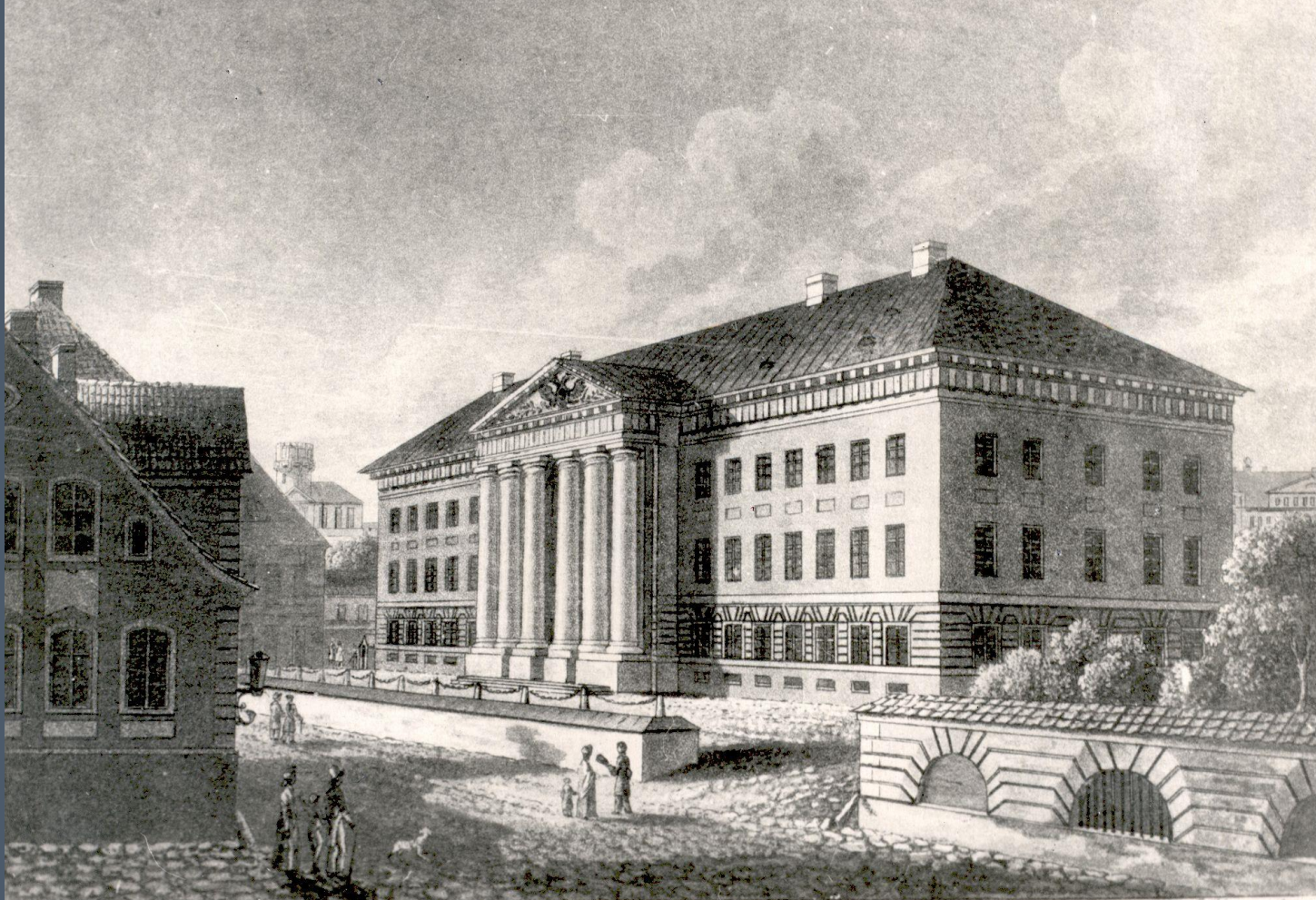




'Healthcare specialists opinions about and experiences with spirituality, pastoral care and medical pluralism'

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ABSTRACT

In 2015-2016, doctoral students from the University of Tartu Religious Studies department Liidia Meel, Indrek Linnuste and Marko Uibu completed a survey entitled 'Healthcare specialists' opinions about and experiences with spirituality, pastoral care and medical pluralism'.

The aim of the survey was to map the opinion of the healthcare specialists working in Estonian hospitals on health related topics such as spirituality, pastoral care and alternative therapies.

The current study targeted healthcare specialists. The data was analyzed anonymously and can not be linked to specific people or institutions.

BACKGROUND

Studies carried out in Estonia have attempted to map the views of Estonians on topics such as spirituality, pastoral care and alternative therapies. According to the Statistics Estonia, religious diversity (90 groups) is dominant in Estonia, and 29% belong to a religious tradition (stat.ee). Studies by Saar Poll and the Council of the Estonian Churches show that 60% of respondents (including non-religious ones) believe in the existence of the soul, and 66% believe that a higher power is leading all events; regarding problems, people are mostly concerned with the wellbeing of close ones, then their own economic situation and state of health, followed by the question about the meaning of life and feelings of guilt. (*Elust, usust ja usuelust 2010*)

Estonia is a challenging research area. Some renowned scholars regard Estonia as a religious "test laboratory" for the European Union, where only 2% of the population attends the church weekly, but 50% of the people believe in some kind of soul or vitality (Heelas, P 2013).

Linking issues of religion and spirituality to health is also increasingly attracting the attention of researchers (Figure 2). However, conservative institutions such as hospitals may not be ready for changes that are rising strongly in society. Although throughout history, health and welfare systems have been tightly tied to religion.

Paul Heelas, „Eesti kui katselabor – ideaalne näide vaimuse ja religiooni suundumuste uurimiseks” — *Mitut usku Eesti III: Uue vaimuse eri*. Toim. Marko Uibu (Tartu: Tartu Ülikooli Kirjastus, 2013), 167–187.

OBJECTIVES

Research questions:

1. To what extent have healthcare professionals who are working in hospitals gotten in contact with alternative therapies that deal with the health issue?
2. To what extent do healthcare professionals working in hospitals agree on allegations of various health and alternative doctrines that have emerged in the media and in researches?
3. Have spiritual-existential topics surfaced for healthcare professionals while talking to patients?
4. How many healthcare professionals working in hospitals have come up with approaches and concepts about different spiritual and alternative teachings?
5. How important is a trained spiritual specialist considered in the hospital?
6. How important is co-operation with a trained spiritual specialist / pastoral caregiver considered?

METHODS

Sample

Healthcare specialists who work in Estonian hospitals: Physicians, residents, medical assistants, nurses, midwives, midwives assistants, nurses, carers, psychologists, social workers (12530, TAI database 2014). 195 of the respondents were female and 24 male.

Method

The method is quantitative with additional qualitative questions. Data is collected using an online survey: multiple-choice questions, with comment option. Answers are statistically analyzed (Excel, SPSS). Additional comments undergo a qualitative analysis (Nvivo).

Hospitals which participated (19):

Põhja-Eesti Regionaalhaigla, Tartu Ülikooli Kliinikum, Tallinna Lastehaigla, Ida-Tallinna Keskhaigla, Lääne-Tallinna Keskhaigla, Ida-Virumaa keskhaigla, Pärnu Haigla, Järvamaa Haigla, Kuressaare Haigla, Läänemaa Haigla, Rakvere Haigla, Lõuna-Eesti Haigla, Narva Haigla, Viljandi Haigla, Valga Haigla, Hiiumaa Haigla, Põlva Haigla, Rapla Haigla, Jõgeva Haigla.

The data was collected: 2015-2016

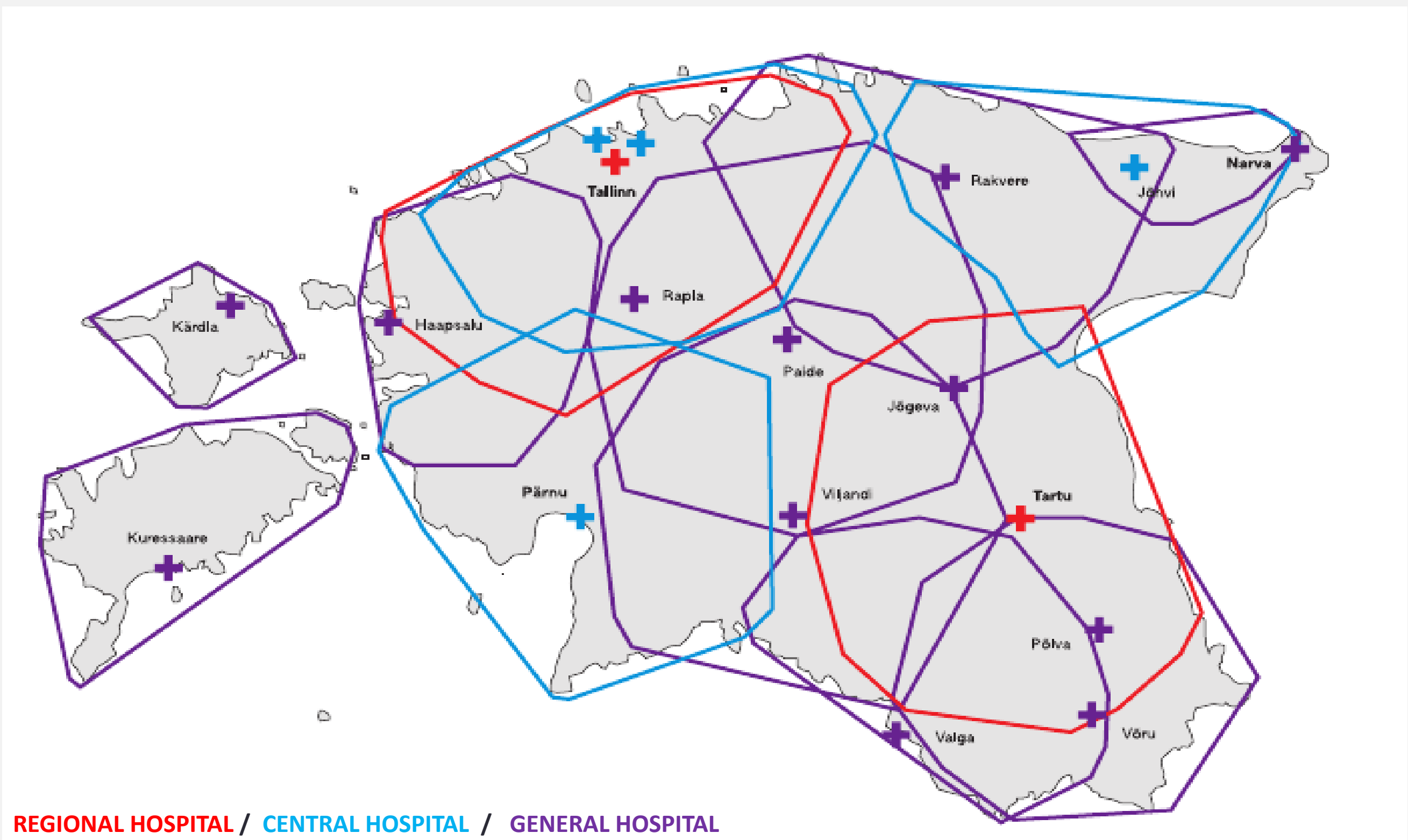


Figure 1. Estonian hospital Network (Pärnu Haigla teatmik 2014)

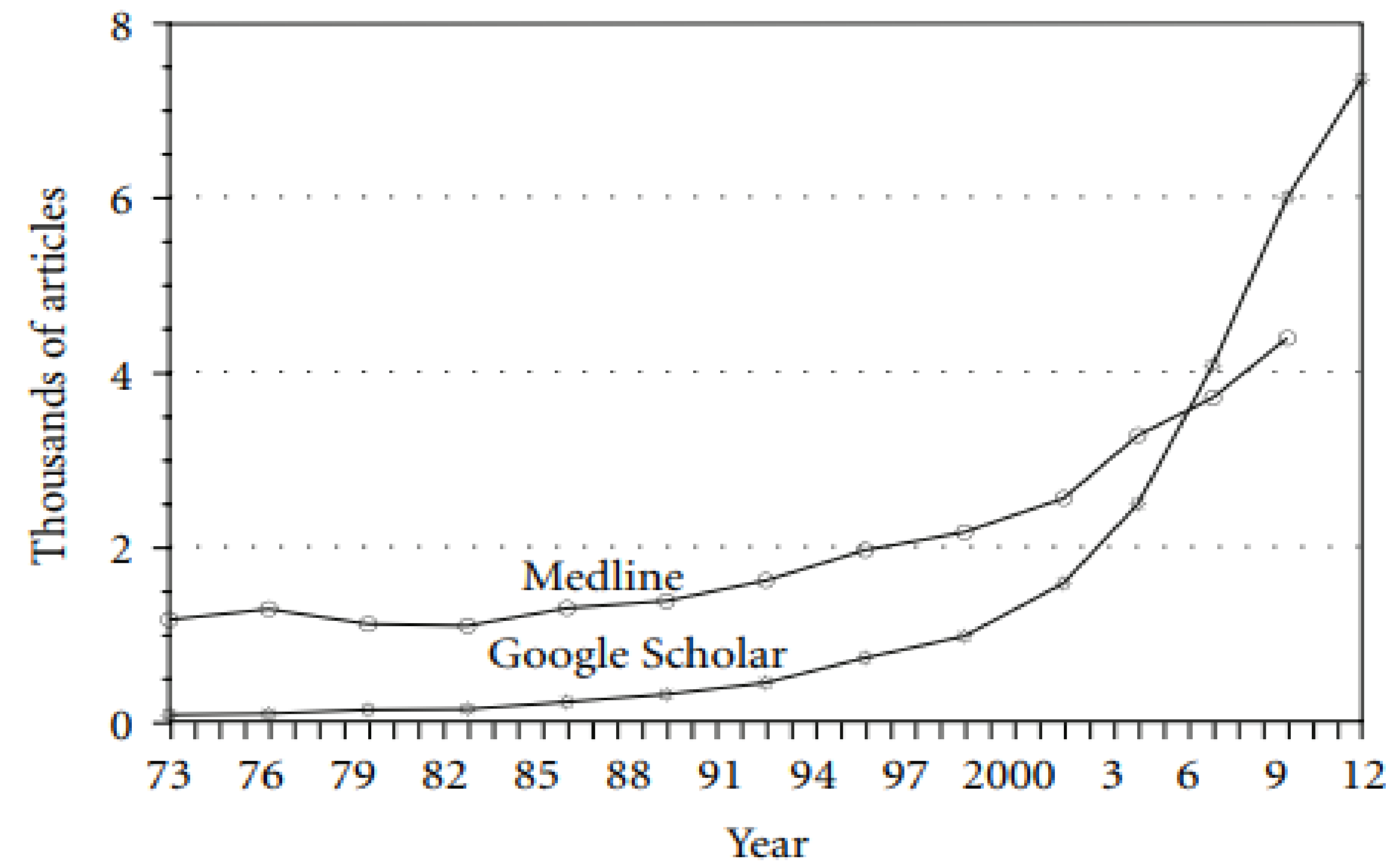


Figure 2. Religion spirituality and health articles published per 3-year period (noncumulative)

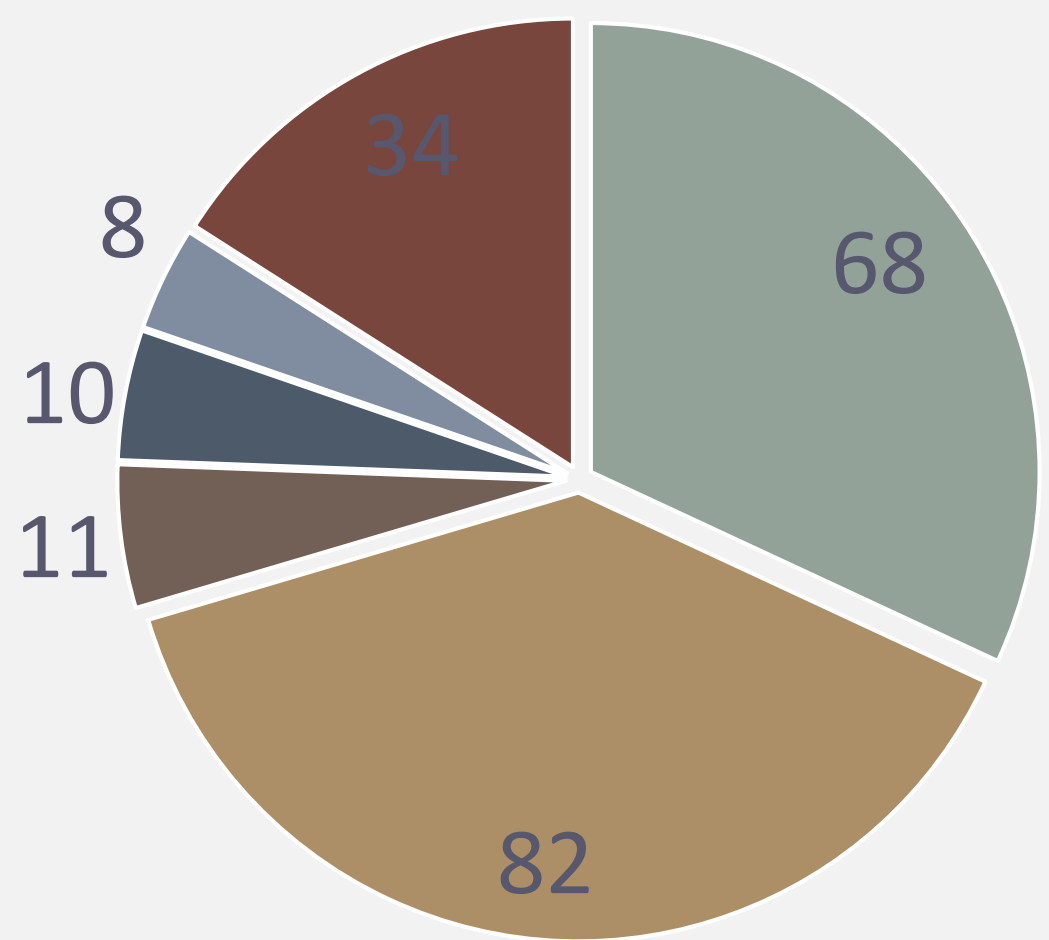
Search terms: religion, religious, religiosity, religiousness, and spirituality

Harold G. Koenig. Review Article: Religion, Spirituality, and Health: The Research and Clinical Implications. International Scholarly Research Network ISRN Psychiatry Volume 2012, 1-33

RESULTS

Partial results of the survey:

- 72.8% of respondents expressed interest in additional training.
- To the question, **Do you use the assistance of a pastoral caregiver**, 33.7% of respondents answered negatively, explaining that they do not have a pastoral caregiver in their institution. It is interesting to add that to the question, **Does your institution include a pastoral caregiver?** 22.1% or 48 of the 219 respondents answered DO NOT KNOW.
- To the question - **A physicians / nurse / caregiver dealing with severe or chronic illness should be aware of the patient's / client's religious-spiritual beliefs**. 86.8% of respondents answered agree/ rather agree.
- To the question - **Have you come into contact with a patient / client about the meaning of life, the meaningfulness of suffering, the existence of God / higher power / soul, or any other spiritual-existential issue?** The answers are almost divided into half: 75 respondents (34.2%) said yes, I have when the patient has asked or been interested in that and no, by 83 (37.9%).
- To the question - **What kind of contact do you personally have with spiritual-alternative teachings about health:** 130 60.2% answered that, in my community or among acquaintances there are people for whom such teachings are important and 69 31.9%, I have heard of such teachings but I have not been interested in or have not been involved with it in my work. 53 24.5%, I have been engaged in spiritual and alternative teaching.
- However, majority of the respondents were aware of the concepts / approaches such as **health promotion** (59.3%); **holistic medicine** (45.8%); **quality of life** (66.1%); **spirituality** (45.8%); **pastoral care** (59.2%) but wanted more information.



Physician Nurse Caretaker Social worker Psychologist Other

Figure 3. Occupations of the healthcare specialists involved in the study

CONCLUSIONS

- The results of the survey confirmed that the Estonian healthcare system has an interest and need for both continuing education / training of specialists as well as general information on religious, spiritual issues in healthcare.
- From many responses of this pilot study it can be concluded, that the Estonian healthcare system has definitely space to include and develop to offer spiritual support. Unfortunately, this kind of services does not have a place in the price list for The Estonian Health Insurance Fund (EHIF) paid services.
- The results show also a good ground for interdisciplinary team-work between the pastoral caregivers and other healthcare specialists