

## A review of the concept of spirituality and spiritual assessment tools in Chinese context

Andrew L Luk Eric C W Kwong\* Frances K Y Wong\*\* Elsa S W Tsang\*\*\*

**Abstract** The definition of holistic care was established in Hospital Authority in Hong Kong in 2001. It provided a clear picture of a whole person for the practice of nursing care, including the aspects of physical, psychological, social, and spiritual well-being. However, the concept of spirituality is complex and different people may have different perceptions of it. This paper aims to explore the concept and provides a better picture on spirituality. Furthermore, some tools for assessing the spiritual needs of the Chinese are also introduced.

**Key words** Chinese spirituality Chinese religions Chinese spiritual assessment tools

### 1. Background

There are different definitions about caring for the total person or the whole person in healthcare settings. The key component of a whole person including the body, mind, and spirit is always present in these definitions. A common definition of holism adopted by medical professionals in the western culture with predominantly a Christian background concerns the human body, mind, and spirit which are united as a whole to work for individual health (Thompson, 1984). It suggests that a healthy individual is functioning well in a balanced state of all parts of a whole person. Hence, as defined by some overseas nursing scholars, holistic care is the care concerning a clients' physical, psycho-social, and spiritual needs (Lukkarinen & Hentinen, 1997). The Hospital Authority, a public funded organization overseeing nearly all the medical services in Hong Kong, also defines holistic care as the care delivered to meet an integral, independent individual's health needs including physical, psycho-social and spiritual aspects (Hospital Authority, 2001). In some local hospitals, definition on wholistic care has also been developed based on their own hospital mission (Alice Ho Miu Ling Nethersole Hospital, 2001).

Recently, there is increasing evidence in the healthcare literature of the existence of a strong relationship between spirituality and personal well-being. For instance, a comprehensive review by Mueller, Plevak and Rummans. (2001) on a MEDLINE

search (1970-2000) found that most studies have shown that religious involvement and spirituality are associated with better health outcomes, including greater longevity, coping skills, and health-related quality of life; and less anxiety, depression, and suicide. Several studies have shown that addressing the spiritual needs of the patient may enhance recovery from illness. Likewise, many nursing studies also show that carers also benefit from providing spiritual care (Narayanasamy & Owens, 2001; Sherwood, 2000; Thomas, 1989). In addition, in Powell, Shahabi and Thoresen's study (2003), it was found that in healthy participants, there is a strong, consistent, prospective, and often graded reduction in the risk of mortality in those who attend church services. Their study indicated that religion or spirituality protects the participants against cardiovascular disease, largely mediated by the healthy lifestyle it encourages. The emerging evidence highlights the importance of spiritual care in healthcare settings and suggests that spiritual care to clients be enhanced so as to improve their quality of life. However, it is difficult to define the spiritual dimension of care or spirituality, since the concept is complex and different people might have different perceptions. Therefore, the aim in this paper is to explore the concept and provides a better understanding of the concept of spirituality. Furthermore, some tools for assessing the spiritual needs of the Chinese are also introduced.

### 2. Western concepts of spirituality

In healthcare settings, most definitions of spirituality or spiritual needs come from nursing of western origin, in which cases of caring for the sick

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Author address: Kiang Wu Nursing College of Macau

\* Hong Kong Baptist Theological Seminary

\*\* The Hong Kong Polytechnic University

\*\*\* Nethersole Institute of Continuing Holistic Health Education

and the needy were grounded in Christianity (Barum, 1995). Nursing authors have offered the following different definitions: a belief that relates a person to the world, giving meaning to existence (Soeken & Carson, 1987); a personal quest to find meaning and purpose in life (Burkhardt & Nagai-Jacobson, 1985); and a transcendental relationship or sense of connection with mystery, a higher being, God or Universe (Ellis, 1980; O'Brien, 1982). Spirituality within these definitions could refer to its broad sense as searching for meaning and purpose in life, and a narrow sense as a transcendental relationship with God. As summarized by Carson (1989), three approaches have emerged in the interpretation of spirituality: spiritual distress, spiritual needs and spiritual well-being. Each approach has its strengths and sheds light on a different facet of spirituality but each complements the other in providing a more comprehensive picture.

Carson (1989) suggested there was both a vertical and horizontal dimension to a person's spirituality. The vertical dimension deals with the person's transcendent (beyond and/or outside the self) relationship with a higher being or God. The horizontal dimension reflects the supreme value of one's God through one's life. There is a continuous interrelationship between and among the inner being of a person, and a person's vertical and horizontal dimensions with himself/herself, others, and the environment. A person's relationships are based on expressions of love, forgiveness, and trust, and result in meaning and purpose in life.

Although medical practices traditionally rest solidly upon a biomedical framework, spiritual dimension is always a concern of many physicians, especially those working with chronic and cancer patients who frequently raise the issues of pain and suffering, and the meaning of life and death. Recently, spiritual care has been added to the curriculum in most medical training institutions in the UK and the USA (Kehoe, Moore & Pearce, 1992; Levin, 2001). There are some common definitions used in the medical literature. Spirituality deals with the search for meaning and purpose in life. It is part of the psyche that strives for transcendental values, meaning, and experience (McKee & Chappel, 1992). Spirituality is "the quest for understanding life's ultimate questions

and the meaning and purpose of living, which often leads to the development of rituals and a shared religious community, but not necessarily" (Larson, Swyers & McCullough, 1997). Puchalski and Romer (2000) defined spirituality as "... that which allows a person to experience transcendent meaning in life. This is often expressed as a relationship with God, but it can also be about nature, art, music, family, or community - whatever beliefs and values give a person a sense of meaning and purpose in life." Anandarajah and Hight (2001) suggested that spirituality consists of cognitive, experiential and behavior components. The cognitive or philosophic component includes the search for meaning, purpose and truth in life and the beliefs and values by which an individual lives. The experiential and emotional components involve feelings of hope, love, connection, inner peace, comfort and support which are reflected in one's relationships with self, the community, the environment and nature, and the transcendent. The behavioral component involves the way a person acts according to one's spiritual beliefs.

Viewing the various definitions adopted by healthcare professionals including nurses and doctors, two themes are commonly reflected. First, spirituality is a natural part of all people, and involves a search for the meaning and purpose of life. Second, it involves a relation to other people and the ultimate reality/supernatural power/God. Since meaning and relationship are the common themes, a generic definition derived from these definitions can be "Spirituality involves the search for meaning and purpose in one's life, including one's relationship with others and the ultimate reality." The ultimate reality is referred to ultimate ends and values which to most people is their God or supernatural power.

### 3. Chinese concepts of spirituality

Since the majority of Macau and Hong Kong's population is Chinese, Chinese concepts of spirituality should be taken into consideration when discussing the spiritual needs of patients in a healthcare setting. In a literature search with the key words "spirituality" and "Chinese" on PsycINFO and CINAHL, there is a marked increase of studies. The numbers of articles

increase from 293 to 769 from the periods 1997-2001 and 2002 to 2007 respectively. However, most studies use the concept of spirituality in the western origin; the concept in a Chinese context is seldom explored or explicitly defined. One of the reasons may be the nature of man is always described as a wholistic individual in Chinese literatures and the spiritual dimension of life is not always explicitly defined as it is in the western literature.

On the other hand, some major elements of western spirituality such as the search for a meaningful life, living in a harmonious relationship with others and with nature are always present in Chinese philosophy and religions. In a study of Chinese philosophy, Thompson (1975) suggested that there is an unseen but completely real spiritual dimension in the Chinese world-view. There is a long catalogue of practices such as charms, exorcisms, communication through mediums, the burning of incense, prayers, and so forth used by the Chinese to protect against spiritual beings. The Chinese also see human beings as a product of the operation of yin and yang, which are not the special creations of God but of nature (Tao). When a man dies, yin, the material component of the soul, will return to Earth and yang, the spiritual component will ascend to the bright, the ethereal region of Heaven. On the contrary, Adler (2002) suggested that the core concept of spirituality in the Chinese religion is the "Unity of Heaven and humanity" (tian ren heyi) or the non-duality of the transcendent and the mundane (p. 19). In that sense, strictly speaking, there is no "supernatural" in Chinese religion (p. 113).

In the study of spirituality in Chinese religions, the religious heritage of Chinese society is formed by the interactions of three traditions, i.e., Confucianism, Taoism, and Buddhism. However, most Chinese in Hong Kong, except those who have clear religious beliefs and identities, practise a Chinese folk religion that is a mixture of the three traditions (Kwong, 2002). For Confucians, the fundamental concern is learning to be human or benevolent, which is the primal manifestation of man's spiritual nature or Higher Self. The Way of Heaven is embedded in the human way, i.e., what a person does here and now as a human being has implications for himself/herself, for the human

community, for nature, and for Heaven. In that sense, for a Confucian, the meaning and purpose of life is to strive for the creative transformation of oneself and the human condition as a communal act, as well as a dialogical response to Heaven (Tu, 1993). The full development of a man is described as "the Unity of Heaven and humanity". Unlike other religions, Taoism is not concerned with life after death; rather it pursues longevity and physical immortality (Liu, 1993). The primary concern of the Taoist as suggested by Kwok (2003) in one's spiritual life is to live a simple life which is free of desire and leads to a quiet and peaceful mind. It emphasizes the action of the "non-action" (wu wei).

Regarding Buddhism, there are different denominations with emphasis on different aspects of spiritual life. For Theravada Buddhists, who keep the atheistic belief of Buddha, meaning and purpose in life is not found in building a relationship with any supernatural power, but in striving for enlightenment, that is., understanding the reality of life. Once enlightened, Buddhists can be released from the misery that is caused by human ignorance about reality (Malalasekera, 1978). Hence, letting go of fixation is one of the important aspects of spiritual life. Later developments in Buddhism saw the addition of elements of salvation in Buddhist spirituality. Bodhisattvas, ideal figures of Mahayana Buddhism, who are committed to pursuing Buddhahood and attaining nirvana (full enlightenment), renounce the achievement of the goal. They follow the compassionate model of the Buddha in assisting others to achieve full enlightenment with them (Derrett, 1986). On the other hand, the Pure Land School, a popular Buddhist school in Hong Kong, emphasizes the compassion of the Buddha, especially the Amitabha Buddha (one of the celestial Buddhas), who presides over a paradise (Pure Land) far away to the West. Those who believe in him, who rely on his power and sincerely wish to be born in his paradise, will be saved and go to his pure land at death (Noriyoshi, 1999). For the Pure Land Buddhists, then, the meaning and purpose in life is to pursue immortality after life by relying on the supernatural power, the Amitabha Buddha, as well as by following the compassionate model of the Buddha in their daily life. Hence, one of the main concerns of the spiritual dimension of life is to do well to others.

Regarding Chinese folk religions, based on the in-depth study of Chinese folk religion in Taiwan and the southern part of China, Harrell (1979) suggested that believers in Chinese folk religion perceive that every normal living human being consists of a body and a soul (ling-hun)/spirit. But the body can exist temporarily without any ling-hun; for example, a newborn baby, a psychotic adult, or a shaman or medium in a trance. Spirit mediumship as observed, is a form of voluntary dissociation of body and "soul", the medium's "soul" leaves his body temporarily and is replaced by the spirit of a Shen or god. In a recent study of the local religion in Hong Kong and Macau, Lui (2003) showed that in the pantheon of Chinese folk religion, the Jade Emperor occupies the highest position, but this does not mean that he receives most veneration from people. Because different deities have different areas of expertise, people will pick from the pantheon a deity who can help them most in their particular area of difficulty. The relationship between the worshipper and the supernatural power, their favorite deity, is basically utilitarian and functional in nature, although it does not exclude the practice of thanksgiving and propitiation (Ching, 1993). For believers in Chinese folk religion, the meaning and purpose in life is to pursue health, happiness, long life, wealth, and rank, all of which are closely related to the concerns of ordinary life (Lang & Ragvald, 1993).

Viewing from Chinese philosophy and religion, spirituality is not an indigenous concept in the Chinese religious heritage and the concept is more difficult to define than in the West. Some elements of Chinese spirituality identified are benevolence or compassion, free of desire, peaceful mind, letting go, happiness, looking upon gods for fulfillment of wishes. These elements were also identified in a small scale study by Luk (2005) on the perception of "healthy spirit" responded by a group of Chinese healthcare workers in a hospital in Hong Kong. However, the concept of Chinese spirituality is still not well understood and more work should be done to explore the concept.

#### 4. Spiritual assessment tools

Since Christianity is the national religion in most western countries, providing spiritual care in healthcare

settings is widely accepted. Meeting the spiritual needs of clients has also become a recognized part of nursing in these countries. On the other hand, as discussed before, the spiritual dimension is not explicitly defined in Chinese culture, and some Chinese may even neglect this aspect of their needs. Generally speaking, it is not common for Chinese to express their emotional needs. It seems to be more difficult for them than it is for westerners to verbalize their spiritual needs. However, studies have shown that changes in health condition tend to arouse in people an awareness of spiritual needs (Anandarajah & Hight, 2001; Collitan, 1981; Hwaley & Irurita, 1998; Reed, 1987). Therefore, a spiritual need assessment tool is necessary for healthcare workers to cater to their client's spiritual needs.

As the spiritual dimension is one part of holistic care and affects other aspects of the whole person, health assessments in the hospital setting will be incomplete without a spiritual assessment. McSherry and Ross (2002) identified the following four types of spiritual assessment tools: direct questioning (e.g., Stoll, 1979), indicator-based tools (e.g., Carpenito, 1983), audit tools (e.g., Department of Health 2001) and value clarification tools (e.g., Ellison, 1983). As the value clarification tool is easy to administer, it is mostly adopted for use in clinical settings. Based on a review of 74 articles from 1967 to 1997 on spiritual care for the dying patient, Puchalski (1998) found 30 potential instruments, mostly values clarification tools, for spiritual assessment. Upon reviewing their reliability and validity, it was recommended that four scales be incorporated to form a composite scale, since each of the instruments addresses some aspect of the spiritual dimension. The four scales are:

- 1) Spiritual Well-being Scale (Paloutzian & Ellison, 1982)
- 2) Meaning in Life Scale (ML) (Warner & Williams, 1987)
- 3) Herth Hope Index (HHI) (Herth, 1992)
- 4) Death Transcendence Scale (VandeCreek & Nye, 1993)

Puchalski has highlighted the importance of the reliability, validity, and clinical use of the tool. On the other hand, one can see that, at present, no one tool can include all elements that could conceivably be

included in a spiritual assessment. In their study, Mahoney and Graci (1999) suggested that the meaning of the term "spirituality" is currently changing and that the elements of spirituality seem to include charity, community, compassion, forgiveness (and peace), hope, learning opportunities, meaning (purpose), and morality. Since the concept of spirituality is changing and varies according to one's cultural context, the assessment tool for the Chinese population should be based on a Chinese context.

In order to obtain a valid assessment of the spiritual needs of Chinese clients, several criteria should be met to justify the value of our assessment tool. These criteria include the scale's validity and reliability, the availability of norms, clinical utility, and cultural relevance. In a search of the literature on spiritual assessment tools for Chinese population, since the Chinese concept of spirituality is not well defined, research on this area is rare. Several tools that may be useful for our reference were identified. They are:

- 1) Purpose in Life Questionnaire (PIL) by Shek, 1988
- 2) Hopelessness Scale (HOPE) by Shek, 1993
- 3) World Health Organization Quality of Life (WHOQOL-100) by Fong, 1999: 4 out of 100 questions are relating to spirituality
- 4) Vengeance Scale (VS) by Shiu, 2003
- 5) Body-Mind-Spirit Well-Being Inventory (BMSWBI) by Ng et al. 2005, 13 out of 56 items are relating to spirituality

## 5. Conclusion

The ways of understanding spirituality is different between the West and the East. In the West, the concept is mainly developed from Christianity and common elements have been identified. In the East, man is understood from a wholistic perspective and spiritual dimension is seldom isolated for studying. Hence, more work should be done to explore the concept of spirituality in the Chinese context from a wholistic perspective. Regarding the spiritual assessment, most of the tools are translated from the West. Not until recently, greater attention has been giving to the spiritual needs of the Chinese patient and research conducted by Ng, Yau, Chan, Chan and Ho (2005) in the development

of an indigenous assessment tool for Chinese is a good start to arouse more attention in this neglected area.

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### Nurses' knowledge about surgical site infection in Macau

Lau Fong Lin Ao Ieong In Maria Madalena Lei

Chao Mei Kei Lam Wa Keng Lau Ying\*

**Abstract** Objectives: To investigate the knowledge of nurses on preventing surgical site infection (SSI) in Macau. Method: Quantitative descriptive research design was used with a questionnaire. A sample of 123 clinical nurses was invited to participate in the study. Results: Nurses showed a preliminary understanding about the knowledge of SSI. The rate of understanding about such knowledge was 68.8%. 87% of nurses felt lacks of guidelines to follow. 95.1% of nurses suggested to set up a standardized SSI Preventive Guide and only 22.8% of nurses had been trained about SSI. Conclusion: In-service training about SSI and standardization of SSI guideline among nurses were suggested.

**Key words** Nurses Surgical site infection

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### 靈性概念回顧及其華人適用的評估量表

陸 亮 鄺振華\* 黃金月\*\* 曾秀華\*\*\*

**摘要** 「全人照護」旨在提供個人於身、心、社、靈四方面整體的護理關懷。但是靈性的概念複雜，不同的人有著不同的觀感。本文旨在探究靈性的概念及對其提供更適切的了解。此外，也將介紹華人適用的評估量表。

**關鍵詞** 中國式靈性 中國宗教 中國的靈性評估量表