

# Health and the Human Spirit

Shaping the Direction  
of Spiritual Health Care  
in Manitoba

Spiritual Health Care  
Strategic Plan

**Manitoba** 



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# INTRODUCTION

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There is a growing awareness that spirituality, or the way a person searches for and finds meaning, is part of human wellness. Spiritual health care must become part of health care theory and practice. Plato was the first to claim that it is impossible to heal the body without knowing something about the soul because we are, by nature, part of a greater wholeness.<sup>1</sup> Later researchers and writers have studied this reality. For example, Cobb and Robshaw state “there is what many people recognize as a spiritual quality to life, which, in suffering, confronts people with questions and possibilities that reach beyond the immediate dilemmas of physical insult.”<sup>2</sup>

Many people recognize “that being human is more than physical existence.”<sup>3</sup> Health care professionals must understand the spiritual beliefs, practices and values of spiritually-diverse multicultural communities.

In 1998, the World Health Organization endorsed a proposal to include the word “spiritual” in its description of overall health.<sup>4</sup> The connections between spiritual beliefs, practices and mental and physical health are a growing area of research that is finding its way into practice. The discipline of spiritual health care brings together our thinking, beliefs, behaviour and culture to address the many ways human beings seek to be well in body, mind, relationships and soul. Research has demonstrated that positive religious involvement and positive spiritual understanding are closely linked with better health outcomes and longer life expectancy.<sup>5</sup>

In terms of mental health, research found that higher levels of spiritual well-being, a sense of inner meaning and peace were associated with lower levels of measured depression and anxiety.<sup>6,7</sup> A study of cancer patients demonstrated that spirituality and existential well-being (not religious well-being) were positively related to less distress and better quality of life regardless of their diagnosis.<sup>8</sup> One recent study on HIV patients found that there is an increase in spirituality/religiousness after HIV diagnosis and this increase predicts slower disease progression.<sup>9</sup>

This aspect of quality care in spiritual health care is often spoken of and understood as “closing the gap between the bedside and the bed.” The receiver and the giver merge in an understanding that there is no distance between people when they experience the challenge of change in their health.

In response to this growing understanding and integration, the Manitoba government developed this spiritual health care strategic plan to enhance awareness, raise visibility and give direction to the spiritual health care system in Manitoba. This four-year strategic plan enables new understanding, relationships, connections and directions for health care providers to offer quality care based on leading practice.

# BACKGROUND

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## SPIRITUALITY'S ROOTS

Spirituality has been defined as the beliefs and practices that develop people's personal values and concept of meaning relating to the purpose of life. There are three components to an individual's spiritual dimension:

1. making personal meaning, which may or may not include reference and connection to an ultimate source of life
2. coming to an understanding of self
3. appreciating the need and value of connections with others

This quest for the discovery of what we hold sacred and worthwhile in life can take a traditional path through organized religions, wisdom traditions and indigenous spiritual practice. Or, the quest may take other paths of discovery such as contemplative practice, mindfulness, 12-step programs, retreat centres and dream groups.

## THE DISTINCTION BETWEEN RELIGION AND SPIRITUALITY

Religious traditions have distinct beliefs, sacred texts, traditions and forms of worship, including rituals, whereas spirituality can be seen as a universal experience.

Spirituality is not necessarily tied to any particular religious belief or tradition. Although culture and beliefs (including religious beliefs) can play a part in spirituality, people have their own unique experience of spirituality regardless of religious orientation.

## SPIRITUAL HEALTH CARE PRACTICE

Spiritual health care "involves a recovery of the patient as a person, upholding his or her beliefs and experiences and addressing matters of meaning and hope...As one person in the service of another, spiritual (health) care is therefore literally therapeutic and not an attempt to impose, intervene or control".<sup>10</sup> This recovery of the patient as a person extends to all human beings in the middle of making meaning of this existence.<sup>11</sup> This includes atheists, non-theists, agnostics, spiritually-focused, religious followers; essentially, any human being who identifies this quest for meaning, as well as those individuals who do not identify any such quest.

As the authors of *Making Health Care Whole* state:

*"A human being is a spiritual being. When injured or ill, human beings naturally ask transcendent questions about meaning, value and relationship. If providing holistic care is a moral duty, then that duty extends to the spiritual as well as the physical. Therefore, attending to the spiritual needs of patients (persons) is not just a moral option, it constitutes a moral imperative."*<sup>12</sup>

This moral and ethical imperative of holistic care forms the core of this strategic plan. The need to incorporate spiritual health care into professional practice is increasingly based on spiritual and religious diversity being fundamental to a multicultural society.

The guiding principles of the practice of spiritual health care arise out of this imperative. Spiritual health care professionals put the concept of self-awareness as the central qualification and practice principle (see Figure 1). Spiritual health care closes the gap between patient and provider by focusing on the quest for self-awareness as an essential encompassing aspect of healing and wellness. The five surrounding guiding principles of spiritual health care practice are



human experience, accompaniment, inclusivity, leading practice and collaboration. Each of the guiding principles is a resource, venue and practical application of self-awareness.

**At Centre: Self-Awareness**

All health care providers have the opportunity to engage in an ongoing process of in-depth, self-awareness surrounding their own spiritual well-being and their relationship to each of the guiding principles. The personal practice of spiritual self-care informs the content and quality of health care offered.

**Human Experience**

Spiritual health is present through the life journey, from birth to death. It includes experiences of well-being, illness, joy, suffering, happiness, grief, crisis and stability in the ongoing process of defining meaning.

**Accompaniment (Skilled Therapeutic Companionship)**

Spiritual health care is a commitment to journeying with individuals and families through changes, rather than fixing, doing things for, or being something to them.<sup>13</sup> Focus is on the recovery of the sacred sense of self and revelation of hope.

**Inclusivity**  
Spiritual health care is respectful and accepting and celebrates diversity in all its forms.

This mutuality includes cultural identity, knowledge of indigenous perspectives of health and spiritual health, as well as the role of religion and faith in healing.

**Leading Practice**

Spiritual health care practitioners provide quality care through professionalism, high ethical standards, competencies, awareness of emerging research and formal education.

**Collaboration**

Spiritual health care is multi-disciplinary and interdependent. It involves reciprocity between the person in care, the practitioner, the health care community and the larger community.

**THE LINKS BETWEEN SPIRITUAL HEALTH AND OVERALL HEALTH**

Many of the impacts of trauma, spiritual struggle and mental illness can manifest as physical health issues.<sup>14</sup> A mental health crisis can block an individual from reality. Trauma often results in blocking recall of past events and experiences. A spiritual crisis blocks



people from their internal and spiritual resources.<sup>15</sup> Exclusive focus on physical health can prevent an adequate diagnosis of related issues, such as mental, spiritual, social and trauma-related issues.

The impact of trauma is felt physically, emotionally, behaviourally, cognitively and spiritually. Trauma-informed care affirms that these mental, physical and spiritual responses are normal reactions to abnormal situations that can manifest in what appears to be illness. The affirmation of trauma-informed care is that trauma does change people, but healing is possible.<sup>16</sup>

Similarly, many current mental health specialists, including Dr. Corey Keyes and Dr. Mark Ragins, move beyond treatment models to emphasize recovery incorporating a holistic approach. The approach includes a psycho-social-spiritual dimension of understanding.<sup>17 18</sup>

Contributing factors to a health concern are complex. In health care the perceived need and the expressed need of the person seeking care may not always offer the complete understanding. Those seeking care may not always have the language or means to express the origin or reality of their own spiritual need.<sup>19</sup>

The comprehensive spiritual health care field does not begin with a problem that must be solved, but rather employs a therapeutic means of listening which focuses on holistic health and well-being.<sup>20</sup> This begins with the individual's own spiritual understanding. The ability to integrate the various realms of health care – mental, emotional, physical and spiritual – would end the practice of segmenting the individual's care from the well-being of his or her whole self.

## **UNDERSTANDING SPIRITUAL HEALTH CARE**

(See glossary in Appendix A for definitions of key terminology)

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# SPIRITUAL HEALTH CARE IN MANITOBA

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## A CANADIAN FIRST:

### Manitoba's Spiritual Health Care

#### Strategic Plan:

Manitoba leads Canada in consistently supporting the development of spiritual health care as a part of overall health care. It is the first province to produce a spiritual health care strategic plan. Manitoba has employed a provincial spiritual health care co-ordinator since 1998. When Manitoba's co-ordinator was first introduced, there were similar positions in Ontario and Newfoundland. Ontario continues to employ a provincial co-ordinator of chaplaincy services. However, Newfoundland discontinued its spiritual health position in 2006. In Manitoba, the co-ordinator is part of the Mental Health and Spiritual Health Care Branch. The branch supports spiritual health care through strategic planning, analytical study, consensus building, resource sharing and education. The co-ordinator's role is facilitated through Manitoba Healthy Living, Seniors and Consumer Affairs, working closely with the regional health authorities (RHAs) and various organizations and structures.

In its 2004 amendment to *The Personal Health Information Act*, the Manitoba government included the spiritual reality of health care by defining health as "the condition of being sound in mind, body and spirit." Since 2002, the Manitoba government has annually recognized Spiritual Health Care Week.

## SPIRITUAL HEALTH CARE FACILITATION

Across Manitoba, co-ordination of spiritual health care at a system level is facilitated by two provincial committees: the Spiritual Health Care Management Network\* and the Provincial Spiritual Care Advisory Committee.\*\* These groups ensure communication, inter-professional connection, links to providers and future planning for Manitoba Healthy Living, Seniors and Consumer Affairs. Each RHA has either a specifically-trained spiritual health care co-ordinator or

a staff person who is responsible for spiritual health awareness. Some RHAs have spiritual health care advisory committees.

## SPIRITUAL HEALTH CARE PRACTITIONERS

Spiritual health care practitioners can be rooted in a clearly-defined spiritual practice and path that may range from religious to humanistic. Their life experience and related education inform the content of their particular spiritual health care skills. In 2011, Manitoba Health released *Core Competencies for Spiritual Health Care Practitioners*.<sup>21</sup> The document defines professional competencies and skills for qualified spiritual health care practitioners.

Spiritual health care practitioners primarily listen and respond to specific needs of individuals who want help, their families and to other health care staff. Much of spiritual health care's role relates to:

- building awareness of the extent of their role in holistic health care
- responding to questions of life purpose and meaning
- responding to questions about death, dying and end of life
- accessing space for spiritual use
- facilitating connections with current or new faith and cultural communities, as desired
- recognizing and respecting spiritual health needs

\* Includes representatives from all provincial RHAs (individuals responsible for the management or development of spiritual care services in their region); functions as a committee of the Health Programs and Services Executive Network (HPSEN).

\*\* Represents the cultural, religious and spiritual diversity of Manitoba and envisions the effective development of spiritual health care in Manitoba Health. The advisory committee has three representatives appointed by the RHAs (one board chair, appointed by the Council of Chairs and one representative appointed by the Council of CEOs, as well as one representative from HPSEN).



Since 2006, Manitoba Health has initiated six new spiritual health care co-ordinator positions as a first step in the development of a spiritual health care system provided throughout the RHAs. Work has just been completed on a province-wide spiritual health care volunteer education course which is titled *The Spirit of Caring*.

See **Appendix B** for an outline of the current context of spiritual health care.

## **STRATEGIC PLANNING CONSULTATION PROCESS**

In 2010, Manitoba Health led 57 delegates in a day of spiritual health strategic planning, to inform the provincial vision and goals for spiritual health for the next four years. The participants represented a diverse

range of stakeholders, including: spiritual care providers, policy analysts, project managers, directors, co-ordinators, volunteers, counsellors, therapists, ethicists, psychiatrists, physicians, addiction specialists and individuals who have experienced spiritual care in a health care context.

This forum agreed that there is an ethical imperative to provide spiritual health care and that spiritual health care directly links to health care ethics. The day's outcomes informed this high-level strategic plan for spiritual health care in Manitoba. This strategic plan extends the vision for spiritual health care within Manitoba's health care community, as well as for the many partners who will contribute to the development of an action plan and share in its accomplishments.

# MANITOBA'S SPIRITUAL HEALTH CARE STRATEGIC PLAN

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## **VISION STATEMENT**

Spiritual health and well-being for all Manitobans

## **PURPOSE/MISSION**

To advance and to implement spiritual health care as an integral component of holistic health care in Manitoba

## **GUIDING PRINCIPLES**

### **Promote Spiritual Health and Well-being**

All actions in the strategic plan will contribute to affirming individuals in making meaning of their lives, coming to an understanding of their self-worth and appreciating the strengths of their relationships.

### **Incorporate Human Experience and Other Sources of Knowledge**

The actions in the strategic plan will be guided by valuing human experience and other sources of knowledge (ex: traditional, indigenous, narrative studies, emerging spiritualities) as spiritual resources.

### **Recognize the Value of Connection and Relationships**

In spiritual health care, the major treatment tool is the connection that is facilitated between two human beings: one identified as giver, the other as receiver. These roles can be interchanged in the course of connection. Individuals who seek and receive spiritual health care also teach health care providers; this is a strengths-based perspective of health care. The implementation of the strategic plan will reduce the power imbalance between the provider and receiver by closing the gap between the two, so that both take an active role in healing.

## **Respect Diversity**

The strategic plan is dependent upon respect for diversity. Respect is demonstrated for ethnicity, religion, gender, age, sexual orientation, ability and personal experience. These all form personal meaning. Some strategies for spiritual health have deliberately merged with strategic plans for cultural diversity and relevance.<sup>22</sup>

Cultural safety means that practitioners understand and appreciate how beliefs, faith and spirituality are intertwined with the cultural values of all ethnic and indigenous groups.<sup>23</sup>

## **Follow Leading and Promising Practice**

The actions in the strategic plan emerge from consultation and extensive research within the spiritual health care field to determine which practices have the most valuable and effective outcomes. In addition, the strategic plan acknowledges the growing need for more evidence-based and evidence-informed research in the area of spiritual health care.<sup>24</sup>

## **Facilitate Collaboration**

The sustainability of spiritual health care as an effective practice is dependent upon ongoing dialogue and integration within the larger health care community. Primary collaboration is with the medical professions. The areas of ethics, trauma-informed care, mental health, social work, spiritual health care and others share common ground in the human experience, often manifested in physical ways.

# GOALS, OBJECTIVES AND ANTICIPATED OUTCOMES

The strategic planning day identified four central themes that form the goals of the strategic plan:

**Promotion:** raising awareness

**Education:** maximizing opportunities for knowledge-sharing

**Integration:** building spiritual health care services across the health care continuum

**Access:** assessing spiritual health needs and enhancing the scope and availability of spiritual health care services

## GOAL I: PROMOTION

**Spiritual health care is promoted as a vital health care service.**

Promoting a bio-psycho-social-spiritual understanding of health ensures that body, mind, relationships and spirit are given equal priority in health care practice and planning.

### Objective:

Opportunities to promote the awareness, understanding and practice of spiritual health care are developed.

### Actions:

- Enhance the role of the Provincial Spiritual Care Advisory Committee as a religiously, culturally and philosophically-diverse spiritual group that provides leadership in recommending the future direction of spiritual health care.
- Continue to strengthen and support the Provincial Spiritual Health Care Management Network as a means to co-ordinate, promote, educate and exchange knowledge of spiritual health care.



- Work collaboratively with institutional and community-based partners enhancing the integration of spiritual health care into the matrix of their services.
- Promote the inclusion of a spiritual health care perspective at workshops, conferences and within provincial and regional health publications.
- Develop resources for the public that demonstrate the connection between physical health, lifestyle, mental health, culture and spiritual health (ex: diet, exercise, social activity, coping strategies, spiritual practices, religious affiliations).

### Anticipated Outcomes:

- Spiritual health is recognized as an essential component of healthy living and wellness.

- Spiritual health, along with the other aspects of health, is understood as an aspect of overall health and not solely identified with aging, dying and death.
- Spiritual health care practitioners are considered as essential staff within health care facilities.
- Religious organizations and faith-based institutions are supported to address the spiritual health care needs within a community context.
- Spiritual health care providers and religious organizations strengthen understanding and collaboration in order to focus on healing and recovery.

## GOAL 2: EDUCATION

### Knowledge and understanding of spirituality is a core component of health care education.

A basic understanding of spirituality in relation to health is essential for health care practice. Spiritual health care knowledge, content and practice excellence are essential components of health care education.

#### Objective:

Spiritual health care knowledge is included in source documents, health care curriculums, continuing education programs, workshop planning and learning objective plans

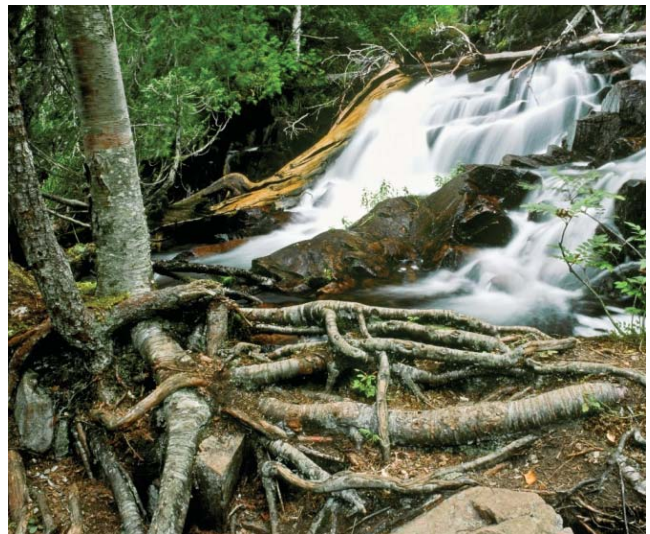
#### Actions:

- Identify and work with partners to develop comprehensive inter-professional resources on the core concepts and role of spiritual health care throughout an individual's lifespan.
- Promote spiritual health care knowledge as part of the health care curriculum, both at preparatory levels and in ongoing educational programs.
- Through research study and narrative evaluation, continue to strengthen the evidence base for spiritual health care.
- Develop a communication strategy targeting health care providers that affirms spiritual health care as a complementary discipline to medicine.

- Through research and consultation, explore connections between spiritual and cultural diversity as components of health.
- Use social media as a means to raise awareness and transfer knowledge about spiritual health care.
- Encourage the use of the *Core Competencies for Spiritual Health Care Practitioners* as a tool for recruiting and evaluating spiritual health care practitioners.
- Enhance education on the purpose of *The Personal Health Information Act (PHIA)*.

#### Anticipated Outcomes:

- A shared health care language that includes spiritual terms and concepts is developed and used.
- Health service delivery and structural levels have an increased ability to articulate and understand spiritual health.
- Spiritual health care information based on leading practice is included within the curriculum for health care providers.
- Canadian scientific and narrative-based research in the area of spiritual health care is increased and integrated into educational program development.
- The awareness of the interconnection of spirituality, spiritual expression and culture is enhanced.





### **GOAL 3: INTEGRATION**

**Spiritual health care is foundational to Manitoba's health care system.**

The ongoing awareness of spirituality and its manifestation in spiritual health care – with its focus on healing – can form the foundation for structural change. An understanding of spiritual health then becomes an integrated part of the general assessment and direction of health care planning.

#### **Objective:**

Spiritual health care consciously connects the science of medicine and the wisdom of healing, enabling an integrated understanding of holistic health care.

#### **Actions:**

- Encourage the inclusion and application of spiritual health care perspectives at every level of health care planning and practice. This includes appreciating diverse spiritual and religious practices, sexual orientations, cultural sensitivity and gender awareness.
  - Build on prior government commitments, existing health care models, strategies and plans to establish an integrated health care system that promotes the availability of spiritual health care services and support.
  - Encourage the development of regional spiritual health care strategies and evaluate the effectiveness of their use in the provision of comprehensive care.
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- Strengthen and support the RHA spiritual advisory committees to engage community members in a dialogue about spiritual perspectives of health, healing and hope.
- Develop guidelines regarding the use of safe, appropriate and effective spiritual health assessment tools.
- Explore the connections and roles of spiritual health care, mental health care, palliative care, ethics and social work and other disciplines. Use the information to design strategies that have a shared understanding of assessment, diagnosis, treatment and recovery.
- Adequately train and monitor volunteers to assist and support spiritual health care provision in a consistent organized fashion.

#### **Anticipated Outcomes:**

- Evidence that leading practice-based spiritual health care is included and applied in all realms of health care is demonstrated.
- Awareness of the distinct spiritual health care needs of urban, rural and remote communities and consistent provision of spiritual health care throughout Manitoba is demonstrated.
- A culture of respect and dialogue among diverse spiritual practices and traditions within the health care system is enhanced.
- Increase of spiritual health care services that honour the relationships, traditions, beliefs, values and resources that engender hope.

## **GOAL 4: ACCESS**

### **Access to spiritual health care is enhanced throughout Manitoba's health care system.**

Access to spiritual health care must be included within a person-centered, recovery-focused healing plan.

#### **Objective:**

Comprehensive spiritual health care is available to individuals receiving health care services

#### **Actions:**

- Conduct a provincial spiritual health care service inventory.
- Strengthen spiritual health care with a focus on rural, northern and remote spiritual health care provision.
- Include spiritual health care in active treatment assessments and discharge planning.
- Identify opportunities for strengthening the spiritual health care delivery system through collaboration with institutional and community organizations.
- Strengthen spiritual health care access across transition points (ex: hospital to home; hospital to personal care home).
- Ensure PHIA information is easily accessed and understood by family members, community representatives and spiritual supports to enhance access to spiritual health care when needed.

#### **Anticipated Outcomes:**

- Spiritual health care service needs are identified through the inventory of spiritual health care services in Manitoba.
- Access to quality spiritual health care is available in urban, rural and remote communities.
- Individuals and their families achieve well-being through their identification of and access to spiritual health care resources.
- Family members, community and spiritual supports will have access to clear information that explains PHIA and its intention in protecting patients and their rights.

# NEXT STEPS

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## **WHERE DO WE GO FROM HERE?**

Led by the Mental Health and Spiritual Health Care Branch, the implementation of the spiritual health care strategic plan will largely be informed by recommendations made by the Provincial Spiritual Health Care Management Network and the Provincial Spiritual Care Advisory Committee. It will be necessary to identify and incorporate the input of spiritual health care champions who emerge from health care and community-based organizations. The recommendations made by these sources will be considered and organized into a four- year work plan, which will identify expected outputs and outcomes and guide the implementation of the overall strategic plan. Monitoring and evaluating the implementation of the strategic plan will assist in following the established directions. To this end, a corresponding evaluation plan

will measure the strategic plan's successes on many levels, including practice, program, organizational and policy levels.

A report on achievements will be provided to stakeholders annually for each of the four years of the spiritual health care strategic plan. This report will demonstrate key accomplishments toward the vision of spiritual health and well-being for all Manitobans.

## **HEALTH AND THE HUMAN SPIRIT**

*Health and The Human Spirit* represents a commitment to advancing the contribution of spiritual health care in Manitoba. It builds on what has been established and envisions a fuller integration of all health care disciplines under the common goal of healing and well-being.





# APPENDIX A: GLOSSARY

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These definitions provide a common meaning for understanding this strategic plan.

**Chaplaincy:** Commonly used as an expression for ministry in institutional settings. This ministry was traditionally carried out by a chaplain, who is a member of the clergy, and responsible for the conduct of religious services for an institution, such as a prison or hospital.

**Existential:** Focused on the experience of existing; human experience forms the basis for understanding meaning.

**Guiding Principles:** Could also be referred to as value statements or pillars. These statements of meaning guide the implementation of the spiritual health care strategic plan.

**Objectives:** These statements provide the bridge to action and direction. A helpful image is that the goal is a map, the objective is the road to the destination and the actions are the journey towards the destination.

**Person-Centred:** The person is at the centre of care. Each person deals with physical, mental, relational and spiritual parts of themselves. The care provider should understand the differences in each person's experience of these four aspects. This is a vital part of person-centred, recovery-based healing.

**Person in Care:** For spiritual health care providers, this may include patients, residents, clients, family members or other supports, community and staff.

**Purpose:** Also known as the mission. In this case, it describes what the spiritual health care system is; what the system does; and how it is done.

**Religion:** Formal articulated expression of belief that is shared in a community. Religion finds its expression in rites and rituals which are based on the beliefs and doctrines of its followers.

**Spirituality:** How a person searches for, defines and expresses meaning and purpose of existence; how a person experiences connectedness to others, to self, to nature, to the moment and to the significant or sacred. This searching and finding might be done through religion, belief in a god, through human relationships or through connection to artistic expression and creation. The definition of spirituality is constantly changing as understanding evolves.

**Spiritual Health Care System:** An interconnected network of spiritual health care services in various contexts which seeks to provide services in a consistent and collaborative manner.

**Spiritual Health Care Services:** These are the particular services and actions of care offered by those who are spiritual health practitioners, in some cases chaplains. The core skills for a spiritual care provider are self-awareness and listening.

**Spiritual Health Care Practitioner:** A health care practitioner who focuses on spiritual needs in the midst of medical needs. The practitioner enters into a compassionate relationship which is directed by the spiritual needs of the care recipient. The primary work of the spiritual health care practitioner is that of "walking-with" the care recipient through the healing process.

**Strength-Based Perspective:** An approach to practice with the primary goal of maximizing the person's strengths and minimizing their weaknesses. The goal of this is to enhance the care recipients power to effect change.

**Transcendence:** A state of being beyond the limits of concrete experience. It refers to going beyond the usual limits of the material world or experience.

# APPENDIX B: CURRENT CULTURAL CONTEXT

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Traditionally, spiritual health care has been provided by religious chaplains who are part of the staff of health care institutions. However, the growing focus on spiritual health care practitioners is a reflection of a changing society with ongoing spiritual health needs presented in increasingly diverse and various ways.

## Issues facing spiritual health care as a discipline

Several significant factors currently impact the role of spiritual health care:

### Ethics<sup>27</sup>

An emerging relationship in spiritual health care is within the realm of ethics. Medicine and health care are constantly dealing with ethical decisions. Values, morals, belief systems, core guidelines are all involved in ethical decisions. When people experience a change in their health status, they struggle with all of these aspects of meaning.

The merging of spirituality into the health care setting must involve a consultation with ethics. Ethical standards, ethical guidelines, client rights, staff conduct, entry to life and end of life decisions are all aspects of this dialogue. Thinking ethically is rooted in core value systems which are linked directly to beliefs. Thinking ethically benefits from the contribution of a spiritual perspective and, conversely, spiritual health care can benefit from an ethical perspective.

Examples of ethical dilemmas in spiritual health care include:

- Are spiritual assessments an invasion of privacy?
- How do spiritual health care practitioners offer spiritual care to non-religious patients?
- Should spiritual health care practitioners advocate prayer to people in care?

- What place does religion and culture have in ethical decision making?
- Should spiritual health care staff be an ethical contributor in the health care system?
- What role does spiritual health care have in the ethical assessment of organizational and procedural changes?

## Aging Demographics

Two trends are converging in the Western world: People are living longer and, because of this, there is increased concern about extended life, elder care, ethics and aging. With increased longevity come deeper existential questions which focus on issues of transcendence, eternity, reason for being and fullness of life.

Physical function may decline but spiritual functioning does not necessarily do the same. Some studies report that there is “no evidence that the spirit succumbs to the aging process, even in the presence of debilitating illness.”<sup>28</sup> Aging can be a time of spiritual awakening and growth. Older adults appear to be less constrained with limits of previous understandings and, as their physical energy decreases, they take increased spiritual risks of questioning and searching.

Spirituality can become increasingly important for older adults during times of physical change, dying and death. These are vital stages in an individual's spiritual journey and growth. Spiritual health care provision can offer a unique perspective on what is involved in the aging and dying processes, so that it is seen as both struggle of loss and gain of strength. The spiritual focus draws out the meaning in the midst of change.

## Religious Affiliation

In 2004, 23 per cent of Canadians reported no religious affiliation (up from 16 per cent in 1985).

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And 20 per cent reported having a religious affiliation but not attending religious services.<sup>29</sup> Despite the fact that many individuals do not have a religious affiliation, they may still have questions about spiritual meaning and purpose. A social researcher from the University of Lethbridge, Reginald Bibby, asserts that arguments predicting the demise of religion in Canada have failed because people continue to have spiritual needs.<sup>30</sup> In fact, “while only about one-third (32 per cent) of adult Canadians attend religious services at least monthly, over one-half (53 per cent) engage in religious activities on their own at least monthly.”<sup>31</sup> These activities can be in the form of study groups, house church, prayer circles, meditation and mindfulness groups, music reflection groups and other diverse forms of both social and private practice.

### **Growing Population Diversity**

Effective spiritual health care requires an understanding of dignity, respect and worth and how that is expressed through different cultures in ethics, morals, religion, traditions, food, faith and family. As the number of people immigrating to Canada and Manitoba continues to grow, it becomes increasingly important that the spiritual health care system responds to the diverse needs of those served. Between 1991 and 2001, Manitoba saw a 57 per cent increase in the number of individuals identifying as Sikh and a 45 per cent increase in the number of individuals identifying as Muslim. Increases were also recorded for Hindus, Buddhists and some groups of Christians. Although Protestants (43 per cent) and Roman Catholics (26 per cent) together make up over 70 per cent of religious affiliation in Manitoba, the numbers of Protestants declined by 11 per cent in the same time period.<sup>32</sup>

The importance of religion also differs between groups. While 44 per cent of those with a religious affiliation who were born in Canada rated religion of high

importance in their lives, the same was true for 57 per cent of recent immigrants. Of particular interest in the Manitoba context is that recent immigrants from South East Asia (ex: the Philippines) are very likely (56 per cent) relative to other groups to have high levels of “religiosity,” as defined by the Statistics Canada index.<sup>33</sup>

### **Diversity of Understanding and the Meaning of Well-Being across Populations**

Spirituality is central to many indigenous views of health and health care. With Manitoba as home to many indigenous people, it is evident that this spiritual aspect of identity does have an integral affect on health and healing. Indigenous spiritual teaching has made a major contribution to respect for spiritual healing as a vital aspect of health care practice. A Winnipeg Regional Health Authority resource states: “Traditionally, an Aboriginal cultural view of mental health and well being is a balance of the body, mind, emotions and spirit which is maintained through good relationships within oneself, with others, within the community and Creation... For some, their beliefs and practices form an integral part of their being and is a way of life.”<sup>34</sup>

Indigenous traditions are creation-based and connect to an understanding of healing that is rooted in wholeness. “Healing,” “whole” and “holy” are essentially the same word derived from the same root. Nearly all cultures and religions use these words to define wellness, oneness, that which is “hallowed” as sacred.

This inclusive example of understanding the relationship between spirituality and health enables spiritual health care to better serve the diverse needs of individuals. The provider, along with the client, seeks to determine what the spiritual need is and then chooses from a variety of methods to address the needs. Various cultures, religious backgrounds, faith practices, spiritual expressions and philosophical viewpoints will be factors in the assessment of appropriate health care for body, mind, relation and spirit.

## Educational Context

Currently, there is a disparity between remote, rural and urban environments for access to competent spiritual health care. In remote areas, these services are often unavailable. In rural areas, these services are often provided by unpaid volunteers and religious clergy, while urban health care environments are more likely to be served by paid employees.

Many schools of nursing, medicine and social work provide minimal teaching related to spiritual care. However, some universities are dedicated to spirituality in health care and championing the need to transform health care. Examples of the growing number of key players in this field include:

- the University of Massachusetts Medical School's Centre for Mindfulness in Medicine, Health Care and Society
- the University of Minnesota's Center for Spirituality and Healing
- Duke University's Center for Spirituality, Theology and Health
- George Washington University's Institute for Spirituality and Health

Unlike the United States, Canada does not have any major institutes or centres devoted to this study, but curriculums will have options under related fields such as religious studies, humanities, ethics, nursing, philosophy, social work and theology. The University of Winnipeg's (U of W) Faculty of Theology is linked to the Canadian Association for Spiritual Care (CASC). Courses approved and sponsored by this organization are registered with the university. Health Sciences Centre (HSC) (Winnipeg) offers a Spiritual Diversity Program which consists of three courses. These are taught on site at HSC and students obtain credit for these through the University of Winnipeg's Faculty of Theology and various other universities and programs. An Aboriginal-taught program in Indigenous Spiritual Care is also based at the University of Winnipeg, with the Faculty of Theology.

## Research Base

The relationship between spirituality, core beliefs and health outcomes is by no means clear. Research is varied in this field. Some health care providers consider spiritual health care to be equated with religious care and not within the responsibility of health care. As a result, spiritual care assessment is often measured by an evaluation of religious practice (ex: religious service attendance) which is not the best indicator of spiritual health care.

Some health disciplines are creating journals and research articles that merge aspects of care. An excellent resource that models the merging of health care disciplines is the *Journal of Spirituality in Mental Health*.<sup>35</sup>

A literature search in the area of spiritual health care results in a list of key researchers who continue to seek out new methods of measuring and evidencing spiritual health care's contribution to overall health care. Some of these researchers include: H. Vande Creek; C. Puchalski and B. Ferrell; R. Carey and D. Brown; G. Fitchett; W. McSherry; E. McSherry; D. Aldrich; H. G. Koenig; and D. R. Griffin. The other growing area of literature in the field comes from the merging of the boundaries of medicine, religion and spirituality. Popular authors for both professionals and the general public include: L. Dossey, A. Frank, D. Khul, H. Kushner, R. N. Remen and B. Siegel.

Although there are occasional reviews on the delivery of spiritual health care services (ex: Saskatoon Health Region), Canadian-specific, spiritual health care research is in the early stages.<sup>36</sup> Canadian Association of Spiritual Care (CASC) is the main professional body that advocates for the advancement of Canadian research in spiritual health care.<sup>37</sup>

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