Alice Ho Miu Ling Nethersole Hospital

Position Statement on "Spirituality"

An executive summary

Alice Ho Miu Ling Nethersole Hospital (Hospital) is founded by the former London Missionary Society in 1887 with a mission to witness Christ's love by rendering holistic care to the sick in Hong Kong. The definition of holistic care was established in 2001, which provided a clearer concept of a whole person including the physical, psychological, social and spiritual well being for the practice of compassionate care. Since the concept of spirituality is complex and different people may have different perception, it is the aim of this position paper to explore the concept and provides a standpoint of the Hospital on spirituality. Furthermore, a simple tool for assessment of the spiritual need of the patient is also suggested.

After searching recent literatures on the definitions on spirituality commonly used by the healthcare professionals including nurses, social workers and doctors and initially matching with the concepts of spirituality commonly held by the Chinese in Hong Kong, a generic definition is derived as " Spirituality involves the search for meaning and purpose of one's life including the relation to others and the ultimate reality". In addition, a broader sense of spirituality including the contemporary Christian perspective is defined as " the basic human need in searching for meaning and purpose in life and a relation with the Superhuman being for a life filled with faith, hope and love. For Christian believer, the Superhuman being is referred to God or Jesus. Even though "spirituality" is not an indigenous concept in Chinese religious heritage, we believe that we can find a common ground for talking about spiritual dimensions with believers of traditional Chinese religions.

Regarding the tool for the assessment of spirituality, since no one tool can reflect all elements of spirituality in the Chinese context, the four questions of the spiritual domain in the WHOQOL-100 is recommended for use temporarily in the clinical areas, however, a more comprehensive tool should be developed for further use.

Background

There are different definitions about caring of a total person or a whole person in the healthcare settings, the key component of a whole person including the body, mind and spirit is always present in these definitions. One of the common definitions of holism adopted by medical professionals with a Christian background is "a condition in which the human body, mind and spirit are united in accomplishing health and well being for the individual" (Thompson, 1984). As defined by some overseas nursing scholars, holistic care is "care concerning with a clients' physical, psycho-social and spiritual needs, the ultimate purpose of all health interventions is to enhance the quality of life that leads to a satisfaction of a client's external conditions of life and subjective experience to life" (Lukkarinen & Hentinen, 1997). In Hong Kong, the Hospital Authority defines holistic care as "the care delivered to meet an integral, independent individual's health needs including physical, psycho-social spiritual, cultural and environmental aspects as a whole" (Hospital Authority, 2001). In our hospital, it is defined as "a philosophy and practice of compassionate care, which respects the value and dignity of man and upholds the physical, psychological, social and spiritual well being of the total person" (Alice Ho Miu Ling Nethersole Hospital, 2001).

Recently, there is increasing evidence in the healthcare literature suggesting a strong relationship between spirituality and personal well being. For instance, a comprehensive review by Mueller et al. (2001) on a MEDLINE search (1970-2000) found that most studies have shown that religious involvement and spirituality are associated with better health outcomes, including greater longevity, coping skills, and health-related quality of life and less anxiety, depression, and suicide. Several studies have shown that addressing the spiritual needs of the patient may enhance recovery from illness. Likewise, many nursing studies also show that carers are also benefited from providing the spiritual care (Narayanasamy & Owens, 2001; Sherwood, 2000; Thomas, 1989). Besides, in Powell, Shahabi and Thoresen's study (2003), it was found that in healthy participants, there is a strong, consistent, prospective, and often graded reduction in risk of mortality in church/service attenders. Their study indicated

that religion or spirituality protects against cardiovascular disease, largely mediated by the healthy lifestyle it encourages. These emerging evidences highlight the importance of spiritual care in healthcare settings and suggest enhancement of the spiritual care to clients so as to improve their quality of life. However, to define spiritual dimension or spirituality is difficult since the concept is complex and different people might have different perception. Therefore, this position paper aims to explore the concept and provides a standpoint of the Hospital on spirituality. Furthermore, it also suggests a simple tool for the assessment of the spiritual needs of the patient.

Western concepts of spirituality

In the healthcare settings, most of the definitions of spirituality or spiritual needs come from the nursing and social work professionals whose origin in the western countries were grounded in Christianity for caring of the sick and the needy (Barum, 1995; Canda 1988a; Leiby, 1985; Holland, 1989). With regard to nursing professionals; there are different definitions from different nursing authors. It has been described by Soeken and Carson (1987), as a belief that relates a person to the world, giving meaning to existence; a personal quest to find meaning and purpose in life (Burkhardt & Nagai-Jacobson, 1985); and a transcendental relationship or sense of connection with mystery, a higher being, God or Universe (Ellis, 1980; O'Brien, 1982). Spirituality within these definitions could refer to its broad sense as searching for meaning and purpose of life and a narrow sense as a transcendental relationship to God. As summarized by Carson (1989), three approaches have emerged in the interpretation of spirituality: spiritual distress (Carpenito, 1983), spiritual needs (Fish & Shelly, 1978; Highfield & Cason, 1983: stallwood & Stoll, 1975) and spiritual well being (Cook, 1980; Ellison, 1983; Moberg, 1979; Paloutzian & Ellison, 1982). Each approach has its strengths and sheds light on a different facet of spirituality but compliments with one and other in providing a more comprehensive picture.

Carson (1989) suggested there was both a vertical and horizontal dimension to the person's spirituality. The vertical dimension deals with the person's transcendent (beyond and/or outside self) relationship with a higher being or God. The horizontal dimension reflects the supreme value of one's God through one's life. There is a

continuous interrelationship between and among the inner being of the person, the person's vertical and horizontal dimensions with self, others, and the environment. The person's relationships are based in expressions of love, forgiveness, and trust and result in meaning and purpose in life.

Regarding definitions from social work professionals, the most commonly used definitions in current social work writing were established by Siporin (1985), Joseph (1987) and Canda (1988b). Siporin (1985) defined spiritual as "a moral aspect of the person, called the soul, which is concerned about striving for transcendental values, a sense of meaning, knowledge of ultimate reality, and relatedness with other people and supernatural powers" (p. 199). He pointed out that spirituality might be expressed within or outside religious institutions. Joseph (1987), in discussing the religious and spiritual aspects of clinical practice in social work, defined religion as "the external expression of one's faith, comprising beliefs, ethical codes, and worship which unite one to a moral community", whereas faith he regarded as "an internal system of beliefs and values which relates one to the transcendent or ultimate reality and orients one's life and behavior accordingly. For those with theistic beliefs, the ultimate reality is God" (p. 14). He further defined spirituality as "the underlying dimension of consciousness which strives for meaning, union with the universe, and with all things; it extends to the experience of the transcendent or a power beyond us. For believers, it includes one's relationship with and experience of God" (p. 14). Canda (1988b) sees spirituality as "the human quest for personal meaning and mutually fulfilling relationships among people, the nonhuman environment, and, for some, God" (p. 243).

Though medical practice are traditionally rested solidly upon a biomedical framework, spiritual dimension is always a concern of many physicians especially those working with chronic and cancer patients who frequently bring out the issues on pain and suffering, meaning of life and death. Recently, spiritual care has been added to the curriculum in most of the medical training institutions in U. K. and U.S.A. (Kehoe et al., 1992; Levin, 2001). There are some common definitions used in the medical literature. Spirituality deals with "the search for meaning and purpose in life" and is "that part of the psyche that strives for transcendental values, meaning, and experience" (McKee & Chappel, 1992). Spirituality is "the quest for understanding

life's ultimate questions and the meaning and purpose of living, which often leads to the development of rituals and a shared religious community, but not necessarily" (Larson, Swyers & McCullough, 1997). Puchalski and Romer (2000) defined spirituality as "..that which allows a person to experience transcendent meaning in life. This is often expressed as a relationship with God, but it can also be about nature, art, music, family, or community-whatever beliefs and values give a person a sense of meaning and purpose in life." Anandarajah and Hight (2001) suggested that " spirituality has cognitive, experiential and behavior aspects. The cognitive or philosophic aspects include the search for meaning, purpose and truth in life and the beliefs and values by which an individual lives. The experiential and emotional aspects involve feelings of hope, love, connection, inner peace, comfort and support. These are reflected in the quality of an individual's inner resources, the ability to give and receive spiritual love, and the types of relationships and connections that exist with self, the community, the environment and nature, and the transcendent. The behavior aspects of spirituality involve the way a person externally manifests individual spiritual beliefs and inner spiritual state."

Viewing from all definitions adopted from the healthcare professionals including nurses, social workers and doctors, two themes are commonly reflected. First, spirituality is a natural part of all people involving a search for meaning and purpose of life. Second, it involves a relation to other people and the ultimate reality/supernatural power/God. A generic definition derived from these definitions can be " Spirituality involves the search for meaning and purpose of one's life including the relation to others and the ultimate reality".

Chinese concepts of spirituality

Since the majority of the population in Hong Kong are Chinese, the Chinese concepts of spirituality should be taken into consideration when discussing the spiritual needs of patients in a healthcare setting. The spiritual dimension is not explicitly defined in Chinese concept as compared with the western literatures. The nature of man is always described as a wholistic individual. However, the concepts of searching of a meaningful life and living a harmonious relationship with others and the nature are always present in the Chinese philosophy and religions. In the study of

the Chinese philosophy, Thompson (1975) suggested that there is an unseen but completely real spiritual dimension in the Chinese world-view. There is a long catalogue of practices such as charms, exorcism, communication through mediums, burning of incense, prayers etc. used by them to protect against spiritual beings. (p.7). They also perceived that human being as a product of the operation of yin and yang which are not the special creations of God but by nature(Tao). When a man dies, yin, the material component of the soul, will return to Earth and yang, the spiritual component will ascend to the bright, the ethereal region of Heaven. On the other hand, Adler (2002), suggested that the core concept of spirituality of the Chinese religion is the "Unity of Heaven and humanity" (tian ren heyi) or the non-duality of the transcendent and the mundane (p. 19). In that sense, strictly speaking, there is no "supernatural" in Chinese religion (p. 113).

The religious heritage of Chinese society is formed by the interactions of three traditions, i.e., Confucianism, Taoism and Buddhism. However, most of the Chinese in Hong Kong , except those who have clear religious beliefs and identities, practise Chinese folk religion which is a mixture of the three traditions (Kwong, 2002). For Confucians, the fundamental concern is learning to be human which is the primal manifestation of man's spiritual nature or Higher Self. However, the focus is not the human in contrast with nature or with Heaven, but the human that seeks harmony with nature and mutuality with Heaven (Tu, 1993, p141). Heaven, as the supernatural power and the source for the meaning of life in Confucian tradition, is not regarded as the wholly other as in Christian faith. For Confucians, the Way of Heaven is embedded in the human way, i.e., what they do here and now as human beings have implications for themselves, for human community, for nature and for Heaven. In that sense, Confucians' meaning and purpose in life is striving for creative transformation of oneself and human condition as a communal act, as well as a dialogical response to Heaven (Tu, 1993, p146). The full development of a man is described as "the Unity of Heaven and humanity".

Unlike other religions, Taoism is not concerned with life after death, rather it pursues longevity and physical immortality (Liu, 1993, p233). As a polytheistic belief system, Taoism includes the worship of many kinds of supernatural power, such as gods and ancestors. In its hierarchical pantheon, Three Purities (*San Ching*)

stand as the highest deities. Three Purities, however, who were not the creator of the universe and human beings, were derived from the primordial breath (*chi*). In fact, part of primordial breath condensed into divinities such as Three Purities and other gods, while other part condensed into the world and all beings in it. The relationship between humans and deities is not based on creation, but rather on a relation between disciples and teachers who know the way to immortality (Tsui, 1991, p145).

Taoists, however, associate human weakness and sickness with sin which is regarded as an offence against both the conscience and the deities (Ching, 1993, p113). They hence practice confession of sin, and asking forgiveness and help of supernatural powers through performing rituals. Taoists' meaning and purpose in life is thus striving for immortality and morality, both goals are related to the supernatural power (deities).

As an atheist or an agnostic(Raju, 1992, p120), Buddha taught that human beings and all living things are self-created or self-creating, i.e., the universe is not homocentric and it is a co-creation of all beings (Takakusu, 1978, p91). Human life is thus a process that has its sufficient cause neither in something metaphysical, like God, nor something physical, e.g., parents. Accordingly, Buddhism, in its early stage of development, did not advocate faith in any supernatural power. For *Theravada* Buddhists, who keep the atheistic belief of Buddha, meaning and purpose in life is not building relationship with any supernatural power, but rather striving for enlightenment, i.e., understanding the reality of life. Once enlightened, Buddhists can be released from misery that is caused by human ignorance about reality (Malalasekeba, 1978, p82).

Later development of Buddhism added salvific elements in Buddhist spirituality. Bodhisattvas, ideal figures of *Mahayana* Buddhism, who are committed to pursuing Buddhahood and attaining *nirvana* (full enlightenment), renounce the achievement of the goal. They follow the compassionate model of the Buddha in assisting others to achieve full enlightenment with them (Derrett, 1986, p511). On the other hand, The Pure Land School, a popular Buddhist school in Hong Kong, emphasizes the compassion of Buddha, especially the *Amitabha* Buddha (one of celestial Buddhas), who presides over a paradise (Pure Land) far away to the west. Those who believe in

him, rely on his power and sincerely wish to be born in his paradise, will be saved and go to his pure land at death (Noriyoshi, 1999, p207). For the Pure Land Buddhists, then, the meaning and purpose in life is pursuing immortality after life by relying on the supernatural power, the *Amitabha* Buddha, as well as following the compassionate model of the Buddha in their daily life.

Regarding the Chinese folk religion, based on the indepth study of the folk Chinese region in Taiwan and Southern part of China, Harrell (1979) suggested that believers in the Chinese folk religion perceived that every normal living human being consists of a body and a soul (ling-hun)/spirit. But the body can exist temporarily without any ling-hun, for examples, a newborn babe, a psychotic adult, a shaman or medium in trance. Spirit mediumship as observed, is a form of voluntary dissociation of body and "soul", the medium's "soul" leaves his body temporarily and is replaced by the spirit of a Shen or God. In a recent study of the local religion in Hong Kong and Macau by Lui (2003) showed that in the Chinese folk religion's pantheon, the Jade Emperor occupies the highest position, but it does not mean that he receives most veneration from the folk. Because different deities have different areas of expertise, people will pick from the pantheon a deity who can help them most in their particular area of difficulty. The relation between the worshipper and the supernatural power, their favorite deity, is basically utilitarian and functional, although it does not exclude the practice of thanksgiving and propitiation (Ching, 1993, p213). For Chinese folk religion believers, the meaning and purpose in life is pursuing health, happiness, long life, wealth, and rank, which are all closely related to ordinary life (Lang and Ragvald, 1993, pp83-84).

In the light of the discussion above, it can be concluded that we can find a common ground for talking about spiritual dimensions with believers of traditional Chinese religions, even though "spirituality" is not an indigenous concept in Chinese religious heritage.

Hospital's concept of spirituality

With a strong Christian heritage in the Alice Ho Miu Ling Nethersole Hospital (Hospital) that is founded by the former London Missionary Society in 1887, the nature of man is always conceived of having the body, mind and spirit. And the mission of the Hospital is "to bring life to mankind in its fullness through enhancement of wellness of total person and compassionate care of the sick" (Alice Ho Miu Ling Nethersole Hospital, 2002). In Christian beliefs, a man is viewed as a whole person consisting of three different parts of his own being: they are the spirit (Hebrew "ruah", Greek "pneuma"), the soul (Hebrew "nepes", Greek "psyche"), and the body (only in the New Testament Greek "soma"). However, they must not be regarded as separate or separable parts that go to make up what man is (Douglas et al., 1984, p. 731). Spirit is referred to the immaterial part of man whereby relationship with God is possible (Douglas et al., 1984, p. 1137). Soul is referred to the immaterial part of man concerning the emotion, will and moral action (Douglas et al., 1984, p. 1135). Body denotes the principal constituent of the body, human or animal (Douglas et al., 1984, pp. 145, 379).

Since the Hospital is a Christian hospital, the Christian aspect on spirituality should also be considered. Cunningham and Egan's book (1996) has made a comprehensive exploration of the concept of Christian spirituality. Some of the contemporary definitions or descriptions are discussed as follows. Sheldrake (1992) proposed that spirituality "is not limited to a concern with the interior life but seeks an integration of all aspects of human life and experience." (p. 50). He emphasized the holistic nature of human and not to separate the spiritual and the human. McBrien (1994) suggested, "spirituality has to do with our experiencing of God and with the transformation of our consciousness and our lives as outcomes of that experience. Christian spirituality is life in the Holy Spirit who incorporates the Christian into the Body of Jesus Christ, through whom the Christian has access to God the Creator in a life of faith, hope, love and service." (p. 1058). He emphasized the experience with God who changes one's life. Holt (1993) stated, "Christian spirituality includes more than an introspective search for psychological health; ideally it integrates relationships to God and creation with those to self and others." (p. 3). He highlighted not only the relationship with God, but also with self and others. As a summary, Christian

spirituality emphasizes the holistic nature of man and the need of Jesus Christ to live a harmonic life with self, others and God, a life full of faith, hope and love.

Based on the review of the concept of spirituality in the healthcare settings, the common belief relating to spirituality in Chinese in Hong Kong and the contemporary Christian perspective, a broader sense of spirituality is adopted. It is defined as the basic human need in searching for meaning and purpose in life and a relation with the Superhuman being for a life filled with faith, hope and love. For Christian believer, the superhuman being is referred to God or Jesus; for Chinese believer, the Superhuman being could be other Gods, energies etc.

Spiritual assessment tools

Since Christianity is the national religion in most of the western countries, providing spiritual care in healthcare settings is widely accepted. Meeting the spiritual needs of clients has also become a recognized part of nursing in these countries. On the other hand, as discussed before, the spiritual dimension is not explicitly defined in Chinese concept, some Chinese may even neglect their needs in this aspect. Furthermore, generally speaking, it is not common for Chinese to express their emotional needs and it may be more difficult for them to verbalize their spiritual needs. However, studies show that changes in health condition always arouse people's awareness of spiritual needs (Anandarajah & Hight, 2001; Collitan, 1981; Hwaley & Irurita, 1998; Reed, 1987). Therefore, a spiritual need assessment tool is necessary for healthcare worker to cater for their client's spiritual needs.

As spiritual dimension is one part of the holistic care and affects other aspects of the whole person, health assessment in Hospital will be incomplete without the spiritual assessment. A comprehensive data search via "Medline", "CINAHL", "Embase" from 1988 to 2001 on spiritual assessment by McSherry and Ross (2002) identified four types of spiritual assessment tools. They are the direct questioning (e.g., Stoll, 1979), indicator based tools (e.g., Carpenito, 1983), audit tools (e.g., Department of Health 2001) and value clarification tools (e.g., Ellison, 1983). As the value clarification tool is easy for administration, it is mostly adopted for use in

clinical settings. Based on a review of 74 articles on spiritual care for the dying patient from 1967 to 1997, Puchalski (1998) found 30 potential instruments, mostly values clarification tool for spiritual assessment. Upon review on their reliability and validity, four scales were recommended to incorporate to form a composite scale since each of the instrument addresses some of the spiritual aspect. They are:

1) Spiritual Well-being Scale by Paloutzian and Ellison, 1982
2) Death Transcendence Scale by VandeCreek and Nye, 1993
3) Herth Hope Index (HHI) by Herth, 1992
4) Meaning in Life Scale (ML) by Warner and Williams, 1987

Dr. Puchalski has highlighted the importance of the reliability, validity and clinical use of the tool. On the other hand, we can see that no one tool is able to include all elements that could conceivably be included in a spiritual assessment at present. A study by Mahoney and Graci (1999) suggested that the meaning of the term "spirituality" is currently changing and the elements of spirituality seemed to include charity, community, compassion, forgiveness (and peace), hope, learning opportunities, meaning (purpose) and morality. Since the concept of spirituality is changing and vary according to one's cultural context, our assessment tool will be based on our definition and in a Chinese context.

In order to have a valid assessment of the spiritual needs of our clients, several criteria should be met to justify the value of our assessment tool. These criteria include scale's validity, reliability, availability of norms, clinical utility and cultural relevance. In a literature search on spiritual assessment tools with Chinese translation, several tools that may be useful for our references were identified. They are:

1) World Health Organization Quality of Life (WHOQOL-100) by Fong, 1999: 4 out of 100 questions are relevant to spirituality (appendix 1)
2) Purpose in Life Questionnaire (PIL) by Shek, 1988
3) Hopelessness Scale (HOPE) by Shek, 1993
4) Vengeance Scale (VS) by Shiu, 2003

Conclusion

Since no one tool can reflect all elements of spirituality in the Chinese context, a simple tool which is short and easy to answer such as the four questions of the spiritual domain in the WHOQOL-100 can be selected for use temporarily in the clinical areas. For a long run, a more comprehensive tool should be developed for future use. However, a spiritual need assessment study can be conducted as the initial stage towards the development of a comprehensive assessment tool.

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(Appendix 1)

在過去兩星期：

1. 您的個人信仰增添您生活的意義嗎？

根本沒增添	很少有增添	有增添（一般）	有比較大增添	有極大增添
1	2	3	4	5

2. 您覺得自己的生活有意義嗎？

根本沒意義	很少有意義	有意義（一般）	比較有意義	極有意義
1	2	3	4	5

3. 您的個人信仰給您力量去對待困難嗎？

根本沒力量	很少有力量	有力量（一般）	有比較大力量	有極大力量
1	2	3	4	5

4. 您的個人信仰幫助您理解生活中的困難嗎？

根本沒幫助	很少有幫助	有幫助（一般）	有比較大幫助	有極大幫助
1	2	3	4	5

1. Spiritual Need Assessment Study

Q1. 入院前，您有沒有想過生活是否有意義？

A. 沒有想過。

B. 有想過。那麼您覺得自己的生活有意義嗎？

1. 根本沒意義
2. 很少意義
3. 一般有意義
4. 有意義
5. 極有意義

Q2. 入院後，您有沒有想過生活是否有意義？

A. 沒有想過。

B. 有想過。那麼您覺得自己的生活有意義嗎？

1. 根本沒意義
2. 很少意義
3. 一般有意義
4. 有意義
5. 極有意義

Q3. 您有沒有信仰？

A. 沒有。

B. 有。什麼信仰：_____

您的信仰平時對您有沒有幫助？

1. 根本沒幫助
2. 很少有幫助
3. 一般有幫助
4. 有比較大幫助
5. 有極大幫助

您的信仰現在對您有沒有幫助？

1. 根本沒幫助
2. 很少有幫助
3. 一般有幫助
4. 有比較大幫助
5. 有極大幫助

Q4. 入院前，您的信仰有沒有增添您的生活意義？

1. 根本沒增添
2. 很少有增添
3. 一般有增添
4. 有比較大增添
5. 有極大增添

Q5. 入院後，您的信仰有沒有增添您的生活意義？

1. 根本沒增添
2. 很少有增添
3. 一般有增添
4. 有比較大增添
5. 有極大增添

您認爲自己的生活意義是什麼？

_____

_____

_____

_____

受訪者資料

1. 年齡 ：_____
2. 性別 ：_____
3. 婚姻狀況 ：_____
4. 住院日數 ：_____

Position Statement on Spirituality. Alice Ho Miu Ling Nethersole Hospital. (2005).

Summary

Alice Ho Miu Ling Nethersole Hospital (Hospital) is founded by the former London Missionary Society in 1887 with a mission to witness Christ's love by rendering holistic care to the sick in Hong Kong. The definition of holistic care was established in 2001, which provided a clearer concept of a whole person including the physical, psychological, social and spiritual well being for the practice of compassionate care. Since the concept of spirituality is complex and different people may have different perception, it is the aim of this position paper to explore the concept and provides a standpoint of the Hospital on spirituality. Furthermore, a simple tool for assessment of the spiritual need of the patient is also suggested.