

## **Spirituality in Health Care Organisations**

**Kashi Komala R. A. and Ganesh L.S.**  
Indian Institute of Technology Madras, Chennai

The topic of spirituality in the work place is gaining importance among academicians as well as business professionals currently. Spirituality is extensively incorporated either tacitly or explicitly in public, private, for profit and not-for-profit organizations across the world. This paper offers a general framework for understanding and conceptualization of spirituality in the workplace. The history, developments and current scenario of health care are reviewed briefly. Further the paper discusses about spirituality in health care organizations and the need to take into account the spirituality perspectives of patients and family members, employees and the organization as a whole.

The topic of spirituality in the work place is gaining importance among academicians as well as business professionals currently. Recognizing the significance of spirituality in organizations, the American Academy of Management set up the Management, Spirituality and Religion (MSR) Interest Group in 1999. Spirituality is incorporated either tacitly or explicitly in public, private, for profit and not-for-profit organizations across the world. It seems to be most prevalent in careers like health care, education, and consulting (Strack, 2001).

The International Spirit at Work Award is presented to selected organizations that have implemented specific policies, programs, or practices that explicitly nurture spirituality inside their organizations. The increasing prevalence of workplace spirituality in India is demonstrated by the fact that Indian companies from different sectors have been honored with the International Spirit at Work Award. These include Aarti International Ltd., Ludhiana (textiles) in 2005; Excel Industries, Mumbai (biochemicals and agrochemicals) in 2004, and SREI International Financial Limited,

Kolkata and The Times of India, Mumbai in 2003.

Various training programs are conducted such as the Art of Living Program, Transcendental Meditation, Vipassana meditation in companies like American Express, CitiBank, Exide Industries Ltd., Hindustan Petroleum Co., TELCO etc. S.K. Chakraborty, from Management Centre for Human Values, Indian Institute of Management, Calcutta, has been conducting workshops on the theme "Human Values" on an in-house basis in many companies and as open workshops for managers from different companies and academics. He has selected psycho-spiritual values from the traditional wisdom literature of India, aptly reinterpreted them and put them together to form a sound theory of human values.

Debra and William Miller co-founded the USA-based Global Dharma Center (GDC) as a non-sectarian, non-profit spiritual institution in 2000. In order to focus on leadership in the South Asia region, they co-founded the India-based Center for Dharmic Leadership in 2005. Its purpose is to conduct research and provide

consulting services which are rooted in the multi-faceted spiritual culture of India.

According to Cash and Gray (2001) an unstable work environment characterized by downsizing, reengineering and new technologies has been the catalyst for the widespread interest in workplace spirituality. Disheartened employees are exploring spiritual solutions to the resulting tensions and stress. Faced with problems of fear, social alienation and constant chaotic changes, employees are embarking on an individual search for deeper meaning in life (Mitroff & Denton, 1999). For others, it represents an attempt to experience spirituality not only in their personal lives, but also at work, where they spend a large amount of time.

### ***Spirituality in the Workplace***

The word "spirituality" flows from the Latin term "spiritus", which means "breath" - referring to the breath of life. Spirituality consists of two dimensions, one transcendent of the physical world and the other consisting of connectedness to the physical world (Twigg, Wyld & Brown, 2001).

An individual bringing his spirituality to work can refer to a mere attempt to put privately into practice his spiritual principles at work. It can also refer to more public displays of one's spirituality such as lunch-hour "network" groups (Gibbons, 2000). Kinjerski and Skrypnek's (2004) definition offers a good starting point to understand spirituality in the workplace at the individual level. Spirit at work is "a distinct state that is characterized by physical, affective, cognitive, interpersonal, spiritual, and mystical dimensions. Most individuals describe the experience as including: a physical sensation characterized by a positive state of arousal or energy; positive affect characterized by a profound feeling of well-being and joy; cognitive features involving a sense of being authentic, an awareness of alignment between one's values and beliefs and one's work, and a belief that

one is engaged in meaningful work that has a higher purpose; an interpersonal dimension characterized by a sense of connection to others and common purpose; a spiritual presence characterized by a sense of connection to something larger than self, such as a higher power, the Universe, nature or humanity; and a mystical dimension characterized by a sense of perfection, transcendence, living in the moment, and experiences that were awe-inspiring, mysterious, or sacred". Most of the dimensions discussed by other researchers are covered in the above definition (Ashforth & Pratt, 2003; chap.6; Ashmos & Duchon, 2000).

Although spirituality is an individual phenomenon, spirituality in the workplace is generally discussed in terms of organizational attributes such as corporate values. At an organizational level, it can refer to the activities of an organization designed to further individual spirituality and organise itself around spiritual goals and means (Gibbons, 2000). Giacalone and Jurkiewicz (2003, chap. 1) define workplace spirituality as "a framework of organizational values evidenced in a culture that promotes employees experience of transcendence through the work process, facilitating their sense of being connected to others in a way that provides feelings of connectedness and joy".

### ***Spirituality in Health Care Organizations***

Though spirituality can be practiced in the context of any work, health care has an advantage over other sectors (Graber & Johnson, 2001). This is because of its historic association with spirituality and the nature of the profession itself. Illness is generally associated with grief, pain, morbidity and suffering. Dealing with such states often demands tremendous energy and strength which is beyond what one is normally quipped with. Spirituality has been known to be a source of comfort, hope and faith in crises (Jackson, 2004).

For all those involved in health care, whether it is the patients and families or providers of health care (doctors, nurses and paramedical staff), profound questions can arise regarding the meaning and purpose of life, nature of one's actions and their consequences, contemplations about loss, death, and issues of life after death (Vance, 2001). Health care organizations have additional responsibilities of catering to the spiritual needs of patients and family members. Health care providers can offer spiritual therapies to patients which can actually help to cope and recover from their illness.

Certain specialties like oncology, psychiatry and palliative care have been closely associated with spirituality and thus may be more appropriate for discussion about spirituality (Grant, 2004). Likewise, chronic illness, terminal illness (ex. cancer), near death scenario, illness which erodes the self concept (ex. AIDS) may have greater chance of discussion of spirituality (Ellis, Campbell, Detwilfer-Breidenbach & Hubbard, 2002).

To enable further understanding of the relevance of spirituality in health care, the history, developments and current scenario of health care are reviewed briefly below.

### ***History of Health Care***

The roots of the health care movement can be found in religion and spirituality (Goddard, 2000). Ayurveda, the science of life and longevity is the longest unbroken medical tradition in the world today. Having originated in the ancient Vedic traditions of India, it prescribes comprehensive, holistic health care for the ultimate self-realization (Chopra, 1997). Its major premise of wellness involves equilibrium of body, mind, and spirit. Prophets like Jesus, Buddha, and others were actively involved in healing the sick. They encouraged their followers also to serve and demonstrate compassion to the sick (Graber & Johnson, 2001). In ancient times, healers came mainly from the ranks of monks and nurses were nuns

or members of religious orders. Priests were highly respected for their capacity to plead with God and to bring about changes in the health of individuals. There was no clear separation between biology and the acts of God in the origin of an illness or between the physical and spiritual aspects of its treatment (Goddard, 2000).

### ***Changes in Health Care Scenario***

Gradually there was a separation of secular medicine from theological domination. The relationship between spirituality and science changed significantly as a result of the scientific revolution and emergence of the scientific method in the late 1500s (Kliwer, 2004). Empiricism gained support as the basis for medical science and thus spiritual issues were discarded to the field of metaphysics or rejected completely. The medical education of clinicians was distinctly located in the Cartesian model, based on a strict mind-body separation (Maughans, 1996) Health profession education was based on reductionist explanations of illness. This was not helpful when dealing with the patient who considers himself as something more than a collection of atoms, molecules and microorganisms (Graber & Johnson, 2001). Medical practice became focused on the task of selecting treatments proven effective only through meticulous research. The developments in science and technology changed the nature of health care delivery with better and faster diagnosis and treatment of illness. From the beginning of the twentieth century, large and modern complex health care organizations have developed. This has led to an increasing bureaucratization of health care organizations (Graber & Johnson, 2001).

### ***Resurgence of Spirituality in Health Care***

Currently we are witnessing a resurgence of spirituality in health care (Kliwer, 2004). Despite several significant developments in medical technology and equipment, illness and health problems persist. Even as some are eradicated, others appear. This requires constant humility and surrender and leads to

acknowledgment that we are not all powerful and need some Divine assistance. Modern developments and inventions cannot be a substitute for compassionate and holistic care (Graber & Mitcham, 2004).

The World Health Organization's (WHO) definition of health includes four domains of well-being: physical, mental, social and spiritual (WHO, 1998). The WHO reported that '...until recently the health professions have largely followed a medical model, which seeks to treat patients by focusing on medicines and surgery, and gives less importance to beliefs and to faith in healing, in the physician and in the doctor-patient relationship. This mechanistic view of patients is no longer satisfactory. Patients and physicians have begun to realize the value of elements such as faith, hope and compassion in the healing process. . .' (WHO, 1998). Today health is no longer considered a passive state of being, but a dynamic process of attaining higher levels of wellness within each dimension.

Currently, holistic care which includes the dimension of spirituality is being extensively discussed and practiced (Strang, Strang & Ternestedt, 2002). Complementary Alternative Medicine (CAM), which includes healing and therapies like Reiki, Pranic healing, Aroma therapy, etc., is becoming popular (Jackson, 2004). Though these methods of healing existed since ancient times, it is only now that people have begun exploring them as alternatives. This is due to the recognition of some of the limitations in Allopathic medicine (Goddard, 2000).

Another factor influencing the revival of spirituality is research evidence demonstrating the link between spirituality and health outcomes at both the physical and mental levels. Koenig, McCullough & Larson (2001) methodically reviewed and rated about 1600 studies dealing with the relationships between religion and a variety of mental and health conditions in the Handbook of Religion and Health. Religious practice/spirituality prevents

hypertension/lowers blood pressure (Steffen, Hinderliter, Blumenthal, & Sherwood, 2001), is related to lower cholesterol (Patel et al., 1985) and better immune function (Woods, Antoni, Ironson, & Kling 1999). Religious practice/spirituality decreases the incidence of depression (Kennedy, Kelman, Thomas & Chen, 1996), lowers suicide rates (Neeleman, Haipern & Leon, 1997), and prevents substance abuse (Bell, Wechsler & Johnston, 1997). Studies in this field have been criticized for using various definitions and conceptualizations of religion and spirituality and not very sound methodology (Sloan, Bagiella & Powell, 1999). Despite this, it is now widely recognized and accepted that there can be some positive outcomes of religion/spirituality on physical and mental health (Kliwer, 2004).

Several religious and spiritually affiliated organizations establish hospitals and health care services as a part of their activities. In India, the Satya Sai Institute of Higher Medical Sciences (Whitefield and Puttaparthi), Amrita Institute of Medical Sciences (Cochin), Aravind Eye Care System (Madurai) are some of the hospitals which are deeply rooted in spirituality. They provide high quality care to the masses and thus are doing enormous service. Organizations that are founded primarily on the basis of spiritual values create conducive environments for the practice of spirituality (Graber & Johnson, 2001). They may select people who are in alignment with these values. Likewise, people who have similar spiritual inclinations may themselves opt to work in and for such organizations where they can effectively practice their values.

Thus, health care organizations appear to have a distinct advantage when it comes to actually implementing spirituality. Five of the ten companies honored by the International Spirit at Work Award in 2004 were from the health care sector. These were Ascension Health (Missouri), Centura Health (Colorado), PeaceHealth (Washington), Saint Francis

Health Center (Kansas), Saint Luke's Episcopal Health System (Texas). Memorial Hermann Healthcare System (Texas) received the award in 2003 while Wheaton Franciscan Services, Inc (Illinois) and Methodist Health Care System (Houston) received the Award in 2002.

### ***A Framework for spirituality in Health Care Organizations***

Spirituality is considered to be an important variable in health research. A majority of the work have considered spirituality as an individual level phenomenon, (for example, personal spirituality of nurse or patient). It has also been studied as a property of dyads (for example, something that characterizes a nurse-patient relationship) to some extent. However, extremely limited work has been done at the organizational level (Grant, 2004). Craigie (1998) developed a model which deals with spiritual well being of the organization, employees, patients and families. He discusses about the mutual influences among

- 1) Clinical approaches to the spirituality of patients and families,
- 2) The spirituality of caregivers, and
- 3) The qualities of spirituality in health care organizations.

### ***Spirituality in the workplace patient and family orientation***

Spirituality is important to patients and they want their therapist to take their spiritual needs into consideration in the assessment and management of their illness. Religion and spirituality provide effective coping mechanisms for patients as well as family caregivers (Weaver & Flannelly, 2004). Modern science is relatively unsuccessful in dealing with the loss of personal meaning experienced by people who are suffering due to illness (Baldacchino & Draper, 2001) Research suggests that spiritual coping strategies, involving relationship with self, others, Ultimate other/God or nature are found to help individuals to cope with their illness. This may

be because of their finding meaning, purpose and hope, which may nurture them during their suffering. Spirituality provides patients facing life-threatening illness the strength, comfort, many blessings despite the suffering of the illness, and trust in a higher power to see them through the journey (Albaugh, 2003).

Thus, health care providers must support spiritual values of patients and their families. They should honor patients' experiences and struggles and encourage them to cultivate meaning in their lives. In a healthcare context, this has to do with clinical skills and approaches (Craigie, 1998). For a patient, the physician's empathy is important (Herbert, Jenckes, Ford, O'Connor & Cooper, 2001). It is essential that a patient should be able to perceive and experience compassionate, holistic care from the nurses also (Carroll, 2001). Overall, the organizational culture must be conducive for the patient's spirituality.

### ***Spirituality in the workplace: Employee Orientation***

This embraces the ways in which health care providers cultivate meaning, purpose, balance, and wholeness in their own lives. Wholeness and healing require engaged and loving relationships with all aspects of ourselves, with other individuals, with our communities, and with Nature. It includes the awareness of one's own strengths and limitations. Self-care is an important component of health professionals' lives, given that modern day work stressors can influence an individual's physical, mental and spiritual health. Personal spirituality is considered as important for coping with stress and burnout.

Physicians who have spiritual beliefs that are an important part of their lives integrate their beliefs into their interactions with patients. Devout physicians share their own beliefs with patients, discuss the patients' beliefs, pray for patients, and pray with patients (Olive, 1995). Due to their spiritual values, beliefs or principles some physicians consider medicine

to be a vocation or a calling (Ellis, Campbell, Detwilfer-Breidenbach & Hubbard, 2002). They consider themselves as instruments of a divine or higher power (Craigie & Hobbs, 1999). Physicians report having experienced satisfaction from medicine and for their ability to facilitate healing in the lives of their patients (Olive, 1995).

Nursing is considered to be essentially spiritual in nature (Goddard, 2000). As nurses spend more time with patients than physicians, they have more opportunities for providing spiritual care. Nursing involves a deep presence, empathy, compassion, giving hope, love, emotional relationships and healing (Carroll, 2001).

#### ***Responsibility of provision of spiritual care***

There remains considerable debate regarding who should inquire about spiritual beliefs and deliver spiritual care. It is more appropriate to have a team effort rather than placing the responsibility on one person (Carroll, 2001). In a multidisciplinary approach, different members can play a role according to the different stages in the treatment process. Spirituality in healthcare organizations should not be characterized only in terms of chaplaincy. Even though pastoral caregivers offer unique and crucial services, creating an ambiance that nurtures people and respects spiritual values is the duty of everyone in the organization (Craigie, 1998).

#### ***Spirituality in Healthcare Organisational Orientation***

The majority of studies till now have had a tendency to remove medical professionals from their organizational context. Survey studies are based on samples of nurses or physicians who work at different hospitals and health care settings. This provides little information about the likelihood of creating a culture of spiritual care within a hospital and the entire medical staff (Grant, 2004). Only recently, importance is being given to the organizational aspects of spirituality.

Grant (2004) studied spirituality as an organizational phenomenon and focused on the shared aspects of nurses' spiritual perceptions and care. The study tried to shed light on some of the collective qualities of spirituality and extent to which nurses integrate spirituality into a large workplace culture.

In the context of family medicine, several physicians perceived that the well being of patients and staff and healing was associated with qualities of spirituality in the life, mission, and culture of their health care organizations (Craigie & Hobbs, 1999). They highlighted themes such as overall organizational culture or spirit ("The atmosphere in the office sets a foundation for healing." "There is an amazing spirit here in spite of the fact that everybody feels stretched with the workload."), shared understanding of organizational mission and values, support and caring within the work community, and valuing and empowering of staff in collaborative work relationships.

Spirituality should be considered at the core of providing healthcare, instead of parallel to or part of clinical approaches (Craigie, 1998). Spirituality does include certain techniques of healing (prayer, sacraments, and devotional practices, for example) that can be included among complementary medicine approaches (Cavendish & Louise, 2004). But spirituality should not be limited to techniques, as it has more to do with valuing and being than with doing.

#### ***Leadership and spirituality in health care organizations***

The relationship between leadership and spirituality has been considered by several management researchers and practitioners. The Catholic Health Association of the United States (1994) along with Hay McBer and the Center for Applied Social Research at DePaul University conducted a study of outstanding leaders in Catholic health care. It was found that due to their deep, personal spirituality

these leaders could naturally combine strong social skill with business expertise. The two significant dimensions of spirituality included 1) faith in God - seeing the presence of God in the events of everyday life and 2) finding meaning in what they do and what happens to the organization. In comparison to other executive populations studied by Hay McBer, executives in Catholic health care showed a greater concern for affiliation and less need for power. These leaders demonstrated real delight in, and satisfaction from, serving people and having positive relationships with people (McEnroe, 1995). Strack (2001) found that health care leaders who are more developed in terms of their actualized spirituality simultaneously implement the five practices of effective leaders: challenge the process, inspire a shared vision, enable others to act, model the way, and encourage the heart. They also achieve more positive results for their organizations.

### Conclusion

Effective health care organizations work with patients and staff holistically (including spiritually), build community inside and outside the workplace. They provide relationship centered care and make decisions based on these values, not merely the potential for profit. In order to implement holistic care and to pay attention to patients' spiritual needs, it is necessary that the organization of the health care system be supportive for both - patients and personnel (Cavendish & Louise, 2004). Blending spirituality into organizational life and making it an integral part of care is a challenging task (Craigie, 1998). Though difficult, this can be accomplished with vision, inspirational leadership, shared focus and determination.

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**Kashi Komala R.A** Research Scholar, Department of Management Studies, Indian Institute of Technology Madras, Chennai

**Ganesh L.S.**, PhD, Professor, Department of Management Studies, Indian Institute of Technology Madras, Chennai