

Spirituality in healthcare professions; concept validation

Lecture by

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Ladies and gentlemen,

The coordinator of this conference, René van Leeuwen, asked me to clarify the concept of spirituality, in such a way that it can be made operational within the context of healthcare. The concept should be relevant and useful for professionals within the context.

I will try to find an answer on this challenging questions in three steps. Step 1: a general concept of spirituality. Step 2: a concept within the context of healthcare. Step 3: a concept which is useful for spiritual care and health professions.

Step 1: a general concept of spirituality

In my opinion, it is necessary to start with a fundamental concept of spirituality covering the phenomenon of spirituality lived out all over the world. I use the concept which underlies the monumental reference work *World Spirituality*. In 25 volumes the phenomenon of spirituality is documented: indigenous spirituality, schools of spirituality, esoteric traditions and secular spirituality.

The fundamental concept which underlies this excellent encyclopedia is focused on the inner dimension of the human being: the soul, the spirit or the self, where the human being is open to a challenging or inviting reality, a transcendent dimension. Spirituality is the discovery of this inner dimension, opened up by the appealing, transcendent reality, the dynamics of its development and the journey to its destiny.

Reflecting on this working hypothesis I see three important elements:

Spirituality is a polar structure: the relation between a person and something or someone challenging this person. This challenging or inviting appeal may be the reality itself or an ultimate reality, or a hidden dimension in reality, or a value system or an inspiration of a motivation, but, no matter how, this appealing reality touches the person and provokes in one way or another a kind of response and commitment.

This relation is not a static structure, it is a dynamic process: a discovery, a development, a journey, a way, a path. This process may be an inner journey or a way into new horizons or a deepening of insight, a growth in practice or in intuition, but, no matter how, it is a process.

This process is fostered by a specific set of means: meditation, silence, prayer, mindfulness, practices, exercises, and so on.

My conclusion of the general concept: Spirituality is a polar structure, unfolding itself as a dynamic relational process, mediated by a variety of practices and exercises.

The presupposition of this broad and formal concept is, that there is no unbridgeable gap between such a thing as health care spirituality, workplace spirituality and spirituality in the area of education. Neither is there an unbridgeable gap between these secular spiritualities and its esoteric counterparts such as new age. Moreover, there is no unbridgeable gap between these modern spiritualities – secular and esoteric – and traditional spiritualities, such as indigenous spirituality and the wellknown schools of spirituality: Hindu, Buddhist, Jewish, Christian and Islamic schools. All these forms – secular and esoteric, modern and traditional – belong basically to one human phenomenon. Of course, this phenomenon encompasses a great variety of forms and is a multifaceted reality, but as a field of human experience it cannot be split up in a variety of absolutely different forms.

This is my *first step*, broad and formal: spirituality is a relational process between human beings and an appealing reality, mediated by concrete practices.

Step 2: a concept within the context of healthcare

Our second step is focused on the area of healthcare, not yet limited to our time and our western culture. My question is: what is the main feature of spirituality in the specific setting of illness and healing, sickness and support, cure and care?

I think, the only concept covering all forms of healthcare spirituality, past and present, is the concept of compassion. Healthcare spirituality is basically a relational process: a human being is touched by another human being in trouble and distress. And not only touched by his or her affliction, but moved to respond, to act. In all great schools of spirituality, as far as I know them, spirituality in the field of sickness, healing and health is characterized by compassion. In biblical spirituality this compassion is named *chesed*: deep feelings of sorrow, being touched to the heart by the sight of the needy. Compassion is the impossibility to remain indifferent. Innerly propelled by the other and driven to act generously and mercifully.

In Jewish spirituality *chesed* became even the name of spirituality as such, as we hear in the name 'hasidism'. Also in Christian tradition compassion and mercy belong to the very essence of its spirituality. The Good Samaritan is the paradigm of compassion: he was deeply touched, when he saw the poor wounded traveller. In Islamic spirituality compassionate mercy is mentioned in every opening sentence of every chapter of the Koran. The spiritual Muslim follows God and strives to make God's mercifulness his own by being humane, friendly, helpful, compassionate and selflessly loving. But not only the great schools of the Middle-East and the West, also the Eastern Spiritualities are characterized by this attitude of selfless friendliness, named *Karuna*. A sutra says: 'Unfold your spirit without limit, full of compassion to all living beings.'

My thesis is: the concept of compassion translates the general concept of spirituality in the specific setting of healthcare on three points:

1. The relational structure is now concretized: a human person in his or her illness touches the care giver in his inner dimension and motivates him to act.

The dynamic process is now concrete: the care giver discovers his strength and his limits, his motives and his hesitations, his generosity and his ambiguities. In one word: he discovers the inner space of his compassion by doing it.

This process is fostered by concrete acts of support, help, intervention, attention, listening, caring and curing.

My conclusion is: the concept of spirituality within the setting of healthcare is compassion, a process of growing in being touched by the psycho-somatic, social and spiritual needs of a human being, mediated by acts of supportive intervention.

This is also, at least theoretically, the core concept of modern medicine and healthcare. Two quotations to illustrate this. The first quotation is from Warren Reich: 'Care.... is a virtue whereby one person is inclined to pay close and respectful attention to the other and to offer service to the other in a relationship that is characterized by commitment to help the other grow.' The other quotation is from Christoph Holzern: 'Care is compassion, a reaction to the suffering of the patient and emerges within this context as the virtue of the doctor. (...) It is particularly in contemporary healthcare that there are complaints of a lack of mercy, and, above all, of compassion.'

The presupposition of this concept of spirituality in the context of healthcare is that spirituality is not primarily a dimension *in* care, but the very essence *of* the care itself. Compassion as the core of the care, *is* its spirituality. Spirituality is not something that should be brought in from outside, as a message, not even as a spiritual message, not even as an element in a holistic concept alongside with the physical, psychic and social dimension, not even as spiritual care. All these things are nice and supportive, but they are secondary. Primary is the concept of compassion which is the very heart of healthcare itself, its innate, primordial spirituality.

Step 3: a concept which is useful for spiritual care and health professions

Now we have to set the third step, the most difficult step: how to clarify the concept of compassion in such a way that it can be operative within the context of healthcare? How can the concept of compassion become relevant and useful in the field of healthcare professionalism. Difficult questions, but, indeed, indispensable and imperative.

Let me, beforehand, distinguish between different perspectives, different positions, roles and interests in the landscape of healthcare professionalism. In modern society, healthcare is a complicated and large-scale reality. Everyone can see for himself all the different perspectives and roles: the care seeker, the care provider, the care organisation, the health insurance, the nursing training, the ongoing research, the client organisation, the political arena, and so on.

On behalf of this congress and to open up our discussion I would like to present shortly five perspectives. As I said, to open up the discussion, because every perspective needs further elaboration.

I will start with the perspective of the healthcare institutions, the organisation, for instance the leading group of a hospital. In my opinion, these leading groups in healthcare organisation need to know about compassion as the leading principle of care. They have to know about it and to obey this spiritual principle. If they only know about market, money, management and medicine, they dysfunction and should leave the area of healthcare. They need to have really feeling with compassion as the core business of healthcare spirituality. They have to protect this area and to improve its presence and its

influence. In the selection of new leaders on all levels of the organization, compassion should be an important criterion, particularly in the higher levels of the organisation.

A second perspective is: the training and education of nurses, doctors and other care givers. In their education program should be at least one module on compassion. Let us think about such a module of ten sessions.

- In the first two sessions the concept of compassion is introduced in its active and passive component: commitment and listening, being touched and acting.
- The next three sessions on compassion in the great spiritual traditions: the Jewish, Christian and Islamic spirituality, focused on compassion in healthcare.
- Followed by three sessions on modern thinkers as Emmanuel Levinas. How they have thought thoroughly about the human phenomenon of compassion, responsibility, respect and listening.
- Finally, two sessions about art and compassion: poems, novels, movies, pictures. Particularly movies from the very poor areas in the world, and the ways poverty and oppression influence health and healthcare.

A third perspective is healthcare research. Scholarly research is essential for the development of healthcare. We have seen it in the last centuries. It is difficult to think scientific research grounded in compassion. But I have done so in the UMC St. Radboud: evidence based research.

We have spoken with care givers in the Radboud. During four years we listened to groups of nurses and doctors. Sensitizing concept was: The soul of caring.

The participants prepared themselves before the sessions: What has deeply touched me?

Listening to their stories, I got evidence based information. They told one another that their deepest motivation was to respond to the needs of sick people. They entered their vulnerability and discovered their original joy. At the end they decided to continue their intervention process. This I call 'evidence based knowledge'. It became completely evident: Care givers do not act without compassion.

A fourth perspective is the position of the care giver itself, the nurse, the doctor and all people participating in the direct help of the patients. They need an ongoing formation in the area of compassion. They are not only the professionals in medical care but also the real experts in healthcare spirituality, facilitating processes of compassion. They can tell us about their growth and failures, their ambiguities and selfless attitude. They are the experts and they need time to do their spiritual job, compassion. What we discovered in our research has to be implemented in the everyday practice of nurses and doctors, on a large scale. This is the only way to break down the dominant trend of money, market, management and medicine. That other trend should be fostered: Compassion.

Last but not least: the perspective of the patients. Their perspective is the most important one, because it is their illness which brings about the whole dynamic of healthcare. It is their need which touches and

moves us. As human being we are provoked to a compassionate intervention. That means: respect, listening, professional care and humble care.

We are in the area of human dignity. I am convinced that a culture of compassion is the most honourable attitude towards a human being in trouble, awaiting our help.

Ladies and gentlemen,

In my third step I tried to clarify how the concept of compassion, the core of healthcare spirituality, can be implemented within the setting of healthcare.

Of course, every perspective has to be elaborated by better experts than I am. I have just given an idea, an architecture of how to conceptualize spirituality in healthcare.

My answer is: Let compassion be the soul of our healthcare, for the benefit of our sick neighbours and the wellbeing of all people working is this extremely human work of caring for the other.

Thank you