

PERCEPTIONS OF SPIRITUAL HEALTH HELD BY THE AFRICAN SEVENTH-DAY-ADVENTIST NURSING STUDENTS

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Abstract

In Africa health is often associated with spirituality. In this study the concept of spiritual health is discussed and the main interest is to find whether the general concept of health includes spiritual health as a sub-area. At the same time the research aims to test the semi-structured questionnaire as a research tool for the spiritual health research in Africa.

This study was conducted with a short semi-structured questionnaire. The questionnaire includes totally 20 questions. Two of these are open-ended qualitative questions, while the remaining 18 are semi-structured or structured.

Totally 93 (N1=93) Kenyan nursing students were asked to participate in this study, and 91 (N2=91) of them returned a completed survey form, keeping the response rate at 97.8 %. The students were enrolled in two different nursing schools: 43.9 % of them studied at the Kendu Adventist School of Nursing while the rest 58.2 % studied nursing at the University of the East Africa, Baraton.

Large amount of respondents (65.9 %) believed very strongly that there exists another dimension to health apart from the physical, psychological and social, called spiritual dimension. Physical dimension was ranked to be the most important by 33 students, while psychological dimension was the most important for only 13 students. According to 34.1 % of the respondents a spiritually healthy person falls ill less frequently, while almost 60 % (n=53) did not agree with the claim. Still most of the students (82.4 %) thought that a spiritually healthy person copes better with illness, recovers faster (67.0 %) and deals better with stress (94.5 %). More than 75 % of students think that a spiritually healthy person faces or deals better with death. Most of the students (94.5 %) think that patients have spiritual needs and the same amount of students think that health professionals should have some formal training in dealing with spiritual health in medical practice.

Keywords according to Mesh: Spirituality, Health, Medicine, African Traditional, Spiritual health

Perceptions of Spiritual Health held by the African Seventh-Day-Adventist Nursing Students

Introduction and Literature Review

African Traditional medicine and Spirituality

Although the African continent with its many rich cultural environments cannot be understood as one entity, it can be argued that it, as a whole, is still a meeting place for many painful diseases common for many of its countries. This creates a shadow over the entire continent. The continent's major health problems are still HIV / AIDS, Tuberculosis and Malaria, even though many improvements are seen. A problem is exacerbated by the poor level of

health care, poverty, and particularly by women's and children's weak position (Ojukutu-Macauley, 2003). Questions of health and illness in Africa are characterized by the questions of perceptions of the origin of illness. For many centuries traditional African ethnic religions provided answer to these kinds of questions. Even though at this time it is hard to find an entire ethnic group who follows, for example, traditional ethnic beliefs of health and healing, it is not hard to find those individuals who continue to do so (Ashcraft-Eason & Eason, 2003). The re-formation of the religious map (Harjula, 2004) has not removed the popular belief to the African fact that spiritual factors may

be found behind the illness and healing. It can be argued that the ethnic religions, mixed with newly-introduced religions, are still maintaining the African worldview as a 'holistic worldview'. Holistic worldview is associated with the inseparable elements of physical, mental and social realities. African spirituality is visible in every arena of life. Family life, politics, religious life, and health care - all of these - have their own spiritual dimension. (See Magesa, 2007.)

According to many authors (Chepkwony, 2006; Kangethe, 1999; Stinton, 2006), the African health (care) system cannot be examined without a notion that it also has a spiritual dimension. Understanding of the origin of the illness, and suitable treatments, may vary but commonly it can be seen that all of that has at least a loose connection to spirituality. In the African context spirituality is strongly associated with a comprehensive understanding of healing. According to Some 1999, the African perception of healing is based on the understanding of human vulnerability. Improvement of health towards "un-vulnerability" progresses through rituals, which are, in fact, the visible form of manipulation of energies, which contribute to the therapeutic process. Different senses such as touch of human being, chords and melodies of music are present in the rituals. They have a symbolic meaning of a presence of the world beyond. In the African context improvement of health is explained as a reflection of that spiritual world, and therefore understanding of cure requires improved awareness and opening for the invisible (Some 1999). In Africa, the concept of health is associated with balance, purity, strength or force (Janzen 1994) to demonstrate that health and spirituality have an organic link. Healing is a phenomenon in which the medical assistance, the social relationships and rituals, whether they are religious or medical, stimulate sense of coherence and balance (Blakely & Blakely, 1994; Janzen, 1994).

Modern African Christianity has preserved part of the traditional ethnic understanding of health and healing, even though the connection between spirituality and health is seen with various ways in different Christian communities. In the Seventh-day Adventist church spirituality

has central meaning in the understanding of health. The Seventh Day Adventist Church is known as a community emphasizing the healthy life style for both communities and individuals and it has retained that identity also in Africa (Karvinen, 2011).

Recently, also the Western health scientists have become more interested in the meaning of spirituality in the health care (Puchalski, 2008). As a result of studies and development work scientists have created particular spiritual history tools to show how patients' spiritual needs should be taken into account in the health care practice (Anandarajah & Hight, 2001). Some experts of African spirituality have interpreted the Western interest in spirituality as a "hunger of spirituality" (Some, 1999).

Previous studies of spirituality and health

This research project has started from our interest in spiritual health as a part of holistic understanding of health. We as researchers have been interested, in particular, in whether the general concept of health (See Larson, 1999) includes spiritual health as a sub-area of health, and how spirituality can be understood in that context.

Three major studies were conducted prior to this study in order to test the concepts and methods before beginning this one. However, this study also can be seen as a part of this series of studies, testing the methodologies and concepts of spiritual health that still lack clarity. The first study was completed as a pilot study at the University of Kuopio in Finland. This study included 129 medical students who responded to the semi-structured survey. According to the results reported by the participants, spiritual health is distinguishable and is a separate area of health alongside of the physical, mental and social health. Respondents related religion as an integral part of spirituality. Furthermore, the primary prevention of chronic disease understood by the students, however, was the physical and mental health support. According to the respondents, spiritual support is especially needed when patients face a serious illness or death. This pilot study provides the evidence that

Finnish medical students possessed, contrary to researchers' pre-assumptions, a very holistic health view, where also spirituality has its own place. Students' responses showed that their conceptions of a spiritually healthy person is a comprehensive understanding of a prosperous person, who has recognized her own place in the world and who has peace with her inner life, with social environment and with the world. These unpublished results are still under deeper analysis (Vaskilampi, Karvinen & Kauhanen, 2012).

The second study took place as a doctoral research by ethnographic methods in Kendu Bay Village in Kenya. The results of this study describe the conceptions of spiritual health held by the staff and patients of the Kendu Adventist hospital and the inhabitants of the Kendu village. According to the reported model, the life of the research community can be seen as a part of symbolic space where visible and invisible realities are strongly present and form a cosmic community. In this invisible community spirits of the deceased, demons and God are real. In the model the conception of spiritual health was divided into three categories. The first category contains the factors that explain spiritual health, the second category contains the factors that support spiritual health and finally the third category contains the factors that threaten spiritual health. In this research community supernatural beliefs explain illness, health and healing. Furthermore, the conception of nutrition, a person's relationship to the surrounding culture and a person's ability to practice existential contemplation proved to be factors that explain spiritual health. According to the results, both health care providers and community can support spiritual health by spiritual nursing and by teaching of moral principles. In addition, spirituality was also supported by traditional African medicine. The study shows that misdiagnosis of mental health problems and the community's minimal protection against factors that may harm it can also be seen as factors that threaten spiritual health (Karvinen, 2009).

In the third study, which is also related to the research area of health sciences, the aim was to determine spiritual health conceptions of

the religious university nursing science students in Kenya. The research data was collected with the methods of observing, interviewing and photographing. Also the essays written by the students on the topic "what is spiritual health?" were a significant part of the research data. In this study the research data was analyzed with the method of inductive content analysis and the results describe the conceptions of spiritual health by the nursing science students. The conceptions consist of the conviction which supports spiritual health, well-being which is supported by professionalism and social-communal wellbeing as a part of spiritual health. The research shows that spirituality is an inseparable part of African conception of health (Karvinen, Vaskilampi & Kauhanen, 2012).

After these interesting findings of three studies researchers decided to continue exploring the connotation of spiritual health in an African environment in Kenya. Nevertheless, this study can only be seen as a methodological trial and as an attempt to find deeper understanding for the rich concepts of spiritual health, that has not been studied in depth in the field of health sciences. Researchers are well aware of the limitations of this research and these limitations are discussed later.

Research questions and the aim of this research

The main research question in this study is whether the Kenyan Nursing students distinguish spirituality as a separate sub-area of health, and to determine their understanding of spirituality in the context of medical practice. The study aims to extend deeper understanding and scientific knowledge of the conceptions of spiritual health. At the same time this research aims to test the semi-structured questionnaire as a research tool for the spiritual health in the African context.

Materials and Methods

The Questionnaire

This study was conducted with a semi-structured questionnaire presented in the English language. The questionnaire was

originally created by an unknown scientist. The questionnaire consists of three parts. The first part of the tool includes questions of the participants' background; including the question of participants' belief in God. The second part contains questions of participants' understanding of the concepts of spiritual health and, finally, the third part offers the open forum for additional comments. The questionnaire is short, containing only three pages, totaling 20 questions. Two of these are open-ended qualitative questions, while the remaining 18 are semi-structured or structured. It takes approximately 15-20 minutes to fill the questionnaire.

Analysis

Since the amount of respondents is not large (n=91), only the frequencies (FQ) and percentages (%) are examined in this study. No deeper statistical analysis is needed or neither possible to conduct. All statistical data was saved to SPSS program and qualitative data was stored by saving it with Microsoft Word-format. Qualitative data was analyzed by an inductive content analysis which is widely used in the nursing research (Elo & Kyngäs, 2008) and by quantifying the results. Later on the analyzed

data was divided into sub- and main categories

Results

Demographic backgrounds

Totally 93 (N1=93) Kenyan nursing students were asked to participate in this study, and 91 (N2=91) of them returned a completed survey form (Table 1). This was a response rate of 97.8 %.The students were enrolled in two different nursing schools: 40 students (43.9 %) studied at the Kendu Adventist School of Nursing, the nursing school based in rural area in Kendu Bay, Western Kenya. This Seventh-Day Adventist institution offers diploma level nursing training.The rest of the participants, 53 students (58.2 %) studied nursing at the University of the Eastern Africa, Baraton. University of the Eastern Africa, Baraton, offers nursing education at BA level (Bachelor of Science of Nursing). This private Seventh-Day Adventist Church educational institution is located in Nandi, Rift Valley Province, about 50 kilometers from Eldoret town. In this study the students from both of the two colleges are referred to as a single research entity.

Table 1
Participants in this study and their affiliation and gender.

Enrolment	Affiliation	Number of students	Gender
2nd year	University of eastern Africa Baraton	11	Males, n=2 Female, n= 9
3rd year	University of eastern Africa Baraton	12	Males, n=3 Female, n=9
4th year	University of eastern Africa baraton	30	Males, n=13 Females, n=17
3rd year	Kendu Adventist School of Nursing	20	Males, n=4 Females, n=16
4th year	Kendu Adventist School of Nursing	18	Males=9 Females=9
TOTAL NUMBER OF PARTICIPANTS		N=91	Males, n=31 Females, n= 60

Half of the nursing students (53 %) were in their fourth year and the rest were completing the second year (12 %) or third year (47 %). The average students were from 22 to 25 years old (mean=23.8 years). Female students dominated (65 %) among the participants. Roughly, eighty (79)of the participants reported that they had some other education after high school. All of the students (100 %) had experience with health care either through their receiving of medical services or through training in health care settings. Almost all of the respondents (97.8 %) said that they believe in God, while only one did not (1.1 %) and one answer was missing (1.1 %)

Spiritual dimension of health

Roughly 66 percent (65.9 %) of respondents believed very strongly that another dimension exists to health apart from the physical, psychological and social – namely, the spiritual dimension. Nearly one fifth (18.7 %) agreed strongly with this belief, and 5.5 % moderately with the claim. Only 8 respondents (8.8 %) were

not that sure whether there is that kind of dimension.

The students were also asked to rank in descending order the dimensions of health in terms of their significance in maintaining health. Physical dimension was ranked to be the most important by 33 students, while psychological dimension was the most important for 13 students. Social dimension was seen the most important by 17 students and spiritual dimension by 34 students.

More than two of three (75.8 %) of the respondents thought that a non-religious person can be spiritual while 71.1 % of the respondents agreed with a claim that a religious person needs to be spiritual. One person did not answer this question. More than half of the respondents (55.8 %) thought that a spiritual person must not be religious. Still, only 13.5 % of the respondents agreed that there is no relationship between religiousness and spirituality. Still, 83.1 % thinks that religiousness can lead to spirituality, while 13.5 % did not agree with this claim (See Table 2).

Table 2
Students' opinions of religiosity and spirituality.

Claim:

Do you believe that...	Yes, valid percent	No, valid percent	Can not say, valid percent
... A non-religious person can be spiritual	75.8 %	17.6 %	6.6 %
... All religious persons need to be spiritual	71.1 %	24.4 %	4.4 %
... A spiritual person must be religious	43.0 %	55.8 %	1.2 %
... There is no relationship between religiousness and spirituality	13.5 %	77.5 %	9.0 %
...Religiousness can lead to spirituality	83.1 %	13.5 %	3.4 %

According to 34.1 % of the respondents a spiritually healthy person falls ill less frequently while almost 60 % (n=53) did not agree with the claim. Still most of the students (82.4 %) thought that a spiritually healthy person copes better with

illness, recovers faster (67.0 %) and deals better with stress (94.5 %). More than 75 % (n=69) of the students think that spiritually healthy persons face or deal better with death too. (Table 3)

Table 3
Students' opinions of spiritually healthy person.

Claim:

Do you feel that a spiritually healthy person...

	Yes, valid percent	No, valid percent	Can not say, valid percent
... Falls ill less frequently?	34.1 %	58.2 %	7.7 %
... Copes better with illness?	82.4 %	14.3 %	3.3 %
... Recovers faster from illness?	67.0 %	27.5 %	5.5 %
... Deals better with stress?	94.5 %	4.4 %	1.1 %
...can face / deal with death better?	75.8 %	18.7 %	5.5 %

Patients' spiritual needs

Most of the students (94.5 %) think that patients have spiritual needs. More than 86 % of them said that they cater to the patient's spiritual needs in their clinical practice. Majority (92.3 %) of the students agree that spiritual health is extremely or very important in medical care. Only 7.7 % think that spiritual health is only moderately or of little importance (Figure 1)

Spiritual health and training

The majority (94.5 %) of the students believes that health professionals should have some formal training or exposure in dealing with spiritual health in medical practice. Almost all of the students think (98.9 %) that health professionals' own spiritual health or growth helps to provide better patient care.

Religious activity and faith as a component of Spiritual Health

The students were asked what the main elements or components of spiritual health are. The question could be answered by the own words of the participants. Picture two summarizes the students perceptions indicating that, the most important elements of spiritual health are belief, faith or trust in the Supreme Being or God. Positive feelings such as love, joy and peace were also linked to spiritual health. Among the answers one could recognize numerous beliefs indicating that a vivid religious life is part of spiritual health too. Especially the elements of prayer, Bible reading and church activities were mentioned as relevant elements in spiritual health.

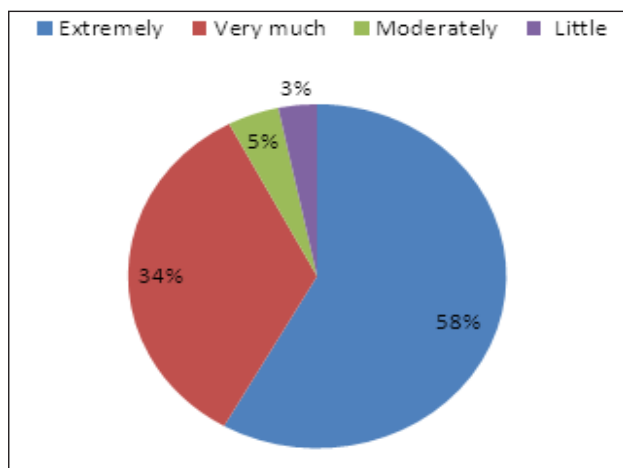


Figure 1
Importance of spiritual health in medical care by percentages.



Figure 2

The most important components of spiritual health according to the Kenyan nursing students

Ethical Considerations and Limitations of this study

Prior to gathering the data, research permission was obtained from the Kendu Adventist hospital (KAH) and the Research Ethics Committee (REC) of the University of Eastern Africa Baraton (UEAB). Before the data gathering all the participants were provided a written consent form with information of the study. All the participants were asked to sign and return the consent form. In addition, a simple oral introduction of the study was given by the data collector. All the data was collected by one of the main investigators.

This study is limited by a relatively small sample size, by used research methodology and by the diverse cultural background of the participants. All participants, however, are in both organizations representing the second, third and fourth year nursing students and they are, in fact, having at least one practicum in the same (Kendu Adventist) hospital. In this study researchers are referring to the participants as one entity, but however, the reader should be critical of such a generalization. There is no such thing as “average Africans”, rather Africa is composed of a variety of cultural environments. These research results cannot be generalized to all Seventh-Day Adventist nursing students in Africa or anywhere else and it was not even the purpose of this study. Rather this study is a pilot test for the used research tool in the African context with aim to test whether it is suitable for this kind of cultural context.

The earlier Finnish study showed that this questionnaire may not be suitable for getting the best understanding of spiritual health in the Western society. However, the researcher wanted to test the questionnaire in the African context because the methodological tradition in the field of spiritual health research is still lacking. The survey was carried out in the same organization which previously belonged to the ethnographic study in the same focus area. Research literature supports the idea that ethnographic research is the step for further investigation in the areas where there is only limited, or none, previous research. Ethnographic research can, as other qualitative methods, formulate hypothesis for further quantitative research. (Aira & Seppä, 2010.)

Discussions and Conclusion

According to Perrin (2007, 305), “there appears to be good reason to believe that a causal relationship exists between spirituality and good health” and a growing body of literature supports the idea that spirituality should be recognized as a part of good medical and nursing practice (Anandarajah & Hight, 2001). Phenomena in this area of health care practice may not be easy to measure (Perrin 2007) but not impossible either as Koenig (2011) shows.

The results of this study show that nursing students in two nurse-training institutions believe either very strongly or strongly that there exists another dimension to health apart from the physical, psychological, or social dimension, called spiritual dimension. The Spiritual dimension of health is believed to be most important in terms of significance in maintaining health almost by 40 % of the students. Also, more recent studies support the crucial part of religion and spirituality in the medical services. The study by Qidwai et al. (2009) shows that 9 out of 10 patients have had an experience of healing as a response to their prayers.

Differentiation between religion and spirituality is not easy and one can ask if that is really the task of health sciences either. Furthermore, the explicit meaning of spiritual health may be hard to determine, but this study

shows that it is possible. In this study nursing students in these two institutions were able to make some differentiation between different concepts of health and they also noticed the importance of spirituality in the medical and nursing practice. That shows that further study to determine a wider and possible global understanding of spiritual health would be important.

This study was conducted after the pilot study with the same research tool in Finland. According to the first study (Vaskilampi, Karvinen & Kauhanen, 2012) it seems to be evident that a quantitative research tool is not the best way to gather data on spiritual health. Rather more vivid data can be collected by the method of interview, group interview and visual ethnography (Karvinen, Vaskilampi & Kauhanen, 2012; Karvinen, 2009). The validity of this research tool in testing other cultural environments can be determined at a later date.

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