.

An explorative design was used employing qualitative research method, as it would be appropriate in meeting the aim and objectives of the study (Denzin 2001). Qualitative data was obtained by conducting seven (7) focus groups with healthcare professionals.

Participants

Healthcare professionals employed by Chris Hani Baragwanath Academic hospital participated in this research. This hospital is the largest hospital in the Southern hemisphere located in SOWETO in Gauteng. It provides healthcare services for Gauteng residents as its catchment area as well as residents outside Gauteng province.The ranks of the healthcare professionals ranged from junior level to management level.

Data Collection

The researcher obtained permission from the Department of Health and from CHBH management. In order to obtain data, the researcher visited the hospital on different occasions to conduct focus groups. Tables 1, 2, and 3 provide a summary of the most important areas covered. Morethan 10 participants were present at each session. Frey and Fontana (1993) suggest groups of 8-10 participants. As a result of the commonalities that the healthcare professionals and patients shared, and the fact that they mostly knew each other, rapport was quickly established, so that the focus group was regarded as non-threatening. Each focus group was facilitated by the researcher. English was used as the focus group medium of communication as all healthcare professionals were conversant and comfortable with it. The experience was however different with the patients, as some could barely understand the language. In this instance, the researcher utilised an African language, for example, Isizulu and Sesotho to communicate with them. The researcher led the focus groups in a semi-structured discussion of open ended questions (Frey and Fontana 1993; Kruger 1998). During the discussion, the facilitator asked for clarifications when some concepts were unclear or in cases where data were open to misinterpretation (Krefting 1991). Healthcare professionals were encouraged to actively participate, to share their wealth of experience, to understand that no comments would be regarded as "stupid" or"wrong" and were assured that they would remain anonymous. Flexibility was allowed in terms of the sequence of questions, so that facilitators were able to listen to the discussion, to observe and to respond to what they saw or heard. Structured coherence of the topic was thus maintained, increasing credibility (Krefting 1991). In an attempt to enhance trustworthiness, member checks were included, which entailed the facilitator giving a short summary at the end of the discussion of each question. Participants were then asked whether theyagreed withthe raised aspects or not, to ensure that nothing was overlooked (Hoffart 1991). The researcher spent some time debriefing directly after the focus group to discuss their interpretations and in order to enhance trustworthiness (Peshkin1993). No areas that needed additional probing or clarification werenoted. Debriefing is an essential part of investigators' triangulation and was included to heighten the credibility of the data obtained (Kimchi et al. 1991). Verbatim transcriptions of these 7 focus groups were made. Focus group duration ranged between 67 and 98 minutes.

Data Analysis

Regarding the qualitative data, the researcher delineated themes from each of the 7 focus groups and came up with some tentative conclusions. The information was coded. Coding was seen as a part of the whole analytic process that also involved theoretical perspectives and interpretations.

Ethical Considerations

Permission to perform the study was obtained from the relevant authority: Chris Hani Baragwanath Academic Hospital management. All participants from the given hospital who were able to participate were included. All participants were informed of the aim and objectives of the study, and gave their consents that the information they gave could be used. To maintain confidentiality and the conceal the identity of the participants, no personal information was required.

RESULTS AND DISCUSSION

During the research process, 48 healthcare professionals were shared into four groups. Among the four groups, the allied professionals' groups 3A and 3B were found to be smaller and more diverse in terms of race and religious beliefs when interviewed. This variety allowed for open discussions and individuals were able to share their perceptions, thoughts and feelings. The social workers were more diverse in terms of their grading and areas of specialisation, allowing the respondents to elaborate on and provide more details in their responses. The researcher was unable to secure an appointment with the doctors at the Hospital. Therefore, the biographic profile for the healthcare professionals does not include that of the entire medical team.

Themes Identified from the Focus-Group Interviews

Three main themes emerged from the focus group interviews with the healthcare professionals, namely:

- The understanding of spirituality;
- The impact of spirituality in healthcare; and
- Job satisfaction, commitment and personal fulfilment.

The themes and subthemes contain narrative accounts from the focus groups, using direct quotes. The discussion of these findings below, is substantiated with literature.

Theme 1: Key Understanding of the Concept 'Spirituality'

Table 1 reflects each group's key understanding of the concept ' Spirituality'. These key phraseswere derived from the respondents' direct quotes. It should be noted that certain professionals raised similar keywords, hence the repetition.

The focus-group respondents have mostly similar understandings of what spirituality is, with minor differences. This means that there seem to be multiple views of spirituality, but it comes down to more or less the same understanding: respondents have some kind of relationships with a greater power or being. For example, one view defines Spirituality as something originating from the inside of the individual. Another view is that Spirituality is tied to one's religious affiliation. Someother respondents describe Spirituality in relation to their workplace. Still another perspective argues that Spirituality involves existentialist questions, for example "What is the meaning of my work? Why am I doing this work?"

Table 1: Healthcare professionals' key understanding of the concept 'spirituality'

	Group 2	*Group 3A*	*Group 3B*
Nursing personnel	*Social workers*	*Physiotherapists*	*Occupational therapists*
Belief in God	Belief in God	Connecting with the higher being	Connecting with the higher being
Holiness	Connecting with Supreme	Nothing said	Nothing said
Believing in something or	someone	Believing in something or someone	Believing in something or someone Believing in something or someone
Inner power	Relationship with self	Self-balancing	Inner consciousness
Having connections with the divine spirit	Holistic being, physical, emotional social and psychological	Connecting with ancestors	Connecting with ancestors
Meaningful relationships: church, family or friends	Meaningful relationships: church, family or friends	Believing in a symbol or an invisible spirit	A relationship with nature

It was argued that there are different definitions of Spirituality due to the strong personal nature of the word. Indeed, Freshman (1999) states that the emphasis on the uniquely personal aspect of Spirituality contributes to the pluralistic aspect of the term in the workplace. Consequently, Freshman feels that these multiple views of Spirituality are natural and logical; the search for a definite description of the term is therefore not the best. It would be better to embrace these multiple views of Spirituality in the workplace, the benefits it holds, and the manner in which Spirituality is implemented or encouraged within organisations.

Theme 2: The Impact of Spirituality in Respondents Work Environment

The key themes and their descriptions derived from discussions of the impact of Spirituality on day-to-day life experiences, includes the following:

- Service: Healthcare professionals indicate that free expression of their Spirituality/religion enhances their services and daily activities.
- Support: Healthcare professionals describe Spirituality/religion as their source of support in their daily activities.
- Fulfilling one's calling: Healthcare professionals mention that Spirituality/religion provides a fulfilling experience in one's calling as a healthcare professional.
- Helping healthcare professionals view Spirituality as an effective tool in their endeavour to help themselves and their patients.
- Gaining and imparting of knowledge: Healthcare professionals indicate the more they understood their Spirituality and their patients', the more knowledge they had, and the more able they were to impart this knowledge in their daily encounters.
- Interaction: Healthcare professionals have a feeling that understanding Spirituality increases their interactionlevels in terms of sharing spiritual ideas.
- Relationships: Spirituality enhances positive relationships among staff, especially among those who share the samespiritual belief.
- Discrimination and rejection: Free expression of Spirituality sometimes leads to discrimination and rejection among staff members.
- Stereotypes: Some spiritual beliefs are viewed as better and others as inferior.

The aforementioned are the themes derived from the focus-group discussions with healthcare professionals as they explained the impact of Spirituality in their day-to-day life. The themes depict both positive and negative views. The groups seem to have slight differences in terms of the impact of Spirituality on their day-to-day lives. However, they mention its positive impact as the most dominating. Firstly, Spirituality provides an opportunity to interact with others who have a different spiritual orientation or belief. Secondly, exposure to different spiritual beliefs broadens their frame of knowledge.

In terms of the negative responses, some of the healthcare professionals indicated that they were sometimes discriminated against, should their spiritual belief differ from the majority in their respective working areas. Secondly, their opinions tend to be rejected, especially if they were a minority group, or that there was a form of misbelief or mistrust when they expressed their views.

The existentialist views, where the search for meaning is connected to what we are doing at the workplace, support the themes stated (McCormick 1994; Naylor et al. 1996). The search for meaning has been one of the motivations most often quoted by people who quit their jobs to lead a more spiritually enriching life (Naylor et al. 1996). The following quotes from respondents reflect the reasons why they have chosen to be healthcare professionals:

Respondents from group1: "I am doing nursing because it was a calling" and "To enable patients to help themselves".

Respondents from group 2: "I am doing social work in the hospital to put food on the table" and "I did not have a choice".

The third theme emerged from responses to the question, "What are the benefits of your Spirituality in what you do on a daily basis?" The following description depicts some benefits highlighted by healthcare professionals.

Theme 3: Job Satisfaction, Commitment and Personal Fulfilment

Work plays a central role in the lives of most people, as employees spend a large portion of their lives at work. Therefore, it is important that work enhances their satisfaction and offer fulfil-

ment. The work environment needs to promote positive emotions, engagement and motivation. As people express something of themselves through work, work should offer them an opportunity to display their skills and abilities. Job satisfaction therefore, is an integral ingredient of a successful work engagement. Rothman (2005) states that in order to promote work-related health and wellness, it is essential to examine factors that combat burnout and exhaustion.

The following quotes from respondents reflect job satisfaction and a sense of fulfilment as they apply Spirituality in their workplace:

"Spirituality grants me an opportunity to help."

"Applying Spirituality enables me to see envisaged positive results in my helping process."

"Visibly you see immediate results in your intervention."

"There is teamwork and a pooling of resources to an ultimate goal."

These quotes reflect that nurses, social workers and allied professionals find their work to be meaningful when applying/using Spirituality and they are doing what they have been called and trained to do. There is a sense of meaning and a feeling that they can make a difference.

The following quotes further indicate that optimal job satisfaction, commitment and personal fulfilment produce quality results for healthcare professionals. They feel that they are valued and their contributions are considered meaningful:

"You can make a difference."

"I can provide optimal patient care."

The following quotes were additional to the responses mentioned above:

"My Spirituality enables me to serve with commitment."

"I am able to understand my limitation and be open to new ideas."

"Less judgemental."

These quotes appear to be a positive ground or foundation for freedom of expression of Spirituality. Respondents portray an enhanced sense of acceptance; of individual contributions being valued and respected, thereby increasing organisational performance and cohesion.

Culliford (2002) supports these findings and identifies the following key elements of Spirituality:

- An environment for purposeful activity, such as creative art, structured work, enjoying nature.
- Feeling safe and secure; being treated with respect and dignity and allowed to develop.
- A feeling of belonging, of being valued and trusted.
- Having time to express feelings to staff members with a sympathetic, listening ear.
- Opportunities and encouragement to make sense of and derive meaning from experiences, including illness.
- Receiving permission and encouragement to develop a relationship with God or the absolute (whatever the person conceives as sacred), therefore, a time, place and privacy in which to pray and worship, education in spiritual (and sometimes religious) matters, encouragement in deepening faith, feeling universally connected and perhaps also forgiven.

Honesty and Trust

The following verbatim responses by healthcare respondents serve as examples of how Spirituality can contribute towards honesty and trust in their work environment:

"I am entrusted with a responsibility to look after and assist those who are unable to assist themselves."

"I find that it is important to be honest at all times."

"Sharing Spirituality with patients develops a mutual trust."

These verbatim quotes indicate that the sharing of information about Spirituality between healthcare professionals and patients can enhance positive relationships. Secondly, no one feels judged, prejudiced against or vulnerable.

Organisational Loyalty

The following quotes indicate that organisational loyalty optimizes and leads to quality results when healthcare professionals feel they are valued and their contributions are positively considered:

"You can make a difference."

"I can provide optimal patient care."

"Spirituality allows me to be myself."

"My Spirituality enables me to serve with commitment."

"I am able to understand my limitation and be open to new ideas."

The overall indication of these themes was a need to have some form of an official system in place for certification of spiritual care and spiritual needs recognition. However, in South Africa, there is no statutory requirement or official system in place for accreditation and certification of spiritual and pastoral care workers in healthcare. Neethling (2003) has done a study on the relevance of pastoral work, Spirituality and Healthcare in South Africa with specific reference to the Southern African Association for Pastoral Work. Neethling (2003) came to the conclusion that pastoral counselling is a possible national health resource for healthcare, Spirituality, social change, reconciliation and multi-cultural application.

Ward (2002) has done an extensive review and evaluation of clinical pastoral education (CPE) in the South African context. She emphasizes that CPE provides a valuable experiential training and personal growth opportunity for spiritual and pastoral counsellors in a clinical context. "The pressing problems facing the ministry today demands that the training for ministry must incorporate practical experience alongside theoretical knowledge" (Ward 2002:227). The action/reflection model (with verbatim, personal and group supervision as its core) and the exposure to a clinical setting provides a challenging learning environment (Ward 2002). She warns, however, that CPE might not be the best fit for the culture and methods of ministry training in South Africa (Ward 2002). For CPE to be valid, it must incorporate the cross-cultural customs and traditions in its context. Other challenges that need attention are language differences, gender issues, and questions of length and context.

It is clear, that spiritual and pastoral work should be an essential (if not mandatory) part of holistic, patient-centred healthcare. It also provides a valuable opportunity for personal and ministerial training and practice.

South Africa, with its 342 public and 216 private hospitals, offers huge challenges and opportunities (National Department of Health; Hospital Association of South Africa; 2000). Generally, hospital managements are positive towards the provision of spiritual care and services. South Africa however, does not have the kind of systems like those of European countries, where government or hospitals finance spiritual care services. Strategic planning should be key to the functioning of spiritual departments and services and should include funding and infrastructure development. This will be crucial in the South African context and cannot be accomplished without the support and involvement of the faith-based community (FBC) and faith-based organisations (FBOs).

Table 2 reflects that spirituality is not static; as individuals grow and mature, they question and have the ability to advance their spirituality as per their personal beliefs. The focus-groups discussions with healthcare professionals confirm this, as they shared that during their childhood, parents took charge of their Spirituality and as they grow and mature, they are at liberty to make decisions regarding their Spirituality.

Spirituality, Life Experiences and Coping Tendencies

Data from the journeys was analysed, linked to emotions, life experiences and used to deter-

Table 2: Styles of experiencing spirituality

Experience of spirituality	*Affirmative Faith/spirituality*	*Searching spirituality*	*Mature spirituality or Faith*
Accepting spirituality of early childhood – responding to sights, sound, but unconcerned about the meaning.	The sense of belonging to a spiritual community, usually that of the parents, and uncritically assuming the beliefs and practices of that community. This is common in the primary years.	Questioning and critical style in which accepted norms are challenged.This is common among teenagers and young adults. It is not a sign that something has gone wrong, and is vital if adult spirit uality is to develop.	Spirituality has been explored and questioned and is owned, consciously accepted and acknowledged with all the commitments to the life stage that spiritual faith demands.

mine the role of Spirituality as a coping mechanism through the respondent's reference. These experiences emanate from both the focus- groups discussions and the plotting of Spiritual journeys (Table 3).

Traditionally, the concept of coping has been associated with focusing on strategies that has to do with emotions and problems. Thus, Spirituality helps workers to cope, as evident by healthcare workers' understanding of Spirituality. Williams et al. (1991) reviewed the literature on coping. These authors suggest that individuals, who believe that they can control their painful situation and that they are not severely disabled, appear to function better than individuals who do not have those beliefs. Louw (2008) says that coping with an illness is an art, when the patient sees his/her illness as a very special opportunity for growth. Louw (2008) emphasizes that the task of pastoral care is not only to sustain the sick, but also to prepare the healthy for crisis and the possibility of illness. Feelings of emptiness and despair characterize spiritual distress (Ross 2005). These feelings frequently encountered in situations involving physical or mental illness. However, through Spirituality, people are liberated from despair (Puchalski 2001).

Although, there were smaller differences within the experiences of the four groups, there were many similarities. Cultural differences existed but were overcome by understanding and respect from all focus-groups respondents. The needs of patients and healthcare professionals are basic and the researcher felt that she could meaningfully contribute to this, hence the ultimate goal is to proposea protocol to assist in including Spirituality in the healthcare facility.

Linking Spirituality to health is not a modern phenomenon. For several years, spiritual issues and medicine were addressed in tandem; with the doctor, priest or shaman occupying the position of the healer of both spirit and body (Droege 2002).

With the growing emphasis on holistic healthcare, Spirituality is re-emerging as a relevant tool in treating the sick and the disabled (Grobler 2001). However, the concept of rationality in healthcare organisations makes members uncomfortable with discussing or expressing their faith or Spirituality; it could even lead to a lack of vocabulary for such discussions (Graber and Johnson 2001). Spirituality is considered highly personal and private. If the patient and the healthcare professional lack a well-developed relationship, a dialogue on Spirituality is deemed offensive (Cooper 2001).

Spirituality and Coping with the Work Environment

As work and family demands growth in our daily existence, our personal life needs more nourishment than ever to cope with the demand.

Table 3: Emotions and life experiences from the spiritual journeys

Emotions	*Life experiences*	*Coping tendencies*
Sadness	Loss of a loved one	Family, friends, church and community uplifted my spiritAn opportunity to connect to my ancestors
Anxiety	Writing examsDealing with a critically or chronically ill patient Difficult life situations	Keeping calmAcknowledging that there is One above me
Overwhelmed	AdulthoodProfessional pressures	Prayer Parental spiritual support keeps me grounded (firm foundation)
Depressed	Losing a patientRealising that I am	HIV-positive Reflection RitualsSharing life stories/narratives revitalised my energy
Excitement	Achieving a professional goal	Understanding who I am; inner strength kept me determined
Happiness	Ability to contribute positively to other people's lives and be acknowledged	Ability to remain clear-headed
Stress	Professional and parental pressures	To be kept grounded (rooted in my culture and professional belief)
Frustration	Not getting along with relatives Financial constraints	Having hope for the futureThe courage to keep going

In this regard, Spirituality has appeared to be the best coping mechanism, as the decision to cope must come from deep inside a person's value system. Love, truth, patience and kindness are strong spiritual principles that could form strong pillars in one's daily struggles for balance. A respondent shares, "When I lost my mom, the love, kindness and patience I received from my friends, colleagues and prayers sustained me". 'The Joint Commission for Accreditation of Pastoral Services' assigned Vande-Creeck and Burton (2001:83) to draw up a white paper on the role and importance of professional spiritual healthcare. They formulate the need for spiritual care in healthcare organisations as follows:

- Healthcare organisations are obliged to respond to the spiritual needs because patients and staff have a right to such services.
- Fear and loneliness experienced during serious illnesses generate a spiritual crises that require spiritual care.
- Spiritual care plays a significant role when cure is not possible and persons question the meaning of life.
- Workplace cultures generate or reveal the spiritual needs of staff, making spiritual care vital to the organisations.
- Spiritual care is important in healthcare organisations when allocation of limited resources leads to moral, ethical, and spiritual concerns (Van de Creek 2001).

CONCLUSION

Religion and spirituality are important in peoples lives. Religion and spirituality enable individuals to explain and relate to their day-to-day activites and experiences. The spirit plays an imporatant role in coping and understanding and interpreting life experiences. A number of positive aspects of religion and spirituality were attributed to promoting resilience, productivity and job satisfactin of healthcare professionals in their working and personal lives. These aspects include prayer, meditation ans ancestors. Religion and spirituality encourages good patient care. During illness, belifs and Ubuntu philosophy encourage good care of the sick.

RECOMMENDATIONS

The results of the study are of significance in shaping social work practice with healthcare professionals or people in general. These recommendations may be relevant to people African descent who have now subscribed to other religions. This study makes the following recommendations:

Cutrural and Spiritual Competency

Social workers in Healthcare settings should ensure that individuals seeking healthcare are not discriminated against because of their beliefs. It is also important for social workers in healthcare settings to understand religious ceremonies and rituals which are practised by clients and patients in the working environment. This is critical in instances where service users or clients seek assistance from both religious and non-religious agencies.

Spiritual Beliefs Social workers in healthcare settings should search for strengths and positive aspects of African and Western beliefs, which might be of importance during the caring process.

Healthcare Professionals and Practice

Given the outcome of the results regading religion and spirituality, Social workers and healthcare professional sould have a course component on religion and spirituality in their curiculumn. The content should include both Western and indigenous religious belief systems.

LIMITATIONS OF THE RESEARCH

- This study was conducted in a particular hospital namely Chris Hani Baragwanath hospital, in a geographic area known as SOWETO. Findings can therefore not be generalised to all other hospitals.
- English was used as a medium of instruction for data collection with healthcare professionals, as they all reported that they were comfortable and conversant with it. However, Isizulu and Sesotho were used as some patients indicated that they are unable to purely express themselves in English only.Therefore, the richness of the data provided may have been enhanced had the study been conducted in participants respective languages.

IMPLICATIONS FOR FURTHER RESEARCH

It is therefore recommended that a training programme with guidelines or a protocol in including Spirituality in healthcare should be developed to meet the identified need.

A training programme of this nature should have a particular focus in order to make it ideally suited to the South African context. It should incorporate diverse spiritual beliefs in SA.

The inclusion of Spirituality on healthcare will equip healthcare professionals in dealing with diverse spiritual beliefs.

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