



Peer-reviewed paper

# Vocation, vocation, vocation: spirituality for professionals in mental health services

**Madeleine Parkes**

*Research Assistant, Spirituality Research Programme, Birmingham and Solihull Mental Health NHS Foundation Trust, UK*

**Katja Milner**

*Spirituality Healthcare Worker, Nottinghamshire Healthcare NHS Trust, UK*

**Peter Gilbert**

*Professor of Social Work and Spirituality, Staffordshire University; Visiting Professor, Birmingham and Solihull Foundation NHS Trust and the University of Worcester; Chair, National Development Team for inclusion (NDTi), UK*

## **Abstract**

People go into employment for a range of reasons. One of those is usually to find a sense of meaning, as humans are meaning-seeking animals.

In the public sector there is even more likelihood of some kind of 'calling'. This may not be a religious call, or even an overtly spiritual one, but there will usually be some sense in which the role and the individual reach out to one another.

In a time of recession and strain on public finances and services, leaders need to work in a way that appeals to the spirit, the vocation in each person and the team.

## **Key words**

Vocation; spirituality; workplace; mental health; burnout; Janki Foundation; values; health care.

## **Being a whole person at work**

People work for many reasons, from economic survival to a range of personal, familial and group satisfactions. It is too easy to see work as purely a stressor, and to ignore the benefits of social interaction and solidarity. It was striking to see a BBC television news item in the autumn of 2009 on the closure of a car factory in the West Midlands, UK (15 October 2009). The group of five men spoke very movingly about their

involvement with each other as a works team over many years. They spoke about it as being part of a family, even a marriage, and these were working men in the industrial heartland of the UK. If organisations can harness this spirit then that benefits all parties, but if good will is exploited and betrayed then a spiritual investment in the organisation can lead to disillusionment.

10.5042/ijlps.2010.0513

There are increasing trends towards work being viewed as a vocation, holding meaning for the person as well as a source of creative expression and personal actualisation. In a survey on workplace spirituality published in the *Sloan Management Review*, the question was asked 'what gives people meaning in their work?' Perhaps not entirely unexpectedly, 'making money' came fourth after 'interesting work' (third place), working for a good or ethical organisation (second) and in first place, 'the ability to realise my full potential as a person' (Mitroff & Denton, 1999).

Alford and Naughton (2001: 8) focus on a human desire for a wholeness or integrity, 'which has both a personal and communal, or organisational component'. As they state, *integrity* comes from the Latin for whole, complete. So, their major questions within the text are as follows.

- Personal integrity: 'What kind of person should I as a manager or employee strive to become?'
- Organisational integrity: 'What kind of organisational community should I as a manager or employee, strive to build and maintain?'

Four key components of effective workplace spirituality have been identified in recent literature, all of which emphasise the importance of addressing our 'human desire for wholeness'. The components include:

- (1) self-workplace integration (a holistic approach to workplace and self)
- (2) meaning in work (a holistic approach to the meaning of work and self)
- (3) transcendence of self (rising above self to become part of an interconnected whole)
- (4) growth/development of one's inner self at work (Sheep, 2004).

This emphasis on a sense of holistic approach to the working professional has been discussed as a 'spiritual' approach. Survey after management survey affirms that a majority want to find meaning in their work (Garcia-Zamor, 2003) and spirituality is often viewed as the meaning-making dimension of our lives, that gives our lives purpose and connection. Hence workplace spirituality can be viewed as 'the incorporation of one's own spiritual ideals and

values in the work setting' (Kolodinsky *et al*, 2008: 466). Spirituality can be expressed through a religious faith although, particularly in the case of the workplace, spirituality often means something much broader than religion (Garcia-Zamor, 2003: 358).

The Oxford English Dictionary defines our 'spirit' as our 'animating or life-giving force'; and for services to fail to address what makes us tick, what keeps us going, our coping mechanisms and our values, is simply not humane – nor is it cost-effective. Increasing evidence suggests a positive association between a person's spirituality and their job satisfaction (Kolodinsky *et al*, 2008: 475). Further, spiritual values in the organisation's culture have a positive impact on an individual's motivation, productivity and retention (Kolodinsky *et al*, 2008: 476). Providing a sense of community that prevents typical solitary behaviours that can impact motivation and loneliness, as well as empowering staff to exemplify values and bring the spiritual self to work, have been cited as reasons why there is such a positive link.

Many commentators have described the struggles in mental health policy and practice to combine rigorous scientific approaches with the idiosyncrasies of attending to an individual's innate humanity (Jones, 1972; Porter, 2002; Gilbert, 2010; see also the debates set out in the novel *Human Traces* – Faulks, 2006). Psychiatrists Patrick Bracken and Philip Thomas have argued that the benefits of the Enlightenment and its shaping of the environment through science and technology, which can lead to reductionism, needs to be tempered by practice based on hermeneutics – 'approaches to human behaviour and social organisation that prioritise questions of meaning' (see Bracken & Thomas, 2005: 14). In 2008, one of the authors (PG) was leading a Spirituality in the Workplace retreat at the Benedictine Abbey of Worth. One of those present, a city lawyer, was clear that when issues of health were concerned if, as he put it 'I have a nasty, I want someone to zap it!', there was a moment's pause, and then another participant, a medical consultant, said quietly 'Of course if you have a 'nasty' you would like us doctors to zap it, but, unless I treat you as a whole patient I cannot be a whole doctor'. These words had a profound effect on those there in the

group and have given pause for thought each time the story has been recounted.

Henry Ford asked, 'Why is it that I always get the whole person when all I really want is a pair of hands?' (Pollard, 1996: 25). As a commentator noted, 'whether or not organizations want the whole person, whole persons report for work' (Sheep, 2006: 358). Evidence is growing to support the notion that spirituality in the workplace creates a productive organisational culture. Employees feel fulfilled in their vocation, gain motivation and meaning from their work, and as a result perform better, feel a sense of community with their colleagues and develop an inner resilience to demanding and stressful periods (Garcia-Zamor, 2003: 362). In a popular sense these issues are featured in George Clooney's recent film, *Up in the Air* (Reitman, 2009).

In their recent book, *Spirituality and Psychiatry*, Cook and colleagues (2009: XVIII) state that:

*'Doctor and patient are in complementary roles – both need the other. Indeed at heart we are far more alike than we are different, and as we meet on the path of life, there is one medicine constantly at our disposal that even comes free. This is the power of love, lending hope, giving comfort and helping bring peace to the troubled mind.'*

This is a radical statement, and yet perhaps it should not be so. Doctors have operated on these principles right back to ancient times, and Sebastian Faulks in his novel on the birth of psychiatry *Human Traces* (Faulks, 2006) describes just such motivations in the early years; but for a Royal College to have stated them so clearly puts down a marker. In 2005, Professor John Swinton (see Swinton, 2001) and Peter Gilbert were delivering a workshop on Spirituality to the annual conference of the Royal College of Psychiatrists. At the end of the initial presentations, one of the doctors remarked sadly: 'When I went into medicine that is how I wished to practise, but that instinct was all drummed out of me at medical school'. So often, the attitude has been very much 'us and them'. For professionals there has been 'the other' – people experiencing mental distress. This can work the other way, with service users feeling that a professional cannot

ever understand their situation, whereas this may not be so. Certainly some of the old institutions were often a constant battleground between professionals who wanted to walk on common ground with those they served, and those who insisted on separation.

### **Leading as if faith mattered**

In Tom Peters and Robert Waterman's seminal work *In Search of Excellence*, they start their book with the story of arriving at a hotel late one evening without a reservation to see if they could get a room at the last minute:

*'We braced for the usual chilly shoulder accorded to latecomers. To our astonishment the Concierge looked up, smiled, called us by name, and asked how we were. She remembered our names! We knew in a flash why, in the space of a brief year, the Four Seasons had become the "place to stay" in the District and was a rare first-year holder of the venerated four star rating... For us, one of the main clues to corporate excellence has come to be just such incidents of unusual effort on the part of apparently ordinary employees.'* (Peters & Waterman, 1982/1995: XVII)

It is both essential that leadership is seen as a practice at all levels in the organisation, not just a management prerogative or burden. The integrity of those who provide the ethical direction that leadership entails, must be seen as being authentic. Goffee and Jones ask the pertinent question: 'Why should anyone be led by you?' (Goffee & Jones, 2006). Paul Corrigan (1999) quotes Shakespeare's *Macbeth*, as the antithesis of integrity when he muses: 'To know my deed 'twere best not know myself' (*Macbeth*, Act II, Scene II). Corrigan, in his fascinating work on Shakespeare and leadership, refers to Peters and Waterman and their argument that leaders 'Have to work very hard to provide a meaning for their staff' (Corrigan, 1999: 10). Kouzes and Posner (2007: 346) state that:

*'All exemplary leaders have wrestled with their souls. Such personal searching is essential in the development of leaders. You must resolve those dissonant internal chords.'*

Former CEO of Hewlett-Packard, Carly Fiorina says that once a year she takes the time to

*'Deeply examine my own behaviour and motivation... Each year, alone and in private, I ask myself whether I am at peace with the choices I've made. Is my soul still my own?'* (Fiorina, 2007: 84, emphasis added). Legendary Chief Executive of General Electric Company, Jack Welch, responded to a question at a business school forum:

*"How can you be a good Catholic and a businessman at the same time?"*

*'I answered emphatically, I am. The simple answer is: by maintaining integrity. Establishing and never wavering from its support in everything I did through good and bad times. People may not have agreed with me on every issue – and I may not have been right all the time – but they always knew they were getting it straight and honest.'* (Welch, 2001: 381)

A number of modern organisations have sought to build on this ethos and this is well captured in Bibeman and Whitty's *Work and Spirit* (Bibeman & Whitty, 2000).

## **Spirituality and the mental health professional**

One of the forefathers of modern psychology, William James, had a keen interest in the religious dimension of life. He noted the conscious self as being comprised of three parts: material, social and spiritual (James, 1968). This holistic approach to the person is constantly held as the ideal in health care, and increasingly so in mental health care. The concept of 'recovery' for people overcoming mental illness has changed as more patients have become involved in research and policy-making. Previously the concept of recovery was focused on a person's stability as defined by clinical staff (Turner, 2002). New concepts of recovery have now emerged from patients (Repper & Perkins, 2003), which stress the importance of psychological and spiritual well-being such as self-esteem, identity, meaning and purpose in life and self-love. These dimensions of holistic care are increasingly being called for attention by patients, however if staff do not have their own sense of spirituality can they fully appreciate the spiritual needs and feelings of service users (Gilbert, 2011, forthcoming)? The importance of staff reflecting on their own sense of spirituality, and indeed their own life experiences, may

help them provide better care as they are more able to empathise with the patient. Interestingly, Dr Ian McPherson, the Director of the Government's National Mental Health Development Unit (NMH DU) was recently interviewed for *Society Guardian* (O'Hara, 2009) and disclosed his own experience of mental ill health and his profound disappointment that he was not encouraged to use this experience in a facilitative manner when he became a professional. As he puts it:

*'I had thought early on, probably slightly naively, that having had that experience (of depression), it would actually be something I could bring with me as well as my training. I quickly got the message – subtly and less subtly – that even in what is a fairly liberal profession there was an implicit distinction between people who are patients and people who are professionals.'*

While McPherson's own illness '*gives no unique insights*' into mental health conditions in general, he insists, what it has done is '*allow me to understand what it feels like*' to be seen as separate or '*that person over there with a mental illness*' (O'Hara, 2009).

Personal motivation for choosing a particular field or expertise is a major factor for staff to feel fulfilled at work. However, when this gets lost, the 'spiritual' dimension of work ethos is diminished, lowering the morale and resilience of the staff member, and, in turn, affecting the care that he or she is able to provide for the distressed patient. This was echoed in a recent survey carried out at Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) among clinical staff, which was a pilot study that helped to inform training in spiritual care, and was part of a larger research programme into the role of spirituality in recovery from mental illness.

Multiple facets of involving spirituality in care were addressed through a series of questions, including asking for the person's understanding of the word 'spirituality' and their view about its role in a person's life. The questions also addressed issues such as knowing how to address the spiritual needs of service users in their care and, finally, the professional's own sense of spirituality. The question 'Does your personal view of

spirituality influence your daily working life?' was asked with a two-fold intention. First, it could address some of the boundary issues that arose in previous questions, and second, it was an opportunity for staff to make a connection between their own sense of spirituality and how they conduct themselves professionally.

Qualitative responses demonstrated that features of working life that were influenced include patient care, supporting colleagues and, quite simply, how they communicated with others. In over 200 responses gathered, 59.8% agreed that their personal sense of spirituality influenced their daily working life, and the importance of staff reflecting on their own sense of spirituality has been noted by some respondents: *'perhaps I need to learn more about myself to be able to answer this, and my spirituality will help when I look more into myself'* (support worker).

A very common response in both the interviews and qualitative opinion gathered from the survey made the link between a personal sense of spirituality that informed values and attitudes to the professional performance.

In a response that was echoed across other professionals, a CPN (community psychiatric nurse) noted that her spirituality influenced her daily working life *'in the sense that I have a philosophy which informs my approach to all things'*.

Previous studies have indicated that the attitude to the value of spirituality changes across healthcare professions, with certain professions such as occupational therapy and nursing incorporating a spiritual dimension to health care as an important factor in the holistic framework of care and recovery that they work from. This was echoed in the survey, as some respondents could not separate their own sense of spirituality from their chosen profession: *'I am a nurse. It is my job to support my patient in their mental illness and support their recovery. Spirituality is a part of my job'*. Similarly, responses by occupational therapists recognise spirituality as standard in their remit: *'as an occupational therapist working in an acute inpatient unit, spirituality is at the forefront of my assessments [...] it is the core 'essence' of a person's whole being'*.

Many respondents commented of their spirituality as the source of the values they operated on – values such as honesty, self-discipline and being non-judgemental. These values were not underestimated by staff. Indeed, many made a direct and explicit link

between their level of productivity, working relationships and service user satisfaction. In particular, staff associated their sense of spirituality with their performance. The top three comments made included the person's ability to reflect on their day and, as a result, seek improvements; the ability to generate a positive outlook at times of challenge and the ability to cope at times of stress. A counsellor noted *'at its best it sustains me through personal difficulties and opens me up to compassion for self and others'*.

McGee (2006) suggests that it is nurses' own resiliency skills, perhaps a part of their sense of 'spirituality', that sustain them through challenging and difficult working climates. The survey results indicated that spirituality has a direct relationship to staff well-being and ability to cope with organisational change and daily trials. A recovery support worker noted that:

*'My personal spirituality has played a great influence in my day to day living life experience. It enables me to show respect and be at peace with myself and all those who I come in contact with.'*

Similar comments surround themes such as spirituality providing a 'sense of balance' throughout the day, a feeling of 'peace' and also for some 'a sense of destiny about being in the caring profession'. For a nurse in the Trust, her sense of spirituality equipped her with values and a way of being that was essential to care – before any medical skills – *'honesty, self-discipline, trustworthiness, peace and politeness address most issues on daily care easily'*. A social work manager commented: *'I feel more able to cope with the stresses of the day if I have addressed the need for food for my soul'*. Similarly an accommodation officer working to help rehabilitate forensic service users commented on how his sense of spirituality touched various aspects of his working life:

*'My spiritual life influences my relationship with my colleagues as well as service users. It helps me to cope with the stress and pressure of the job and keep my head above water.'*

The notion of spirituality as a personal and subjective dimension of life was noted by all



of the respondents. An occupational therapist working in an inpatient unit noted that *'because spirituality is so very personal, and is the essence of that person, it is what makes us so individual and enriches our cultures, values and norms'*. In linking spirituality to a sense of identity and uniqueness, a community support worker observed *'It is who I am'*. As a result of the Birmingham survey, there has been a drive to deliver training for staff in spiritual care, not only for the benefit of their patients but also with an aim to address their own sense of spirituality, which, as evidenced above, is increasingly being considered important. However, there is also a strong hesitancy to address – or even discuss – spirituality because of its traditional status as a 'taboo' subject (Foskett, 1996), or simply because the training on spiritual care for clinical staff simply hasn't materialised. This was echoed in over 75% of the qualitative statements gathered in the survey, with staff describing the dichotomy between knowing the importance of spirituality – for both service users and themselves – but being unable to harness its potential.

### **Bringing spiritual values into health care – The Janki Foundation**

The emphasis in contemporary organisational thinking on business models and focusing primarily on rational levels for managing change, problem-solving and policy implementation often means that the emotional, spiritual and 'humane' aspects of organisational culture and development are barely recognised. According to Zohar (1997) this leads to a separated and reductionist model of managing and leading organisations and can lack the flexibility of a more integrated organisation (see Gilbert, 2005). This, in turn, can be a significant factor in staff stress because when the constraints and demands of the organisation conflict with and take priority over those values that staff may hold then this can result in a sense of alienation, frustration and disillusionment. For example, someone may value listening to people but may not have the time to listen in the way they would like to because of the demands of their job. There is evidence to suggest that over recent years there has been a decline in morale in healthcare professionals and a feeling of not

being valued where once a sense of vocation flourished (Brown, 2003; British Medical Association (BMA), 2001; Rogers, 2010). An editorial entitled *'Why are doctors so unhappy?'* suggests that predominant factors include feeling overworked, being under-supported, diminished control and increased change and accountability (Smith, 2001).

Another significant aspect that may contribute towards staff burnout is the reluctance of staff to get help when unwell, which could be linked to the perception common with doctors in particular that illness is seen as a weakness and as letting their colleagues down (Brown, 2008). Again, it is the beliefs and values of the organisational culture as well as culture as a whole that are key in influencing its members in their own beliefs, values and behaviours and which suggests why people will often sacrifice their own intuition and well-being for the apparent sake of the bigger picture. Unfortunately what seems like an act of selflessness or obedience, if it is detrimental to one's own well-being and sense of integrity, will often only create problems, such as sickness, which in turn would be likely to lead to a less, not more, efficient organisation. It is a strange phenomenon that we have been brought up with – in our contemporary western culture – the belief that becoming more self-aware is somehow selfish, irrelevant to the productivity and goals of the greater good and the efficiency of our institutional 'machines', which focus increasingly on outcomes rather than human beings and their experiences (Goffee & Jones, 2006; Alban-Metcalfe & Alimo-Metcalfe, 2009; Gilbert & Thompson, 2010).

*'Compassion and imagination are too often forced to give way to targets and performance measures. So doctors and nurses are losing the confidence they once had that they made a difference to their patients. Some are even leaving the profession.'* (Professor David Peters, in Sladden, 2006: 134)

### **Values in health care**

The interesting twist is that for a truly efficient and functional organisation all aspects, all polarities, and all components need consideration and in-depth understanding and integration with one another. In an attempt to

readdress this balance, to recall the 'spirit' of an organisation, a spiritual model of modern health care has been proposed by a charity called the Janki Foundation for Global Health Care. This organisation recognised that what was required was a cultural change in attitudes in the NHS, the medical profession and other health and social care professions.

Early in 2000, the Janki Foundation invited a group of healthcare professionals from various backgrounds in health care, medical education and training to explore the issues facing healthcare professions. They considered that the issues were essentially a spiritual problem and that healthcare professionals needed to find meaning and purpose in their work, to reconnect with their personal values and to create a positive vision of their future. In order to try to integrate the spiritual dimension of 'whole-person' medicine (Cox *et al*, 2007; Coyte *et al*, 2007) into current healthcare provision they developed a flexible modular educational programme of personal and team development, which they called Values in Healthcare.

Values can be described as our core beliefs or the principles by which we live or aspire to live. Knowing and living our values can help us to understand the purpose in our lives and act as guiding principles for individuals as well as leaders and organisations so that they know what they stand for and how to govern their affairs (BMA, 1995; Pendleton & King, 2002). However, they can easily be taken for granted because we do not tend to spend much time reflecting on them personally or within the organisational cultures that we operate in. In addition, healthcare training tends to be geared towards acquiring knowledge and learning practical skills rather than learning to reflect on and look after ourselves personally. The Values in Healthcare programme aims to help healthcare workers identify their values and develop ways of reflecting them in their professional and personal lives. It does so using three key principles. First, the fundamental belief that healthcare practitioners cannot aim to heal others before nurturing and healing themselves, coined by the phrase '*physician heal thyself*'. It seems obvious and yet it is strikingly omitted from training and policy emphasis that paying attention to our own

self-development and well-being is essential to be able to provide proper care, sensitivity and understanding towards others. Instead of just focusing on improving clinical skills, it was felt that the benefit of an educational programme that supported the development of healthy practitioners with a raised morale and renewed sense of purpose was immeasurable.

The second principle, which is also seldom acknowledged in mainstream healthcare training, is the importance of experiential learning, of the value of turning our attention inwards and exploring through direct experience. This is done by allowing time for silence, reflection, meditation and sharing, in a supportive environment rather than traditional didactic instruction, to encourage the discovery of personal values and insights.

*'Healthcare professionals are somehow expected to be calm, compassionate and caring, but very little is done to enhance and strengthen those natural qualities through experiential learning in their training. Paradoxically, these natural qualities may be trained out of us! Caring, as well as competence, are the two pillars of good medical practice and should be equally emphasised in any education programme.'* (The Janki Foundation for Global Healthcare, 2004: 6)

Third, the learning experience with an emphasis on action planning, evaluation and a commitment to ongoing learning should be relevant both to participants' work and lives. It seems self-evident that healthy practitioners will provide enhanced quality of care for patients. But organisations too can benefit from a clear values-base and by encouraging a culture of care. Such an environment can also help protect patients from practitioners at all levels acting out their own (often unconscious) needs in the healthcare setting (eg. the desire for power and control), which can be more healthily addressed within an atmosphere of good staff support.

In order to emphasise and explore the essential connection between people's humanity and their experience of living and working, the Values in Healthcare programme introduces participants to seven 'spiritual tools' for learning. These help participants to engage with their inner exploration and to apply

their insights to a wide range of situations and problems. The spiritual tools are as follows.

- (1) Meditation, in which silence and structured commentary is used so that participants can experience turning inwards and reconnecting with themselves.
- (2) Visualisation, which involves utilising one's imagination to create images that can help build self-esteem and positive attitudes.
- (3) Reflection, which is a deeper consideration and detached examination of personal feelings, meaning and personal reactions to understand oneself better than the traditional 'reflective practice' which is commonly used within healthcare settings to evaluate concerns and improve clinical practice.
- (4) Listening, which involves a deep attentive open-hearted and non-judgemental form of listening.
- (5) Appreciation, which focuses on valuing what works best, drawing on existing skills and shared values and encourages co-operation within teams.
- (6) Creativity, which encourages the discovery of new solutions and ability to problem solve.
- (7) Play, which encourages spontaneity, letting go of barriers and a sense of 'lightness' and fun, which is a helpful aspect of the learning process.

Since its launch in 2004, the Values in Healthcare training has been well-received in the UK and has been adopted by healthcare professionals in many countries. More than 300 facilitators have been trained worldwide including in India, Italy, Germany, South Africa, Brazil, China and North America. Recent evaluations in New York showed that it had great success, with staff and managers rating the course as calming, thought-provoking, challenging, stimulating and engaging (The Janki Foundation for Global Healthcare, 2009a). One participant, a neurologist on a course in India, said *'The main benefit to me was that it gave me a chance to reflect. I enjoyed knowing other people's opinions and how we all want almost the same things in life!'*

A nursing officer on the same course said *'It helped me to know myself and others. I was able to find my own values and principles. It was a great session for me to learn and relax'* (The Janki Foundation for Global Healthcare, 2009b).

The vision of the Janki Foundation is *'that the Values in Healthcare: a spiritual approach will be used widely at both undergraduate and postgraduate levels for all healthcare workers in countries throughout the world'* (The Janki Foundation for Global Healthcare, 2004). This is a vision that seems to be steadily growing towards fruition. According to one of its core founder members, Dr Craig Brown, *'The training pack started with a seed of an idea and is now a vibrant young plant... New branches are developing. We have a vision of a beautiful strong mature tree but we do not know what it will look like – yet'* (Brown, 2008).

### **Spirituality in healthcare training**

At the recent Making Space for Spirituality in Healthcare seminar in London, held in January 2009, panellist speakers Dr Sarah Eagger, consultant psychiatrist, Rev Gillian Munro, Head of Department of Spiritual Care, NHS Tayside and Ian Govier, Development Manager for Nursing Leadership at the National Leadership and Innovation Agency for Healthcare agreed that despite a growing consensus in Britain that there is a need to take patients' spiritual well-being into account, typically this subject is met with resistance or lip-service and little progress has been made on the ground. Some of the reasons for this that were explored included that few healthcare workers understand what spirituality means or how one might work with it.

These are some of the issues that numerous NHS spiritual, pastoral and chaplaincy services are trying to address by offering training to all levels of healthcare practitioners. At Nottinghamshire Healthcare NHS Trust, the Spiritual and Pastoral Care Department has recently begun offering a day's training for healthcare staff entitled 'Spirituality and Religion in Healthcare.' The sessions so far have been over-subscribed and received very positive feedback, but it has been interesting to note some of the preconceptions that participants had at the beginning of the session. Many were surprised at the level of exploration and the breadth of the definition of spirituality. Instead of being told in a prescriptive way about



the various religions and how they might respond to each one, staff were encouraged to look at what religion and spirituality actually mean on a more abstract level, what they give to people and why they are important to consider in their everyday work. One participant commented that the session had 'demystified' the concept of spirituality, which struck the author as a key to encouraging staff to become more open-minded and to develop their understanding of what it really means to work with someone in a holistic way, whatever their own personal faith or belief system.

Julian Raffay, Chaplain Team Leader at Sheffield Health and Social Care NHS Foundation Trust, used a systems approach to train staff after a Healthcare Commission audit of inpatient services identified that spirituality was an area that needed attention. He says that: *'Our task in training the workforce in spiritual care is relational rather than propositional. It has to do with giving staff the confidence in articulating spiritual matters appropriately in the workforce. All too often, in my experience, when they seek to do this, they find that often older service users are far more mature and think far more deeply about life than they do'.* He goes on to say that: *'On the positive side, I have been greatly encouraged by the desire, albeit often tempered by anxiety by the staff, to engage in spiritual healthcare'* (Raffay, 2010).

Such anxiety is understandable in light of the way that religion and spirituality are often portrayed in the media and from the perspective of the more traditional medical model that the modern healthcare system has been built upon (Braken & Thomas, 2005). In an apparently increasingly secularised society and a scientific rational evidence-based healthcare system in which staff often feel pressurised to have to take into account a myriad of ever-evolving healthcare policies and concepts, spirituality and religion could seem like just another 'in-vogue' idea, which has little bearing on their hectic everyday work. This may especially be the case if the staff member has little understanding or openness to other people's faiths and is coming from a viewpoint that religion and spirituality are irrational or *'simply a form of escapism'* as one attendee at a seminar commented.

These kinds of staff attitudes get picked up easily by service users and have an impact on their experience in care. A service user from the Somerset Spirituality project, which assessed the

value of the provision of spiritual and religious care within the mental health services in Somerset, said:

*'I have had a bad experience with psychiatrists. They will tell me it's all in the mind... it's anxiety or depression, and they don't understand what is going on in me... many of them have very secular ways of thinking. They are not spiritually oriented and many of them have a very twisted view of what the church is.'* (Mental Health Foundation, 2002)

In an attempt to address some of these issues through effective staff training, Julian Raffay comments that:

*'...we quickly realised that we had to demonstrate that an emphasis on holistic spiritual healthcare would make their job easier rather than harder. ...it seems reasonable to suggest that, by treating service users' concerns seriously, ward staff might expect improved relationships, improved user satisfaction scores, a reduction in the number of violent incidents, a reduction in stress, sickness and burnout.'* (Raffay, 2010)

This, in addition to helping staff feel more comfortable with the concept of spirituality and faith, could prove a very effective way of dissolving some of the judgements, preconceptions and boundaries in the relationship between staff and spirituality in the workplace. It would also make sense to introduce the values in healthcare approach into staff training so that healthcare professionals can appreciate the importance of looking at their own beliefs, well-being and value systems to help them provide genuinely 'humane' and holistic care for the people they work with. As these service users commented, this deepened sense of understanding oneself would help staff feel more equipped and comfortable around understanding others:

*'I think they need to believe in their particular profession and they need to believe in themselves... perhaps it's scary to admit that there may be vast areas and infinite degrees of beingness beyond what they feel reasonably comfortable with.'* (Service user, Mental Health Foundation, 2002)

*'I think there needs to be a continuous option to go into some form of psychotherapy themselves (mental health professions), some form of support and to learn about their own internal world in order to understand other people.'* (Service user, Mental Health Foundation, 2002, emphasis added)

It is this latter point about learning about the importance of reflecting upon our own internal world that we now emphasise in staff training at Nottinghamshire NHS Healthcare Trust. In the last session of the day, a section entitled 'The YOU in Spiritual care' brings in aspects from the Values in Healthcare training programme. During this section, staff are asked to reflect on the theme of 'valuing yourself' and do an exercise that helps them to think about whether they feel valued and whether they properly value themselves. A short meditation is used as an example of the importance of experiential learning and as a demonstration of how simple practices like this can prove highly effective tools in the well-being and relaxation for both staff and service users.

## Conclusion

The growing importance and value of paying attention to spirituality in the workplace has been demonstrated in numerous studies as the field has developed. Many industry leaders and managers are recognising this value and seeking to address its inclusion in their organisation (Alford & Naughton, 2001; Dorr, 2006). Staff in health care are increasingly recognising the power of spirituality to help them cope with stress and provide better person-centred care for patients, which has been echoed in the survey results presented above and in the increase for experiential values-based courses such as *Values in Healthcare: A spiritual approach* provided by the global charity for healthcare spirituality The Janki Foundation. This increase in interest has permitted healthcare professionals to address burnout and low morale, and rediscover a motivation, purpose and passion for the healthcare they are responsible for providing. This holistic approach to the vocation of caring sees improvements in service effectiveness, staff efficiency, resilience and, ultimately, the standard of patient care.

## Implications for leadership in practice

- Leaders need to provide a sense of meaning and purpose in the workplace.
- Staff members' sense of vocation needs to be nurtured.
- In health settings, of course, different professions may own diverse value-bases, and therefore, bringing teams together to focus on shared outcomes is a major leadership challenge.
- Staff need space and time to explore their own sense of meaning and purpose, and spirituality, so that they can appropriately and sensitively engage with the spirituality of those they care for.
- The Janki Foundation Values in Healthcare approach is a helpful way of undertaking this.

## Address for correspondence

Madeleine Parkes  
Spiritual Care Department  
Birmingham and Solihull Mental Health NHS  
Foundation Trust  
B1 Offices, 50 Summerhill Road  
Ladywood  
Birmingham B1 3RB  
UK

## References

- Alban-Metcalf J & Alimo-Metcalf B (2009) Engaging leadership part one: competencies are like Brighton Pier. *The International Journal of Public Services* 5 (1) 10–18.
- Alford HJ & Naughton MJ (2001) *Managing As If Faith Mattered*. Notre Dame: University of Notre Dame.
- Bibeman J & Whitty MD (2000) *Work and Spirit: A reader of new spiritual paradigms for organizations*. Scranton, PA: University of Scranton Press.
- Bracken P & Thomas P (2005) *Postpsychiatry: Mental health in a postmodern world*. Oxford: Oxford University Press.
- British Medical Association (1995) *Core Values for the Medical Profession*. Summit Meeting. London: BMA.
- British Medical Association (2001) *National Survey of GP Opinion*. London: BMA.
- Brown C (2003) Low morale and burnout; is the solution to teach a values-based spiritual approach? *Complementary Therapies in Nursing and Midwifery* 9 (2) 57–61.

## Vocation, vocation, vocation: spirituality for professionals in mental health services

- Brown C (2008) Doctor's health matters – learning to care for yourself. *Journal of Holistic Healthcare* 5 (2) 32–36.
- Cook C, Powell A & Sims A (Eds) (2009) *Spirituality and Psychiatry*. London: The Royal College of Psychiatrists.
- Corrigan P (1999) *Shakespeare on Management: Leadership lessons for today's managers*. London: Kogan Page.
- Cox J, Campbell A & Fulford KWM (Eds) (2007) *Medicine of the Person: Faith science and values in healthcare provision*. London: Jessica Kingsley Publishers.
- Coyte ME, Gilbert P & Nicholls V (Eds) (2007) *Spirituality, Values and Mental Health: Jewels for the journey*. London: Jessica Kingsley Publishers.
- Dorr D (2006) *Spirituality of Leadership: Inspiration, empowerment, intuition and discernment*. Dublin: The Columba Press.
- Faulks S (2006) *Human Traces*. London: Vintage.
- Fiorina C (2007) *Tough Choices: A memoir*. London: Nicholas Brearley.
- Foskett J (1996) *Meaning in Madness*. London: SPCK.
- Garcia-Zamor JC (2003) Workplace spirituality and organizational performance. *Public Administration Review* 63 (3) 355–363.
- Gilbert P (2005) *Leadership: Being effective and remaining human*. Lyme Regis: Russell House.
- Gilbert P (2010) *Social Work and Mental Health: The value of everything*. Lyme Regis: Russell House.
- Gilbert P (Ed) (2011, forthcoming) *Spirituality and Mental Health: A Handbook*. Brighton: Pavilion Publishing.
- Gilbert P & Thompson N (2010) *Developing Leadership: A learning and development manual*. Lyme Regis: Russell House.
- Goffee R & Jones G (2006) *Why Should Anyone Be Led By You?: What it takes to be an authentic leader*. Boston: Harvard Business School Press.
- James W (1968) The self. In: C Gordon & KJ Gergen (Eds) *The Self in Social Interaction* (Volume 1) (pp41–49). New York: John Wiley & Sons.
- Janki Foundation for Global Health Care (2004) *Values in Healthcare: A spiritual approach*. London: The Janki Foundation for Global Health Care.
- Janki Foundation for Global Healthcare (2009a) *The Janki Foundation for Global Healthcare Newsletter*, November 2009.
- Janki Foundation for Global Healthcare (2009b) *The Janki Foundation for Global Healthcare Newsletter*, May 2009.
- Jones K (1972) *A History of Mental Health Services*. London: Routledge and Kegan Paul.
- Kouzes JM & Posner BZ (2007) *The Leadership Challenge* (4th edition). San Francisco, CA: Jossey-Bass.
- Kolodinsky R, Giacalone R & Jurkiewicz C (2008) Workplace values and outcomes: exploring personal, organizational and interactive workplace spirituality. *Journal of Business Ethics* 81 (2) 465–480.
- McGee E (2006) The healing circle: resiliency in nurses. *Issues in Mental Health Nursing* 27 (1) 43–57.
- Mental Health Foundation (2002) *Taken Seriously: The Somerset Spirituality Project*. London: Mental Health Foundation.
- Mitroff I & Denton E (1999) A study of spirituality in the workplace. *Sloan Management Review* 40 (4) 83–92.
- O'Hara M (2009) 'Voice of experience', (interview with Dr Ian McPherson), *Society Guardian*, 24 June 2009, p5.
- Pendleton D & King J (2002) Values and leadership. *British Medical Journal* 325 (7376) 1352–1355.
- Peters T & Waterman RH (1982/1995) *In Search of Excellence: Lesson from America's best run companies*. London: Harper Collins.
- Pollard CW (1996) *The Soul of the Firm*. Grand Rapids: Harper Business.
- Porter R (2002) *Madness: A brief history*. Oxford: Oxford University Press.
- Raffay J (2010) Training the workforce in spiritual healthcare. In: P Gilbert (Ed) *Mental Health, Religion and Culture* (In press).
- Reitman J (Director) (2009) *Up in the Air* (film). Paramount Pictures.
- Repper J & Perkins R (2003) *Social Inclusion and Recovery: A model for mental health practice*. London: Bailliere.
- Rogers J (2010) 'No one gets the best by bullying', *Health Service Journal*, 21 January 2010, pp24–25.
- Sheep ML (2004) Nailing down Gossamer: A valid measure of the person–organization fit of workplace spirituality. *Academy of Management Proceedings* B1–B6.
- Sheep ML (2006) Nurturing the whole person: the ethics of workplace spirituality in a society of organizations. *Journal of Business Ethics* 66 (4) 357–375.
- Sladden J (2006) Does the hole in health care need to be filled holistically? *British Medical Journal*, 8 April 2006 133–134.
- Smith R (2001) Why are doctors so unhappy? *British Medical Journal* 322 (7294) 1073–1074.
- Swinton J (2001) *Spirituality in Mental Health Care: Rediscovering a 'forgotten dimension.'* London: Jessica Kingsley Publishers.
- Turner D (2002) 'Mapping the routes to recovery' *Mental Health Today*, July, pp29–30.
- Welch J with Byrne JA (2001) *Jack: What I've Learned Leading a Great Company and Great People*. London: Headline Books.
- Zohar D (1997) *Re-Wiring the Corporate Brain – Using the new science to rethink how we structure and lead organisations*. San Francisco, CA: Berrett-Koehler.



**Madeleine Parkes** is a Research Assistant for the Spirituality Research Programme at Birmingham and Solihull Mental Health NHS Foundation Trust. The research programme consists of several linked pilot studies into the role of spirituality and religion in recovery from mental illness. This is the first research programme of its kind in NHS mental health care, and is a service-user led programme. Madeleine holds a degree in Theology and Religious studies and has trained in clinical research. She is interested in contemporary expressions of spirituality and person-centred psychotherapy.



**Katja Milner** is a Spirituality Healthcare Worker with Nottinghamshire Healthcare NHS Trust. This is a new role for the NHS and involves promoting the importance of people's spirituality, religion and belief in mental health care and recovery and includes the development of spiritual interventions and staff training. She has completed a degree in Psychology and a postgraduate certificate in psychological therapies and has worked in various mental health contexts including psychiatric research. Katja also has a longstanding interest in a broad range of spiritual approaches, and has completed training in shamanic and spiritual healing.



**Peter Gilbert** is Professor of Social Work and Spirituality at Staffordshire University, and Visiting Professor with both Birmingham and Solihull Foundation NHS Trust and the University of Worcester. Peter was the NIMHE Project Lead on Spirituality from its inception to 31 March 2008, and now works for the National Spirituality and Mental Health Forum. He is Chair of the National Development Team for inclusion (NDTi). A former Director of Operations for Staffordshire County Council and Director of Social Services for Worcestershire, Peter is a registered Social Worker with 13 years of direct practice. Between 2003 and 2006 he was NIMHE/SCIE Fellow in Social Care with Professor Nick Gould. Peter is author of *Leadership: Being effective and remaining human* (2005).



# The big society

The role of the voluntary and community sectors in the continuing modernisation of adult social care



BOOK NOW

**Date:** Tuesday 19 October 2010  
**Venue:** ORT House Conference Centre, London NW1



This conference will draw on expert speakers from across the public, voluntary and community sectors, academia and government to help signpost the development of enhanced relationships between the public, voluntary and community sectors, as they seek to modernise care and support services, and work more closely with citizens and local communities in the context of the challenges presented by the new fiscal and demographic realities.

## Key speakers include

**Dame Elizabeth Hoodless** *Chief Executive, CSV*  
**Lord Victor Adebawale** *Chief Executive, Turning Point*  
**Belinda Pratten** *Head of Policy, NCVO*  
**Sian Lockwood** *Director, NIAPPS*

For full programme details or to book your place, visit [www.pavpub.com/conferences](http://www.pavpub.com/conferences)  
Alternatively call 0844 880 5061 or email [info@pavpub.com](mailto:info@pavpub.com) quoting JL10