

Interpreting the Themes of Spirituality among Health Care Workers in Thailand

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Spirituality, as a concept and its positive consequences, is being increasingly explored in research from the viewpoint of various professional groups. An important perspective is that of the health care providers, who play an important role in any society as they take care of the health problems and the needs of the sick. Working in this profession requires a spirit of empathy and selflessness while providing service, and often stirs the spiritual component within the service provider. This paper is a part of an extensive research project initiated in by a non government organization to investigate the concept of spirituality, its causes and consequences from the perspective of health care workers in Thailand. A research sample of fifty persons was selected to be representative of all the four regions of Thailand. Qualitative techniques were used to research and analyze the meaning, causes and consequences of spirituality. The findings of this research showed that the participants from the health care services shared five themes representing the core of spirituality which were related to the: goal and meaning of life, consciousness of death, insight into self, insight into others, and non material value.

Keywords: spirituality, health care workers in Thailand

This research was an attempt to examine the themes of Spirituality from the perspective of health care workers, choosing the sample from different regions of Thailand and then collecting and analyzing data using qualitative techniques. The main questions that arise in the mind of the reader are: why the focus on Spirituality, what is the relationship of Spirituality and health care workers, and what is unique about this research - set in context of Thailand?. The following review would try to answer these queries.

For mankind, spirituality has perhaps always been a profound mystical concept to be sought after, and has been given several interpretations through the work of philosophers, religious leaders and then through systematic research. After conducting an extensive review of contemporary definitions, Smith and Rayment (2008) identified some common features, and from these they drew together the following definition: *“Spirituality is a state or experience that can provide individuals with direction or meaning, or provide feelings of understanding, support, inner wholeness or connectedness”*.

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In terms of valuing various dimension of human life, nothing is more important that the health of a person. The various aspects of a healthy individual include the physical, mental, social and spiritual health. According to Khayat (2004), even the World Health Organization in report (WHO, 1984 as cited in Khayat, 2004), recognized the importance of spiritual health in the overall health of a person. Way back in 1984, WHO in their Thirty-seventh World Health Assembly took the historic decision to adopt resolution WHA37.13, which made the “spiritual dimension” part and parcel of WHO Member States’ strategies for health.

Interest in the relationship between Spirituality and health has sustained and in fact grown due to the positive consequences observed among people. In his paper dated back to 1999, Thoresen highlighted that the role of spiritual factors in health, viewed from a scientific perspective, has been yielding interesting if not intriguing results. This interest can be further understood by examining the research of Puchalski (2001) who highlighted that spirituality in health care is linked to mortality, coping, and recovery. Furthermore, the author says that in the past few decades physicians have attempted to balance their care by reclaiming medicine's more spiritual roots, recognizing that until modern times, spirituality was often linked with health care.

In the field of health, spirituality has been examined from the dual perspectives of people who are sick or suffering from some ailment (e.g. cancer patients), and also from the people who provide them care the health care workers. According to a report by World Health Organization (2006), health workers are people whose job it is to protect and improve the health of their communities. Furthermore, a health care provider or a health professional may work with an organization or independently to deliver proper health care in a systematic way, professionally to any individual in need of health related concerns. A health care provider often has a challenging task of taking care of the needs of the client/patient which could be emotionally draining for them. When faced with such challenges, a person may be required to go beyond his/her given resources and reach deep within one’s self to not only understand the needs of the patients, but also to deal effectively with the demands of the role that they play as a care giver.

Valuable linkages have been found between spirituality and other significant variables in the field of health care. In their research of health care managers in UK, Strack, Fottler, and Kilpatrick (2008) found the existence of a statistically significant correlation between the spirituality dimensions and the leadership dimensions, while there was also a

statistically significant difference between the leadership dimension's mean scores and health care managers who were 'more spiritual than non-spiritual'.

In an investigation of health care provider's spirituality, Fletcher (2004) found that Spirituality could be defined in a variety of ways, including a relation to one's ultimate purpose, a feeling beyond science, having a relationship with a higher power (not necessarily God), a human component in addition to mind and body, and a mystery or unknown.

If we address the basic issue of this research, one would need to understand what spirituality means to the narrowed target of the research - to the people in working in health care. In their extensive research Sessana, Finnell, and Jezewski (2007) did a concept analysis about spirituality. Their findings revealed that spirituality was defined within four main themes in the nursing and health-related literature: (a) spirituality as religious systems of beliefs and values (spirituality = religion); (b) spirituality as life meaning, purpose, and connection with others; (c) spirituality as nonreligious systems of beliefs and values; and (d) spirituality as metaphysical or transcendental phenomena.

The health care workers in Thailand face their own set of work demands. Wiwanitkit (2011) has reported that the main problem for Thailand's health system in has been an inadequate number of physicians and other healthcare workers in rural areas. Due to this, for decades in Thailand, rural service has been mandatory for healthcare workers. This often puts pressure of adjustment to the work demands and also to the rural living conditions. So does spirituality help a health worker to deal with the work demands in a more effective way? Keeping in perspective the various meanings of the concepts of spirituality in the field of health care and its evident positive consequences, this research endeavoured to investigate and answer the research question: *How is the concept of spirituality defined from the perspective of the health care workers in Thailand?* This research aimed to provide a unique opportunity to delve in to the Thai culture and gain researches based insight about the meaning of spirituality, and also compare these with the previous research findings from other cultures. This research was funded as a part of project with a wider scope that investigated not only the themes of spirituality, but also its causes and consequences. The subjects addressed were the health care workers in various hospitals of Thailand, who have demanding tasks of taking care of the sick and the needy.

Objectives of the study

The main purpose of this research study was to explain Spirituality from the perspective of health care workers in Thailand. For the research investigation, the following objectives of the study were outlined:

1. To build the concept of spirituality from the empirical data.
2. To explain the perceived causes and consequences of the spirituality.

Method

Participants in the study were fifty health care workers, selected from hospitals providing the humanized care. The selected participants were working in hospitals and we selected to be representative of all four regions of Thailand.

The participants composed of physician doctors, dentists, nurses, and health volunteers. Some of them were Muslim, but the majority was Buddhists.

The participants were divided in four groups according to their region of work. Within each group, the technique of dialogue was used to collect data by 2-3 facilitators using various activities. Each group met three times, for two days for the scheduled meetings. Each group had a facilitator and note taker. The following topics were discussed among each group: thought and experience of working as a humanized helper, activities and methods of work, aspiration for work, and self-change. Data collecting was scheduled in 2008 as per the following sequence: the central region in August-October, the Southern region in September-October, the Northern region in August-October, the Northeastern region in August-November. Each meeting was videotaped and tape recorded then data was transcribed verbatim.

Data Analysis

Qualitative data was collected for this research. Over 1,000 pages of data were analyzed in three steps of coding. First the open coding or substantial coding was performed independently by one researcher. This coding was further discussed in a group meeting of two researchers. Then all open coding were discussed in the meeting of the complete research team. Secondly, axial coding was performed by two researcher groups, and verified by the project head. Finally selective coding was done by the project head,

and discussed with the research team. Then two external experts in the areas of Philosophy and Psychology examined the axial and selective coding.

Results

The findings of the research have been analyzed to understand the concept, causes and consequences of spirituality from the perspective of health care providers in Thailand. First the information about the domains of spirituality are explored, with the results later consolidated to understand the core of spirituality, its manifestation and consequences as experienced by the health care workers.

Domains of Spirituality

Through the data collected in this research, it can be said that Spirituality was described in various ways: as a state of mind, as being able to know one's goal and meaning of his/her life, consciousness of the death, having faith in something or some super power, being understanding and insightful of oneself and of others, and being non-materialistic. These elements were viewed as the core or the essence of spirituality.

The perceived causes of spirituality were the presence of a spiritual model in the person's life, spiritual experiences, and the support from people. The immediate outcomes of being spiritual were showing helping behavior towards others, and heightened energy in working. The final outcomes experienced as a result of being spiritual were psychological well being, happiness and self-esteem.

The Core of Spirituality

Each of these five elements, that reflected the core of the concept of Spirituality, as developed from this research, is explained as follows.

Meaning and Goal of Life

Meaning and goal of life was described as an awareness of a goal of one life, what one wanted to achieve and understand meaning of one life, use it to determine ways of life. One of the participant said that, "when I was in college there were many times that I felt good after I took care of the patients as I was told to do, then I love being doctor and intended to do it well". Other participant said, "I like to set goal and try to achieve it". Also some participants showed that they had principles or ways of thinking as they go

through life's goal as one said, "Nobody was bad from birth, but there were some environments or causes which make a person bad, and we should try to help them to be happy".

Participants showed their concern about patients dignity: "I asked if the AIDS patients would be fine if we visit their home because they may not want the neighbor to know" or they commented that "when dealing with the patient we should let the patient decide how much he can do or how he wants to do, not demand him to do as we wanted".

Not only were the participants aware about their goals but they also reported how they understood the meaning of their life during their work experience: "I looked back to my life and know that nothing lasts forever. There is no problem that cannot be corrected. There is nothing best, but rather we should live for happiness of all people around us, little by little".

Consciousness of Death

Consciousness of death was described as being emotionally aware of the imminent death of patients and being able to change oneself after that. One of the participants stated that: "I wanted to help a child to recover from a shock one evening, I started the manual heart pumping at midnight without any close supervision, but I could not help him. The child died. I felt so sad and stressed out". One of the participant reported the death of one patient motivated him to become a good doctor: "I was in my 4th year at the medical school, and the patient was a skinny child having pneumonia. He was brought in by his parent, who was a street trash keeper. I took care of him as best I could, but he died. I felt sad as I thought that maybe he died between 2-5 a.m. in the morning when I had gone to sleep. I thought if I was with him, he may not have died. This inspired me to be a good doctor. Ever since that, I go to sleep only when all the patients have gone to sleep".

Insight into Self

Insight into self was defined as being conscious of one's thought and feelings. It had three components - mindfulness, knowing one's self, and self evaluation or self reflection. Participants narrated situations where they listened to others with mindfulness: "my mind was focused on the subject he talked, and I could understand him better". One participant stated that "when I arrived at the hospital, I leave my bad feelings outside. I think I was good in managing my emotions". Participants reflected on their past behavior of showing bad temper and evaluate it as being not appropriate. Then they tried

to change for better as one said: “I used to be hot tempered, and a lot of people were hurt by me. But now I learned that I should not pass my temper to the patient”. One participant learnt that she was easily hurt by others and became de-motivated or sad. So she tried to cope by attempting to think positive about everything to overcome her feelings.

Insight into Others

Insight into others was described as being conscious of other needs and beliefs. Participants showed their awareness of others, the patients suffering the effects of sickness, and tried to help, “Never before I felt aware that how much patients were suffering, but when my mother was sick, I felt such strong emotions with her suffering and almost committed suicide myself”. Some participants showed that they tried to place themselves in other’s situation to understand their feeling. Also with their role as a superior, one participant knew how his subordinate felt and tried to help him: “He was an alcoholic. At first I asked him whether he wanted to be in a re-habilitation. The next day he asked for a transfer, and then I knew how he felt. That evening I met him, gave him my hug, told him that I love you, if you need me to help please let me know, but I don’t want you to take a transfer. Then he cried. After that he worked better and drank less”. The participant also felt bad when she saw someone didn’t aware of others suffering, “sometimes I wanted to cry when I saw some of the workers ignored patients’ suffering”. In addition, they were evidences that participants sensed the patients’ personal beliefs and helped them to fulfill their needs: “I used their cultural beliefs along with my treatment, and I found that they felt better”.

Non Material Value

Non material value was described as the emphasis on the internal value not the external or instrumental value of things. Participants showed this characteristic of this behavior by doing something for its own values against doing it for recognition of others, prize, token, money, or as a mean to other achievement. One participant stated that “I volunteer to do this, the hospital paid some money, but I didn’t care much about it. I just wanted to help my human friends”. Also one doctor said, “I asked myself while I worked for helping someone in suffering, my friend worked for the sake of a private company, and he was paid ten times more than me. Then why did I stay on my job? The answer was because I valued heart more than money”.

The Emerging Themes of Spirituality

The emerging themes of spirituality are shown in the figure 1, which reflects the causes, the core of spirituality (comprised of five elements as mentioned in the above findings) and the relationships among various aspects leading to the consequences of spirituality. Spirituality was perceived to be caused by participant’s spiritual experiences and models. The spiritual experiences were described as learned from religious practices, by being with some persons who were dying, learned from the suffering of problems in personal life, and having directly talked with someone known as a highly spiritual person.

The spiritual role models of the participants were someone in the family, someone in society who acted as a role model of spirituality. The outcome of being spiritual was engaging in spiritual behaviors, comprised of helping others, performing duties with energy, and acting with concern of other’s dignity.

In addition to the direct causes of spirituality, there were two moderators for behavior outcomes: supports from work and family, and positive climate at the workplace. Lastly the end result of spirituality was experiencing the feelings of happiness and self esteem.

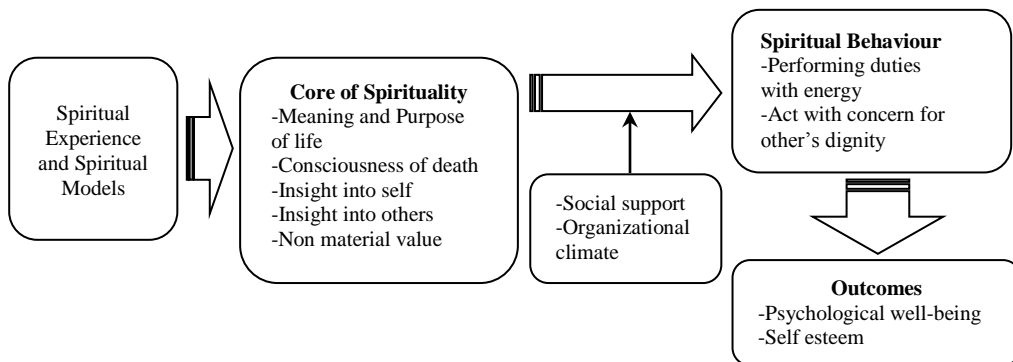


Figure 1. The emerging themes of spirituality.

Discussion

As it was revealed from the findings of this research, the participants from the health care services shared five categories about the core of spirituality. Those were: goal and meaning of life, consciousness of death, insight into self, insight into others, and non material value.

A review of research evidence indicates that Spirituality is shown to have various meanings, and structure depending on disciplines, culture, and experiences. The findings of the current research are compared with the evidence from previous researches in the Western countries. It was found that there are some dimensions of spirituality that emerge in this research but not in the previous researches.

The findings of this study indicated that some elements in the core spirituality corroborated with the findings of previous researches using empirical data from qualitative studies. Concepts such as goal and meaning of life, non materialism, and consciousness of death were partly found in the study by Elkin, Hedstrom, Hughes, Leaf, and Saunders (1988), which was a study of cross cultural participants. The different subthemes were an insight into oneself, and insight into others.

Also this study classified happiness and self-esteem as outcome of being spiritual, instead of being part of spirituality as was in Elkins' fruit of spirituality. In this study by Elkin et al. (1988), the fruit of spirituality was described as being less stressful in life and being loved by other. It differed from the concept of this research that of happiness and self esteem being classified as an outcome of core spirituality. But result from both the studies supported the same construct that of psychological well-being. The difference in findings between the two studies may have resulted due to its study participants. In this study almost all participants were Buddhists and some were Muslim, while the participants in Elkins' study were mostly Christian and some were Muslim. In addition participants in that study were highly educated but in this study our participants had low to high education level.

Insight into self and goal and meaning in life overlapped with two out of four elements in the study of Mattis (2000). Concepts of insight into others, meaning of life, faith in super power were found in three of four elements in the study of Chiu, Emblen, Hofwegan, Sawatzky, and Meyerhoff (2004). The findings of this study highly agreed with an essence of spirituality in

Rich's study (Rich & Cinamon, 2007). The difference between this study and others were that the participants in other study were non Buddhist.

Another study conceptualized the spirituality of Thais elders lived in the USA (Pincharoen & Congdon, 2003). It was found that spirituality composed of "connecting with spiritual resources provided comfort and peace, finding harmony through a healthy mind and body, living a valuable life, valuing tranquil relationships with family and friends, and experiencing meaning and confidence in death". Furthermore that study reported that for the Thai participants, health and spirituality coexisted and were linked to all of life. When compare the current research, the similarity between findings of the two studies were about the meaning of life, and consciousness of death. The differences between the two studies were the ages of the participants, their occupation, and living context.

As it was shown spirituality was defined differently depending on culture, age, education, occupation, and researchers' interpretation. However there were some consistencies such as faith with sacred things, transcendent, and the relationship with others, and self.

The differences of this study, as compared to other researches, have emerged mainly because this study attempted to separate the causes and consequences of spirituality, separate mind from behaviors, separate directed cause from moderators by using perceptions from the participants and knowledge in psychology and behavioral sciences. For example Altruism was defined as element of spirituality by Elkin et al. (1988), but we classified helping others with kindness as spiritual outcome behaviors. Also in a study by Chiu et al. (2004) power was defined as spirituality but in our study we classified it as spiritual behavior namely doing activities with energy.

Recommendations

The study findings lead to some practical considerations. Spirituality in health care patients was defined more precisely in Thai culture as having the same core element as in other cultures. Measuring instruments of the core spirituality and its related constructs could be developed for the purpose of explaining how one's spirituality should be supported or improved. Moreover all self-report measures may be used to help one learn more about their own spirituality.

More research could be done to describe in depth how spirituality is developed, and what if it was under developed, or what happens to the person having extreme spirituality. More research maybe done to find the meaning of spirituality within some specific groups involved in service such as teachers, and social services person.

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