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SPIRITUAL DEFICIENCY WITHIN HEALTH CARE EDUCATION

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Abstract

The purpose of this study was to investigate and challenge spiritual deficiency within health care educational leadership. The study included developing an understanding of the spiritual insights of ten Canadian educational leaders within health care. Muted discourses about spirituality, within educational leadership was one of the problems identified within the study The. The findings indicated that by more openly dialoguing about spirituality within health care education, leaders within the field can rediscover spirituality, associated with "heart wisdom," enabling them to view their roles through a fresh lens.

Keywords: *Spiritual, healthcare, heart, education, wisdom.*

1. Introduction

One of the gaps identified within health care educational leadership is that spirituality is absent in the Canadian competency framework (Sawa, 2014). Chuengsatiansup (2002) argues, "it seems that health professionals and policy makers not only have little understanding on spiritual life, but they are not familiar with the language of spirituality" (p. 4). Spiritual deficiency, related to muted discourses about spirituality, within Canadian Health Care Educational Leadership was one of the problems investigated within Doetzel's (2006) study. Muted discourses about spirituality, noted in the study, suggest that the term "spirituality" is not commonly referred to by educational leaders. These leaders may be concerned about being misunderstood by peers and students. However, as noted by Dossey (1993), "skirting the spiritual has had a shattering effect on every dimension of contemporary existence (p.10), including health care. A renaissance of interest in paths of the health care and spirituality exists, and this "resurgence of spiritual values crosses racial, political, cultural, and class lines" (Glazer, 1999, p. 3). Spirituality" could be viewed as an intercultural approach to education and health care (Vaill, 1998, p. 92).

Articulating and teaching aspects of spirituality within health care education introduces "secular sacred" discourses, thus a spiritual context applied does not endorse a particular religion, but could assist health care educators and students to monitor and adjust their thoughts. This thought adjustment could bring more hope about health situations while also assisting with cultural safety (Beck, 1986).

2. Objectives

Janis (2000) suggests Spiritual deficiency within health care education is "beyond mere outer appearances and the five senses and is an intuitive perception" (p. 10). Vaill (1998) further states that spirituality is "wholeheartedness and whole headedness." Janis (2000) and Vaill (1998) evidently acknowledge that nurturing one's spirituality challenges dualistic thinking and leads to a sense of wholeness, immanence and transcendence

Doetzel's (2006) study echoes some of Vaill's and Janis' findings. Within Doetzel's (2006) study, the operational definition of spirituality is outlined as "a latent inherent truth awakened by contemplation, rituals, peak life experiences and caring acts of kindness; when awakened, spirituality is a sensation of the sacred, a sentiment of hope, a feeling of enthusiasm and excitement, and a heart-felt sense of interconnection with others" (p. 17). Further, the term "heart" is outlined metaphorically in both analysis of literature and data base, as "a symbolism of the tacit and visceral nature of spirituality that makes it difficult to articulate in words or encompass in religious organizations" (p. 18).

3. Methods

As an approach to research that supports the working definition of spirituality, by awakening feelings of hope and excitement, Appreciative Inquiry, was applied to the research questions. Appreciative inquiry is a constructive approach to research that creates space for new voices and expands circles of dialogue to include discourses about spirituality. While sparking hope, this approach encourages leaders to establish systems that nurture educators and students within their classes (Doetzel, 2006). Ludema, Cooperrider and Barrett (2001) point out that organizations tend to move in whatever direction their research is focussed. "When groups study high human ideals and achievements, such as peak experiences ... these phenomena ... tend to flourish" (p. 192). Thus, they suggest asking participants positive questions to mobilize the inquiry into moments of enthusiasm. The positive core questions guiding this research about spirituality support an "Appreciative inquiry" approach to research. Appreciative inquiry focuses on asking positive questions to "ignite transformative dialogue and action within human systems" (p. 191) Data were analysed using a triangulated phenomenological, feminist and cooperative inquiry research design, (Doetzel, 2006). An application of a triangulated approach encourages the application of three different lenses when examining responses to a research question. Qualitative inquirers triangulate among different data sources to enhance the accuracy of a study. Applying "multiple lines of sight" (Berg, 2001, p. 4),

4. Discussion

Three participants indicated that signifying spirituality in healthcare meant acting morally and reflecting spirituality within their treatment of others. Habs insisted that he needed to be honest, open and sincere, to build trust in his students and peers; leadership is about helping others to reach for the stars. Similarly, Luv stated that demonstrating self-respect and respect for others with caring actions signifies spirituality in healthcare; and Newday argued that leaders must lead by example.

The findings support literature (e.g., L'Engle, 1997; Albright & Ashbrook, 2001) which suggest spirituality is signified more by actions than words. Palmer (1998) states that communicating spirituality is actively expressing kindness towards others, and Spink (1997) argues that expressing love with one's actions reflects spirituality in an ineffable way. As Vaill (1998) notes, non-verbal vocabularies are limitless sources of spiritual insight that can help cultivate spirituality within leadership practices.

5. Conclusion

Articulation of the findings could inspire educators to become more vocal about spirituality within health care. Additionally, by answering the research questions, study participants provided an original contribution to knowledge that encourages more open communication about the spiritual elements of leadership. This could be one more step towards assisting them to introduce discourses about spirituality into their leadership practices.

Study findings helped generate a better understanding of how spiritual deficiency in medical education can be further investigated and challenged. It demonstrated how elements of healthcare education is perceived by some educational leaders within the education related to health care systems and demonstrated ways educators can work towards being paradigm-shift pioneers within educational work by applying more heart-centred approaches to leadership and teaching practices within health care education (Doetzel, 2006). Outcomes of the research is an encouragement of more open dialogue about spirituality within educational systems and a contribution to the development of cultivation of spirituality within health care education models.

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