# The African context towards a practical and ethical framework integrating spiritual aspects in the health consultation

#### **BACKGROUND**

#### PhD focus

Exploring the practical aspects of implementing existing theoretical frameworks on spirituality in health care; in a multi-cultural and multi-religious African context.

- Patients express a need for spiritual care.
- Competence & confidence to provide this often lacks
- Even though worldview impacts the acceptability of spiritual health care – two themes cut across cultural variability:
  - a life worthwhile
  - peace

#### **METHODS**

This PhD research consists of 3 cycles of interviews with participants grouped into categories:

- Health practitioners with scholarship and vast experience in the field of spirituality & health care (spiritual health experts);
- health practitioners with interest and experience in spirituality and health care (health practitioners);
- users of health care services (patients).

Data presented is the analysis of the first group – 3 spiritual health experts actively involved with offering a holistic health approach in their practice:

- Medical doctor with international experience and research/publications
- Bio-kineticist with a post-grad qualification in spiritual health counselling, managing a facility/actively involved in "pathology counselling"
- Psychologist enrolled for a PhD on spirituality in health and in practice treating patients from a bio-psycho-socio-spiritual approach

#### **PROCEDURE**

A draft framework with practical guidance items for potential inclusion in the framework was extracted from literature.

This draft framework was used to explore and articulate, with participants; components for integrating spiritual aspects in the health consultation.

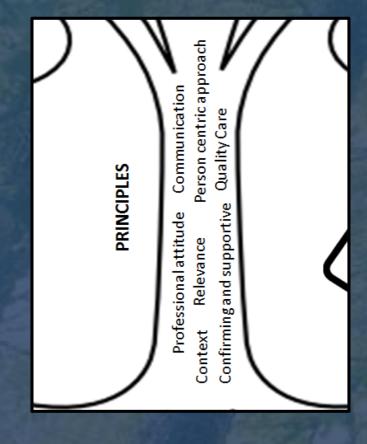
These interviews were analysed and integrated with existing literature to create a patient booklet as a Spiritual Health Consultation Tree for the second research cycle.

#### **FINDINGS**

The following themes were incorporated in a patient booklet, *Spiritual Health Consultation Tree*, to summarise the qualitative inquiry:

- Principles to frame and guide practice
- Quality requirements and standards
- Recommendations on how to implement the principles
- Catalysts on the realisation of the principles
- Impediments on the realisation of the principles
- Connections to other frameworks
- Practical examples

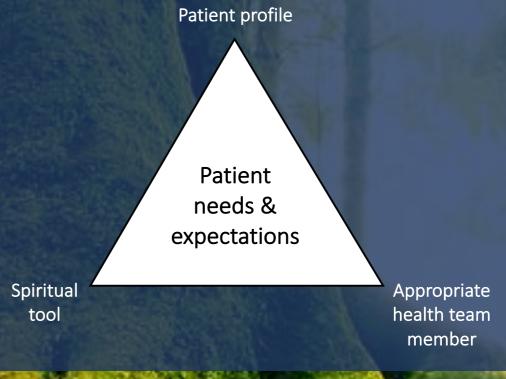
Recommended principles to frame and guide practice included:



# DISCUSSION

## What is important?

- Quality care in a consultation & treatment context will address the social, emotional and spiritual needs and context of the patient (bio-psycho-socio-spiritual approach)
- A person centric approach that enables both patient and practitioner to feel comfortable about their spirituality and its relevance to the health consultation should take culture, context and community into consideration
- Self-awareness from the health professional is vital on why one is having the conversation: to assist the patient and not make a diagnosis as early possible
- Knowledge and confidence on the how and when to address spirituality
- All patients get a spiritual history or screening and the timing of this is fit for the situation; where possible patients have given informed consent to this before the consultation as part of patient registration and information; general consent
- The health professional is able to calibrate the response to meet the patient's needs and allows the patient to direct the terms of the value of spirituality in the consultation and treatment process
- An interdisciplinary approach with various skills and competencies work together to meet the needs of the patient



### TAKE HOME MESSAGE

With chronic diseases on the rise world-wide and lifestyle change a key-component to address this; spirituality as a resource to a patient should not only be explored when there is severe patient distress or illness, but as part of a holistic preventative approach to health care. This should be addressed in a health team context, where each member is comfortable with their own spirituality, competent in integrating context specific spiritual care and know and when to refer and to which health team member.

