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Educators’ views of “Spirituality in Healthcare”

Sharon Prentis, John Wattis, Melanie Rogers, John Stephenson and Janice Jones.
The Study

• Online survey of educators in Healthcare – conducted early 2012
• Mixed method with:
  – Likert scale with 16 items, 8 exploring general attitudes to spirituality and 8 focusing on issues in higher education
  – Freehand responses to four queries/statements:
    • Please write a short sentence that reflects your definition of spirituality
    • Please list, if any, the strategies you use to integrate spirituality into your teaching
    • What professional considerations are you aware of when incorporating the teaching of spirituality into the curriculum?
    • What general concerns do you have about teaching spirituality as an aspect of the curriculum?
Results

• 29 respondents from Health (roughly 29% response rate – compare RCN survey with around 1% response from 400,000!)
• Highlights of quantitative data
• Highlights of qualitative analysis
• Some conclusions about ways forward.
Highlights from the Likert scale questions (1):

- The internal reliability of the “general” scale was high (alpha=0.741). The internal reliability of the Education scale was high (alpha=0.785).
- Neither years teaching in higher education, nor gender, significantly affected scores at the 5% level but there was a tendency for females to score the educational scale slightly higher (p=0.077).
- The “general” and “educational” scales were not independent of each other.
- Overall scores of 17 (range 9-28) on the “general” and 19 (range 8-40) on the “educational” scale fell short of what could be regarded as the “neutral” point (24 in each case).
Seven items where >75% agreed or strongly agreed

1. I believe spirituality is associated with values, ethics and morals.
3. I believe spiritual values are relevant to my subject area
4. I believe spirituality is about having a sense of hope
5. I believe Spirituality can be distinguished from religion.
9. I believe spirituality concerns the way we live here and now.
13. I believe education is about liberation and empowerment.
16. I believe spirituality concerns not only individual but larger organisational values.
A paradox?

• Around 90% agreed or strongly agreed that spiritual values were relevant to their subject area.
• Nearly half thought spirituality integral to teaching and learning.
• Only 17% agreed it was actually integrated into their curricula.
Qualitative root 1: Please write a short sentence that reflects your definition of spirituality

• Importance of self, person(hood) and being
• Sense of direction, meaning and purpose
• Spirituality is practical, affecting how people live and act towards others
• The intangibility or non-physical nature of spirituality – something that could not be seen or touched but experienced in awe, wonder and comfort
Q 2: Please list, if any, the strategies used to integrate spirituality into your teaching

• Topographical or structural ideas about WHERE it fits: e.g. end of life care, ethics and morality
• Ideas about HOW it is taught; encouraging self-awareness, reflective learning, discussion, poetry, sharing and modelling
• Emphasis on “humanistic values” of empathy and compassion
Q3: What professional considerations are you aware of when incorporating the teaching of spirituality into the curriculum?

- Personal values should not be imposed on students
- Dominance of secularism and fear of causing offence – ”political correctness”?
- The relevance of spirituality when considering professional codes of conduct and ethics.
What general concerns do you have about teaching spirituality as an aspect of the curriculum?

- Tendency for people to confuse spirituality with religion
- Number of helpful descriptions of how to approach the topic: clarity of purpose, user-friendly approaches, discussing attitudes, careful management of debate
- Obstacles: personal factors in the teachers (lack of knowledge and confidence), student factors “taboo” and defensiveness
- Intangibility of spirituality and the time-intensive reflective methods create a danger that it is squeezed out.
Conclusions (1) Spirituality is:

- Associated with values, ethics and morals
- Relevant in healthcare education
- About having a sense of hope (direction, meaning)
- Not the same as religion
- Concerned with the way we live here and now
- Relevant to individual AND organisational values
- Relevant and possibly integral to healthcare education but rarely actually integrated into curricula.
Conclusions (2)

This is an area where a great deal of further work is needed but it is possible to say:

• SPIRITUALITY IS CONCERNED WITH FUNDAMENTAL HUMAN VALUES
• It is not any easy area to define or teach but
• WE NEED TO BUILD ON CURRENT APPROACHES TO THIS AREA
• We need to find ways of helping educators to ensure it is adequately covered in curricula
• SPIRITUALITY IS DISTINCT FROM RELIGION
• Transcultural approaches that embrace humanistic, secular and religious ways of addressing meaning, purpose and direction in life offer a way of minimising the obstacles presented...
Acknowledgments

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John Wattis (on behalf of the Spirituality and Healthcare SIG)