

Investigating and Challenging Spiritual Deficiency within Canadian Health Care Educational Leadership Models

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ABSTRACT: Attempts to bring the spiritual dimension of health into Canadian Health Care Educational Leadership models encounter great resistance. Discourses about “spirituality” are often silenced within healthcare educational leadership to reduce misunderstandings. At least one author has suggested that health professionals and policy makers not only have little understanding of spiritual life but are not familiar with the language of spirituality. The World Health Organization, for its part, has suggested in a number of places that spiritual aspects of life are relevant to health and may be important to healing. This paper investigates and challenges this spiritual deficiency, commencing with a brief literature review that supports the need to challenge spiritual deficiency within present Canadian healthcare leadership models. It then presents work by the present author in the form of a summary of her larger study that investigates and presents the need for spiritual leadership within these models. The paper ends with a brief summary of the main implications and conclusions of her wider study.

Keywords: spiritual, healthcare, leadership, education, healing

RESUMÉ: Les tentatives visant à amener la dimension spirituelle de la santé dans les modèles de leadership éducatif des soins de santé canadiens rencontrent une grande résistance. Les discours sur la « spiritualité » sont souvent réduits au silence au sein du leadership éducatif des soins de santé afin de réduire les malentendus. Il y a au moins un auteur qui a suggéré que les professionnels de la santé et les décideurs politiques n'ont pas seulement peu de compréhension de la vie spirituelle, mais ne sont pas familiers avec le langage de la spiritualité. L'Organisation mondiale de la santé, pour sa part, a suggéré dans un certain nombre d'endroits que les aspects spirituels de la vie sont important pour la

santé et peuvent aussi l'être pour la guérison. Ce document examine et remet en question cette connaissance insuffisante de la spiritualité, en commençant par un bref examen de la littérature qui appuie la nécessité de contester cette connaissance insuffisante dans les modèles actuels de leadership des soins de santé canadiens. Il présente par le suite le travail de l'auteur sous la forme d'un résumé d'une plus grande étude qui présente la nécessité d'un leadership spirituel au sein de ces modèles. Le document se termine par un bref résumé des principales implications et conclusions de son étude plus large

Mots-clés: spirituel, santé, leadership, éducation, guérison

Introduction

Introducing a spiritual component to health care educational leadership is timely. Calman, (2008) notes “there is an increasing interest in spirituality according to authors who cite the rise in the number of US medical schools which provide teaching in this subject” (p. 123). Also, some major health care organizations are challenging the dualism of a disconnected mind, body and heart approach to health care and making space for spirituality within their organization’s leadership practices (Doetzel, 2006). For example, “the World Health Organization (WHO) has included spiritual welfare alongside physical, mental and social well-being in its definition of health” (Calman, K, 2008, p. 123). Such an inclusion has inspired more dialogue about the changes that help cultivate a spiritual sensibility within some health care educational systems.

The World Health Organization has indicated that “spiritual aspects of life are relevant and may be important to healing” (Calman, 2008, p. 123). Dossey (1993) supports this supposition about spiritual practices in his statement: “I decided that not to employ prayer with my patients was the equivalent of deliberately withholding a potent drug or surgical procedure”(p.xviii). Connected with the power of prayer, he also points out that in 1858, Saint Bernadette saw a vision of the Virgin Mary at Lourdes, where currently “thousands of healings are claimed to have occurred” (p. 1) Dossey further notes that scientific evidence supports spiritual healing: “Experiments with people showed that

prayer positively affected high blood pressure, wounds, heart attacks, headaches, and anxiety" (p. xvii). Prayer is associated with spirituality within healing.

Arriving at a comprehensive and universal meaning of "spirituality" or spiritual healing is difficult (Dallaire, 2001; Griffin, 1988), as "spirituality may be described, but not easily defined" (Cully & Cully, 1971, p. 607). Thus, the term "spirituality" is commonly misunderstood and tends to be exclusively associated with "religion" (Dallaire, 2001; Guzie, 1995; Hawley, 1995; Mathews & Clark, 1998; Moffett, 1994; Rolheiser, 1999). Although both terms address a search for the sacred, spirituality is different from religion (Guzie, 1999); religion is an outer path some individuals follow to nurture their inner inherent spirituality and is a form of institutionalized spirituality (Hawley, 1995).

Fox (1991) suggests that "spirituality" is a higher state of consciousness that promotes a feeling of being fully alive and elicits an awakening of awe, resulting in creativity, acts of passion, a connection with others and a celebration of the meaningfulness of one's life. Spirituality within pedagogy is "the transformation of consciousness that takes place in the intersection of three agencies, the teacher, the learner, and the knowledge they produce together" (Lusted, 1986, p. 3).

The purpose of Doetzel's (2006) study was to investigate and challenge spiritual deficiency within educational leadership. The study included developing an understanding of the spiritual insights of ten Canadian educational leaders. Muted discourses about spirituality, within educational leadership was one of the problems identified within the study. The findings indicated that by more openly dialoguing about spirituality within health care education; leaders within the field can rediscover their spirituality, associated with "heart wisdom," enabling them to view their roles through a fresh lens (Doetzel, 2006).

Pearsall (1998) points out that "one of oldest forms of medicine has focussed on the heart as the centre of the spiritual energy that expresses our soul "(p.29). As "the purpose of medicine might be considered as to assist the process of healing in its broadest sense" (Calman, 2008,p. 123). Calman (2008) suggest that "spiritual aspects of life are relevant and may be important to healing" (p. 123). He (2008) further states that "spirituality relates to the awareness of the ultimate meaning and purpose of life" (p. 123) and it may not be associated with an organized religion. However,

Arends (2000) views spirituality as a “God-shaped” vacuum and “aching chasm” within people, giving them evidence that they are in need of something beyond themselves; encountering God and becoming spiritually attuned fills the emptiness in one’s soul. And, Coelho (1998) associates spirituality with a voice speaking from a person’s heart; “even if you pretend not to have heard what it tells you, it will always be there inside you, repeating to you what you’re thinking about life” (p. 129). If health care educators acknowledged Pearsall’s (1998) research suggesting all of us are connected “heart to heart” perhaps they would listen to their spiritual voice and lead more from their heart.

Curtis and Eldredge (1997) take a similar stand to Coelho (1998), claiming that spirituality is an inner voice informing us that “there is something missing in all this. . . . There is something more” (p. 1). Because discourse about spirituality has been muted within many health educational systems, spiritual illiteracy has become an issue within health care education. As examples of spoken and written language, “discourses are of central importance of how people understand their own identities and place in society” (Foley, 1999, p. 15). Additionally, discourses influence the construction of ideologies and hegemonies, which can promote or deter healing. However, as argued by Chuengsatiansup (2003), “the difficulties in singling out workable operational models of spiritual health within the dominant scientific culture are due to ontological and epistemological differences....(;) spirituality and biomedicine belong to different and incommensurable scientific paradigms” (p. 5). Therefore, modern medicine becomes centered in a reductionist paradigm, by focusing exclusively on biological processes.

One of the gaps identified within health care educational leadership is that spirituality is absent in the Canadian competency framework (Sawa, 2014). Chuengsatiansup (2002) argues, “it seems that health professionals and policy makers not only have little understanding on spiritual life, but they are not familiar with the language of spirituality” (p. 4). Spiritual deficiency, related to muted discourses about spirituality, within Canadian Health Care Educational Leadership was one of the problems investigated within Doetzel’s (2006) study. Muted discourses about spirituality, noted in the study, suggest that the term “spirituality” is not commonly referred to by educational leaders. These leaders

may be concerned about being misunderstood by peers and students. However, as noted by Dossey (1993), “skirting the spiritual has had a shattering effect on every dimension of contemporary existence (p.10), including health care.

A renaissance of interest in paths of the health care and spirituality exists, and this “resurgence of spiritual values crosses racial, political, cultural, and class lines” (Glazer, 1999, p. 3). Spirituality” could be viewed as an intercultural approach to education and health care (Vaill, 1998, p. 92). Articulating and teaching aspects of spirituality within health care education introduces “secular sacred” discourses; thus a spiritual context applied does not endorse a particular religion, but could assist health care educators and students to monitor and adjust their thoughts. This thought adjustment could bring more hope about health situations while also assisting with cultural safety (Beck, 1986).

The lives of some great spiritual masters such as Jesus have provided roadmaps that can assist some educational leaders to evolve spiritually. Christian teachings suggest Jesus’ leadership mission was to give sight to people spiritually blind and demonstrate to individuals who thought they could see that they were blind (Jampolsky, 1983). Stories about Jesus proclaim that He came into the world as light to awaken the fruits of the spirit: love, joy, peace, patience, kindness, gentleness, fidelity and self-control within his followers (as cited in Kiely, 1996).

Some Christians believe that parables about Jesus’ leadership awakened them to their divine nature (Loder, 1998) and that an “ontological change occurred in human nature as a result of the birth, life, death and ascension of Jesus” (Kiely 1996, p. 148). Followers became more grateful, compassionate, and heart-centered in their treatment of others, which demonstrated their hearts had become “faith-filled” (Jones, L., 1995). Thus, they demonstrated their spirituality within their leadership practices.

In the context of medical educational leadership, “spirituality” could be viewed as a “heightened awareness of something of profound significance beyond what is taken as normal everyday reality” (Woods & Woods, 2002, p.10), and a way of existence that moves beyond the self and the ego (Chee, 2002). According to studies reported by the Urantia Foundation (1999), spirituality can help people to monitor and adjust their thoughts which enable them to feel more hopeful about life situations. Janis (2000) suggests spirituality

is “beyond mere outer appearances and the five senses and is an intuitive perception” (p. 10). Vaill (1998) further states that spirituality is “wholeheartedness and whole headedness.” Janis (2000) and Vaill (1998) evidently acknowledge that nurturing one’s spirituality challenges dualistic thinking and leads to a sense of wholeness, immanence and transcendence. Doetzel’s (2006) study echoes some of Vaill’s and Janis’ findings.

1.1. Introduction to Doetzel’s (2006) study

Within Doetzel’s (2006) study, the operational definition of spirituality is outlined as “a latent inherent truth awakened by contemplation, rituals, peak life experiences and caring acts of kindness; when awakened, spirituality is a sensation of the sacred, a sentiment of hope, a feeling of enthusiasm and excitement, and a heart-felt sense of interconnection with others” (p. 17). Further, the term “heart” is outlined metaphorically in both analysis of literature and data base, as “a symbolism of the tacit and visceral nature of spirituality that makes it difficult to articulate in words or encompass in religious organizations” (p. 18).

As an approach to research that supports the working definition of spirituality, by awakening feelings of hope and excitement, Appreciative Inquiry, was applied to the research questions. Appreciative inquiry is a constructive approach to research that creates space for new voices and expands circles of dialogue to include discourses about spirituality. While sparking hope, this approach encourages leaders to establish systems that nurture educators and students within their classes (Doetzel, 2006). Ludema, Cooperrider and Barrett (2001) point out that organizations tend to move in whatever direction their research is focussed. “When groups study high human ideals and achievements, such as peak experiences . . . these phenomena . . . tend to flourish” (p. 192). Thus, they suggest asking participants positive questions to mobilize the inquiry into moments of enthusiasm. The positive core questions guiding this research about spirituality support an “appreciative inquiry” approach to research. Appreciative inquiry focuses on asking positive questions to “ignite transformative dialogue and action within human systems” (p. 191).

The main interview questions guiding Doetzel’s (2006) study were:

1. How are the spiritual experiences of educational leaders understood and articulated by educators?
2. In what ways would this articulation of spirituality best contribute to the development of effective leadership?

Recollections of ten study participants' personal and professional spiritual experiences were gathered from the on-line interview questions, two web-page private discussion forums, and follow-up telephone conversations (Doetzel, 2006). Exploring spirituality through electronic communication enabled participants to dialogue freely and anonymously on-line within their own selected time frames and locations. They had opportunities to share personal and professional insights about spirituality which moved them beyond muting discourses about spirituality. Using pseudonyms, they openly shared ways they believed their spirituality was being silenced.

One participant, Airjorden, suggested that spiritual experiences are not clearly understood or Articulated in words by educational leaders.

I don't believe the spiritual experiences of educational leaders are understood very well and I believe they are seldom articulated. . . . My understanding of spirituality, from a more traditional sense, would be that it guides my behaviour. That is, I would ask myself "what would Christ do in this situation or, how would he react to this person"? I don't articulate this to people; it would be too embarrassing. Plus they would think I was losing it or feel that it was quite inappropriate in a publicly funded system. Or, if I was speaking to a group of people, they might get offended or just walk out. In fact, I was at a seminar once when the person made reference to Christ and a number of people got up and left.

Another participant, Stider, stated:

Although religion and spirituality are not necessarily one and the same, without deliberate explanation, a spiritual person is quickly pigeon-holed into a religious framework which, in the modern world, is much maligned. So how are the spiritual experiences of educational leaders articulated? Very carefully. Spirituality cannot be denied. Yet, I am careful to keep conversations that refer to spirituality between those I trust and those who understand. Spirituality is my "silent partner". My relationship with my Creator is the source of my strength when I need it and I believe that there are times when God works through me thereby making me feel humble yet worthy.

Participants were also very open when answering the question related to ways articulation of spirituality could best contribute to the development of effective leadership. Treating others as equals by showing them dignity and respect was the major means of signifying spirituality within the workplace that was agreed upon by all the participants. They indicated treating others respectfully as equals was their way of expressing spiritual values and moral beliefs within their workplaces. This stance meant demonstrating that no person is superior to another as a human being; it involved functioning as an interactive team, thus, challenging rigid hierarchical systems that judge a person's value on the position they hold within their workplaces.

Six participants stressed that practising servant leadership signified their spirituality within the workplace. Beau discussed the importance of demonstrating he was a steward of his spiritual gifts by following his sacred calling to serve others within the workplace; Habs stated that servant leadership meant leading with heart and taking care of followers' needs; Meiling suggested that listening was an important element of serving; Newday said serving is about creating an atmosphere where others can realize their own potential and is about demonstrating care through compassionate acts of giving and serving; Sara indicated servant leadership involves the ability to teach children to become caring responsible citizens.

Four participants suggested that signifying spirituality involved being personally accountable. Airjordan said that a spiritual leader needs to reflect personal growth, be positive, and provide hope to others; Ayla stated that it is her responsibility to awaken spiritual values and moral beliefs in others by acting respectful, empathetic, fair and responsible; Meiling pointed out the importance of being a strong advocate for positive changes by standing up for her moral beliefs; Sara asserted that leaders should always act with honesty and integrity.

Three participants indicated that signifying spirituality in the workplace meant acting morally and reflecting spirituality within their treatment of others. Habs insisted that he needed to be honest, open and sincere, to build trust in his students and peers; leadership is about helping others to reach for the stars. Similarly, Luv stated that demonstrating self-respect and respect for others with caring actions signifies

spirituality in the workplace; and Newday argued that leaders must lead by example.

The findings support literature (e.g., L'Engle, 1997; Albright & Ashbrook, 2001) which suggest spirituality is signified more by actions than words. Palmer (1998) states that communicating spirituality is actively expressing kindness towards others, and Spink (1997) argues that expressing love with one's actions reflects spirituality in an ineffable way. As Vaill (1998) notes, non-verbal vocabularies are limitless sources of spiritual insight that can help cultivate spirituality within leadership practices.

2. Examining Data within Doetzel's (2006) Study

Data were analysed using a triangulated phenomenological, feminist and cooperative inquiry research design,(Doetzel, 2006). An application of a triangulated approach encourages the application of three different lenses when examining responses to a research question. Qualitative inquirers triangulate among different data sources to enhance the accuracy of a study. Applying "multiple lines of sight" (Berg, 2001, p. 4), which were the three lenses derived from 1. the literature review, 2. on-line interviews and 3. web-page discussions, to the examination of the data assisted in the analysis. As stated by Berg (2001), "by obtaining several lines of sight, researchers obtain a better, more substantive picture of reality" (p. 4) and a more complete means of verification.

The three key concepts found within the literature set the foundation for a synergism: 1. Muting discourses about spirituality within educational systems 2. Exploring moral issues within educational values, and 3. Shifting paradigms affecting educational leadership. This synergism demonstrates that the interaction or cooperation of two or more concepts produces a combined effect greater than the sum of their separate effects. These three key concepts led to discoveries of threads within the data found within Doetzel's (2006) study. After the threads were woven into patterns, they evolved into emergent themes and phases of spiritual leadership development. The phases of spiritual development include

1. Awakening spirituality within self,
2. Signifying spirituality within the workplace, and
3. Cultivating spirituality within leadership practices (Doetzel, 2006).

A schemata of cultivation of spirituality within self, and a schemata of cultivation of spirit within educational leadership were outcomes of these phases (Doetzel, 2006). Both schemata framed ways that participants have cultivated spirituality within self and spirit within educational leadership, after their innate spirituality had been awakened. The findings were analysed to identify key concepts, threads and themes. Then, the emergent themes enfolded into two heart-centred schemata. Working as a team, treating everyone as equals and “walking the talk” are three elements of spiritual leadership within health care education, shared by all participants.

2.1. Some Implications and Conclusions acknowledged in Doetzel’s 2006 Study

Research implications include applying the findings to better understand and challenge spiritual deficiency within educational leadership models and practices (Doetzel, 2006). Findings indicate that outside of their religious contexts, participants’ spirituality was silenced, not yet having developed into a clear discourse with other people in any aspect of life (Holmes, 2003). Discourses about spirituality were commonly silenced within health care education to reduce misunderstandings from peers and students. Articulation of the findings could inspire educators to become more vocal about spirituality within health care. Additionally, by answering the research questions, study participants provided an original contribution to knowledge that encourages more open communication about the spiritual elements of leadership. This could be one more step towards assisting them to introduce discourses about spirituality into their leadership practices.

Study findings helped generate a better understanding of how spiritual deficiency in educational leadership can be further investigated and challenged. It demonstrated how elements of leadership are perceived by some educational leaders within the education and health care systems and demonstrated ways educators can work towards being paradigm-shift pioneers within educational work by applying more heart-centred approaches to leadership and teaching practices within health care (Doetzel, 2006). Outcomes of the research are an encouragement of more open dialogue about spirituality within educational systems and a contribution to the development of cultivation of spirituality within health

care leadership practice models. Additionally, answering the research questions provided an original contribution to knowledge that encourages more open communication about the spiritual elements of leadership amongst health care educators and leaders in other walks of life thus assisting them to challenge spiritual deficiency within Canadian Health Care Educational Leadership models.

Conclusion

This paper has presented an argument that discourses about spirituality are commonly silenced within educational leadership. The major study (Doetzel, 2006) discussed throughout the paper supports the need for health care educators to challenge spiritual deficiency and apply more holistic approaches to educational leadership models. Holistic approaches are characterized by the treatment of the whole person, taking into account spiritual, mental and social factors, rather than just the physical symptoms of a disease. The data collected in Doetzel's (2006) study demonstrate a need to acknowledge the World Health Organization's model that included spiritual welfare alongside physical, mental and social well-being in its definition of health" (Calman, K, 2008, p. 123).

REFERENCES

- Albright, C. & Ashbrook, J. (2001). *Where God lives in the human brain*. Naperville, IL: Sourcebooks, Inc.
- Arends, C. (2000). *Living the questions: Making sense of the mess and mystery of life*. Eugene, OR: Harvest House.
- Beck, C. (1993). *Learning to live the good life: Values in Adulthood*. Toronto, ON: OISE press
- Berg, B. (2001). *Qualitative research methods for the social sciences*. Needham Heights, MA: Allyn & Bacon
- Calman, K. (2008). Spirituality and medical education. *Journal of Medical Education*. 123-124
- Chee, K. (2002, July). *The heart of leadership: Spirituality in educational leadership*. Paper presented at the Linking Research to Educational Practice II Symposium, Calgary, AB.
- Chuengsatiensup, K (2003). Spirituality and health an initial proposal to incorporate spiritual health in health

- impact assessment. *Environmental Impact Assessment Review* 23, (pp. 3-15).
- Coelho, P. (1998). *The alchemist*. New York: HarperCollins.
- Cully, I., & Cully, K. (Eds.) (1971). *Harper's encyclopedia of religious education*. San Francisco, CA: Harper and Row.
- Curtis, B., Eldredge, J. (1997). *The sacred romance: Drawing closer to the heart of God*. Nashville TN: Thomas Nelson Publishers.
- Dallaire, M. (2001). *Contemplation in liberation: A method for spiritual education in schools*. Lewiston, NY: Edwin Mellon Press.
- Doetzel, N. (2006). *Cultivating Spirituality in Leadership: Synergizing Heart and Mind*. Calgary, AB: Detselig Enterprises.
- Dossey, L. (1993). *Healing Words*. New York, N.Y. Harper Collins Publishers.
- Foley, G. (1999). *Learning in social action: A contribution to understanding informal education*. New York: St. Martin's Press.
- Fox, M. (1991). *Creation Spirituality: Liberating gifts for the peoples of the earth*. San Francisco, CA: Harper Collins.
- Glazer, S. (1999). *The heart of learning*. New York: Tarcher/Putnam.
- Griffin, D. R. (1988). *Spirituality and society: Postmodern visions*. New York: New York State University Press.
- Guzie, T. (1995). Change. In D. Jones, (Ed.) *The spirit of teaching excellence* (pp. 179-193). Calgary, AB: Detselig.
- Hawley, J. (1995). *Reawakening the spirit in work*. New York: Barrett-Koehler Publishers.
- Holmes, P. (2003, Mar.). *Some of the problems studying spirituality: Facing its challenges, landscaping its domain*. University of Bristol, Graduate School of Education, unpublished research paper.
- Jampolsky, G. (1983). *Teach only love*. New York: Bantam Books.
- Janis, S. (2000). *Spirituality for dummies*. Foster City, CA: IDG Books Worldwide.
- Jones, L. (1995). *Jesus CEO: Using ancient wisdom for visionary leadership*. New York: Library of Congress.

- Keeney, B. (1996). *Everyday soul: Awakening the spirit in daily life*. New York: Riverhead Books.
- Kiely, R. (1996). *The good heart: A Buddhist perspective on the teachings of Jesus: His Holiness the Dalai Lama*. Sommerville, MA: Wisdom Publications.
- L'Engle, M. (1997). *The genesis trilogy*. Colorado Springs, CO: Shaw Waterbrook Press.
- Loder, J. (1998). *The logic of the spirit: Human development in theological perspective*. San Francisco CA, Jossey-Bass.
- Ludema, J., Cooperrider, D., & Barrett, F. (2001). Appreciative Inquiry: The power of the unconditional positive question In P. Reason & H. Bradbury (Eds.), *Handbook of action research* (pp. 189-199). Thousand Oaks, CA: Sage.
- Lusted, D. (1986). Why pedagogy. *Screen* 27(5), 2-14.
- Mathews, D., & Clark, C. (1998). *The faith factor: Proof of the healing power of prayer*. New York, NY.
- Moffett, J. (1994). *The Universal schoolhouse: Spiritual awakening through education*. San Francisco, CA: Jossey-Bass.
- Myss, C. (2001). *Sacred contracts: Awakening your divine potential*. New York: Harmony Books.
- Palmer, P. (1998) *To know as we are known: A spirituality of education*. San Francisco, CA: Harper and Row.
- Pearsall, P (1998). *The Heart's Code*. New York. N. Y.: Broadway Books.
- Rolheiser, R. (1999). *The holy longing: The search for Christian spirituality*. New York: Random House
- Sawa, R. J. (2014). Gaps in teaching spirituality in undergrad medical Education. *Journal of Educational Thought/Revue de la Pensée Éducative*, 100-107.
- Spink, K. (1997). *Mother Teresa: A complete authored biography*. San Francisco, CA: Harper Collins.
- Urantia Foundation. (1999). *The Urantia Book*. (12th ed.) Chicago, IL: Urantia Foundation.
- Vaill, P. (1998). *Spirited leading and learning*. San Francisco, CA: Jossey Bass.
- Walter, J. D. (1990). *The essence of self-realization: The wisdom of Paramhansa Yogananda*. Nevada City, CA: Crystal Clarity.
- Woods, G., & Woods, P. (2002, Jan.). *Creativity in educational policy: Sociological and spiritual perspectives*. Paper presented at a seminar at Open

University, Walton Hall in Milton Keynes, U.K.,
January 8, 2002.

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