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The Relevance of Patients' Spiritual Care in the Nigerian Cultural Context: A Health Care Chaplain's Perspective

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Abstract
In most Nigerian hospitals, there is no evidence of formally employed health care chaplains. Personal experiences of a health care chaplain serving at a faith-based hospital in Nigeria show that the Nigerian cultural context, as it relates to individuals' personal spirituality, as well as the abundant research on the associations between spirituality/religiosity and health, precipitate the need for services of health care chaplains in Nigerian hospitals, whether faith-based, non-faith-based, or government hospitals.

Keywords
Health care chaplain, hospital, Nigeria, spirituality, spirituality care

Introduction

Health care chaplains work in hospitals, hospices, and other health care facilities (Paget & McCormack, 2006; Wong and Tan, 2017). Health care chaplains seek to understand the spiritual and emotional needs of patients, patients' families, and staff, and in diverse ways provide patient-centered spiritual care that takes into consideration the specific spiritual, emotional, religious, and cultural needs of each person they serve (Hall, Hughes, & Handzo, 2016).

The most advanced health care providers support the need to make medical care more humane (Proserpio, Piccinelli, & Clerici, 2011) by treating the patient as a whole, not as a disease (Neely & Minford, 2008). Illness presents a challenge to the physical, emotional, social, and spiritual aspect of humans. When ill health is addressed, other aspects of the human must also be addressed (Meyerstein, 2005); hence, the need to provide spiritual care in health care settings.

This work is based on my personal experiences as a professional health care chaplain at a faith-based hospital (FH) in Nigeria. The work recommends areas of further study for the purpose of incorporating spiritual care into the medical care received by patients in Nigerian hospitals, whether faith-based, non-faith-based, or government hospitals.

The Nigerian Cultural Context

Africans may be perceived as people who derive meaning in life through relationships with others and the transcendent: "... Religion and view of transcendence are pervasive and resilient in all of African life" (Lartey, 2006, p. 63).

Nigeria is the most populous country in Africa. Based on my experience as a health care chaplain in Nigeria, most Nigerians, who belong to one religious tradition or another, see spirituality as part of religion. They tend to define spirituality in a variety of ways, including believing or having faith in the transcendent, having hope in the transcendent, having a relationship with the transcendent and being religious, opening one's heart to the transcendent, going to church, going to the mosque, appeasing the transcendent, doing all that the transcendent commands, observing religious tenets. Some may define spirituality using a combination of two or more of these definitions. The transcendent here could be God, Jesus, Allah, or gods, depending on the religious tradition. Adherents of the Islamic religion, as well as those of traditional religion, believe in the supremacy of God.

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Acolatse (2010) observed many African Christians who wandered from one pastor to another seeking a spiritual cure for physical, psychological, relational, or spiritual illnesses. These African Christians believe that they are bewitched. Based on my personal experience as a health care chaplain at an FH, Acolatse's observation is correct. My FH experience showed that seeking a spiritual cure for physical and other forms of ills is real, and that such search is not limited to Christians; people of other religions engage in it as well.

A patient's mother (PM), a Christian from the eastern part of Nigeria, narrated the genesis of her son's mental illness and how she had gone from one church to another seeking a cure. Inquiring about what brought her to the hospital, she said:

> My son [AKL] was bewitched by my neighbor because my son plucked her pawpaw [papaya] and also because my business was thriving. I have gone from one house of prayer to another seeking a solution. Chaplain, it is good what you people are doing in this hospital, going from one patient to another to visit and pray for them; please don't stop.

When PM was asked why she left the house of prayer for the hospital, she said, "God is not against seeking medical help, all works together for good." PM believes in divine intervention, particularly in the efficacy of prayer and that prayer and medical treatments go hand in hand. For such individuals, spiritual care in the hospital is satisfying because it meets their spiritual needs.

PM, at that point, was the primary recipient of chaplain support as AKL was still in a state of mental impairment, and had been in that state for almost three months. As explained earlier, spiritual support in the hospital is not solely for the patients. Health care chaplains provide emotional and spiritual support for patients' families as well (Cadge, Calle, & Dillinger, 2011).

Further, PM's faith in the efficacy of prayer was strong. Based on her request, I stopped by every other day, for the entire period AKL was admitted, to pray with PM and AKL. Though no one can categorically say how prayer works, research has documented that "as prayer moves more consciously and intimately into relationship with a loving God, the body responds in ways that promote healing, adaptability, and wholeness" (Stanley, 2009, p. 842). A meta-analysis study also documented significant positive effects of intercessory prayer on health; however, for optimum benefits of prayer, the person praying and being prayed for must relate positively to prayer (Morse, 2010). Smith et al. (2012) documented prayer as a positive coping mechanism among women with advanced ovarian and lung cancer.

Prayer is not a routine religious ritual that health care chaplains impose on patients. I engage in prayer with the permission of patients, and I offer the prayer with sincerity of heart and according to patients' request. A patient's prayer request could generate discussion, though. When a patient presents a prayer request that a health care chaplain considers absurd, the chaplain may want to find out the reason for such a request.

Spiritual care is not just about prayer and reading Bible passages. Holistic spiritual care is what I advocate. That PM had gone from one house of prayer to another is an indication that she was desperately seeking divine intervention for AKL's illness. My question to PM of why she left the house of prayer for the hospital was to see if she was giving up on her hope in God. One important aspect of spiritual care is to screen for spiritual struggle. Knowing that a patient has gone from one house of prayer to another seeking a cure is a sufficient reason for a health care chaplain to screen such a patient for spiritual struggle. Research shows that illness can plunge patients and or patients' families into a state of spiritual struggle (Gall et al., 2005; Murray, Kendall, Boyd, Worth, & Benton, 2004). Spiritual struggle is recognized as the loss of meaning and purpose, hopelessness, despair, anger at God, feeling punished or abandoned by God, feeling guilty, etc. (Fitchett & Risk, 2009). Spiritual struggle may have negative effects on patients' recovery from illness, and individuals' well-being in general (Ellison, Fang, Flannelly, & Steckler, 2013; McCoubrie & Davies, 2005). Spirituality is an integral part of humans (Sorajjakool, 2006). "By helping patients to address existential issues, we may improve their spiritual well-being" (McCoubrie & Davies, 2005, p. 384).

Further, inquiring if PM had social support while in the hospital was part of my spiritual intervention, and it is a question I ask every patient and any patient's family member who always seems to be present with a patient. The purpose is not to take on the role of a social worker, but to rule out loneliness. Every dimension of a human is interrelated. In a qualitative meta-synthesis study on understanding patients' description and perceptions of their own spiritual needs in health care settings, six intertwined themes emerged: (1) meaning, purpose, and hope; (2) relationship with God; (3) spiritual practices; (4) religious obligations; (5) interpersonal connection; and (6) professional staff interactions. The theme of interpersonal connection is described in terms of the need for regular, compassionate interactions with friends, family, and, in a certain sense, the deceased. This is further explained as

> visiting with family members; conversing with people who share one's spiritual values; receiving prayer from others; seeking forgiveness from people one wronged in the past; processing events with others who had similar experiences; receiving tangible expressions of support and encouragement; being appreciated and loved by other people; and someone's simple, physical presence (Hodge & Horvath, 2011, p. 311).

The Hodge and Horvath study shows that social support provides succor during times of adversity or illness, and also revealed the interrelatedness of the social and spiritual dimensions of human beings, an interrelatedness that shows that every aspect of the human is connected. Though PM and AKL were hundreds of kilometers away from their home, their family members kept in touch with them via phone. Also, I connected PM to her faith group, located a few kilometers away from the FH, based on her permission to do so. Other religious ritual services available at the FH were brought to the attention of PM verbally and through the FH Chaplaincy Department services brochure, which I give to every patient or patient's family. These services include, but are not limited to, anointing, baptism, and Holy Communion.

At about the third week of my visit, AKL became responsive and was open to the chaplain's prayers and words of encouragement from the Scriptures and day-to-day living experiences. The spiritual intervention provided for PM and AKL could be summed up as the ministry of presence—visiting every other day, praying with and for PM and AKL, encouraging them to use the Holy Bible, screening for spiritual struggle, providing emotional and social support, and connecting her to her faith group. PM seemed satisfied with the spiritual support provided. She expressed her appreciation at every visit and at the time of AKL's discharge from the hospital. Still, there is a need for further research on patients' satisfaction with the services of FH health care chaplains. The study could be a precursor to predicting whether patients in Nigerian hospitals would be receptive to spiritual care and health care chaplains' services. The findings could also contribute to improving spiritual care at the FH.

Another patient (SOL), a male, claimed that he was bewitched (similarly to the case narrated above). He also expressed faith in divine intervention and was open to the chaplain's visit. The patient was a Muslim. He was in his mid-sixties. He had a wound that seemed, at the time, unresponsive to treatment. On my third visit with him he said:

> Thank you for always coming to pray for me and for always staying a bit to talk with me. This wound is as a result of the jealousy a coworker had towards me because I was promoted. He wanted to kill me outright, but my God limited it to this (pointing to the wound on his left leg). I know that God will hear your prayers and the prayer of other people praying for me.

During my first visit, SOL seemed slightly hesitant to interact with me, perhaps due to the Holy Bible I was holding, which made it obvious that SOL and I were not of the same religion. There has been a debate among a group of health care chaplains in training on whether health care chaplains should conceal their holy book, like putting it in a handbag, or make it visible when visiting patients. When a health care chaplain carries visibly his or her religious holy book, it could possibly create an initial barrier. Nevertheless, the chaplain's demeanor, politeness, and self-confidence are capable of breaking the barrier. Introducing myself to SOL as the hospital chaplain and a member of SOL's care team, asking about his well-being—comfort, welfare, health, support, and family—created a relaxed atmosphere, at least to an extent. "Spiritual care does not happen in a vacuum. It takes a real warm-blooded person to touch another warm-blooded person who happens to be in need" (Greek, 2004). The patient–health care chaplain relationship is vital when providing spiritual care. Without an appropriate connection, meaningful spiritual support may not take place. The ability to connect with a patient could open the doors to a deeper rapport. In as much as there are no hard and fast rules on the best way to carry a holy book during health care chaplain—patient visits, it is important for health care chaplains to take precautions in regions where religious sensitivity often leads to a religious clash.

I pray with every patient of mine who gives me his or her permission to do so. SOL gave his consent, and prayer was said in line with his request and with the consciousness of his religious beliefs. Understanding people's religious beliefs and practices is vital for effective spiritual care, as the knowledge will help health care chaplains choose the right method of care. By the third visit, SOL was relaxed and was able to discuss his perception about the cause of his illness with me. SOL said he was bewitched. While bewitchment is sometimes the cause of somatic illnesses, in this case I suspected that the slow-healing wound was likely one of the complications of diabetes. Contacting SOL's primary physician was one of the major steps I took as a health care chaplain in order to provide effective spiritual care for SOL. At the FH, chaplains do not have access to patients' medical records. Therefore, the physicians become my source whenever I need to clarify any issues concerning a patient's medical diagnosis that the patient cannot verbalize. My discussion with SOL's primary physician revealed that SOL was diabetic and that accounted, as it were, for the unresponsiveness of the wound to treatment. It took a while for SOL to accept that being diabetic could be a contributory factor as well. I encouraged SOL to continue with the medical treatment while I and others continued to pray for him. Being a Nigerian, I can agree that bewitchment is real, but it is not the genesis of every physical or psychological illness. Providing spiritual care would help to distinguish between patients' problems that are purely somatic from those somatic problems related to witchcraft (Acolatse, 2010).

Further, the FH experience shows that not every case where patients are seeking a spiritual cure for physical, psychological, relational, or spiritual illnesses has to do

with bewitchment. Nigerians' day-to-day living intertwines with religion. Most Nigerians would not refuse spiritual care, such as encouragement and prayer, in the time of sickness or other challenges. A patient (PA), a Christian in her late fifties, who struggled with high blood pressure, and had been admitted for about three weeks, when asked if she had anything bothering her said, "Pastor [the FH patients more often than not used the word pastor instead of chaplain because chaplain is not a very familiar term in Nigeria], thank you for stopping by to visit and pray for me. I believe that God answers prayers. Please pray for me." When I inquired about her prayer requests, she said:

> My family is falling apart, my husband of almost 30 years is threatening to marry another wife simply because I have only female children, six, and they are not doing well. Please pray that they will have good jobs, good husbands, and that the younger ones will do well academically. I know that God will answer your prayer. I have been praying too [she began to cry], pray for me please.

This visit is an indication that health care chaplains' visits may serve as a lead for patients to freely verbalize their spiritual needs with all the attending emotions. Also, having a health care chaplain with whom they can share their spiritual needs may be a source of succor to patients, and health care chaplains' visits may prompt patients to discuss personal problems, which they may not willingly discuss with their physicians.

My spiritual care practice at the FH is holistic—caring for the spiritual, emotional, physical, and social dimensions of every patient—and can be summarized as follows:

1. Show concern for the comfort, welfare, health, and family of patients. Providing spiritual care is vital, but the way it is provided is equally important. "Africans place greatest value on relationality" (Lartey, 2006). Showing concern for their well-being is cultural, and could create a conducive atmosphere for effective spiritual care.
2. Use a variety of ways to explore patients' spiritual state/needs.
3. Provide spiritual intervention that is tailored to the specific spiritual state/needs of a patient.
4. Give emotional support to patients.
5. Address other patients' concerns/needs that may surface while providing spiritual care.

The overall goal of my spiritual care practice is to be a person of hope to patients; to be present with them in their situation(s) (good, bad or ugly); to help patients cope with their illness using their own religious/spiritual and social resources or other available spiritual and social resources that are untainted with proselytization; to help patients not give up on God and whatever gives their life meaning; to help patients process their thoughts and reconstruct meaning when necessary; and to help make patients' hospital stay as comfortable as possible.

In general, the FH experience revealed that the majority of patients appreciate the health care chaplain's visits, prayer, and words of encouragement. This is an indication that patients in Nigerian hospitals are very likely to embrace the services of health care chaplains, more so given that Nigerians' day-to-day living intertwines with religion. However, further studies are needed to justify this assertion.

The need to provide spiritual care for patients in Nigerian hospitals is further substantiated by the use of religious items by patients . At the FH, it is not uncommon to see patients and patients' relatives with religious items such as a Bible, rosary beads, and Tesbin, depending on their religious affiliation. This is also true of many patients around the world, of course, suggesting that patients do not leave their "spirituality" at home when they come to the hospital (VandeCreek, 2004). Patients come as a whole person (physical, social, spiritual, and emotional). Combining physical and spiritual care has been found to have a positive effect on health.

Research Findings Documenting the Positive Impact of Spirituality on Health

Beyond the Nigerian context, the need to provide spiritual care for patients is well supported by abundant research documenting the positive impact of spirituality on health. By 1975, the medical world had earnestly begun to recognize that (medical) treatment is incomplete unless it addresses the whole human (Dolson & Spangler, 1975). "A majority of the nearly 350 studies of physical health and 850 studies of mental health that have used religious and spiritual variables have found that religious involvement and spirituality are associated with better health outcomes" (Mueller, Plevak, & Rummans, 2001, p. 1226).

The spiritual aspect of an individual is worth attention when that individual faces illness, death, etc. (Leeuwen, Tiesinga, Jochemasen, & Post, 2007). Correspondingly, the Joint Commission for the Accreditation of Health Care Organizations, in its guidelines, acknowledges the place of religion and spirituality in health care. Hospitals must respect patients' religious and spiritual needs and, beyond that, inquire about patients' spiritual need and conduct a spiritual assessment to establish how spiritual/religious preference might affect patients' care (Cadge, Freese, & Christakis, 2008). A patient's personal spirituality in all its dimensions—specific attitudes and beliefs, emotions, practices, meditation, mindfulness, and prayer—can have an influence on patients' health behavior and health care decision making, and patients/health care professionals' relationships (Büssing et al., 2014).

Health Care Chaplains as Spiritual Care Providers

Research shows that the question is no longer whether spiritual care should be part of the medical treatment process. The question has shifted to how spiritual care is to be provided and who should provide it (Handzo & Koenig, 2004). Physicians, nurses, and health care chaplains are expected to explore and care for the spiritual needs of patients. However, physicians and nurses are to do the brief spiritual assessment and care, while health care chaplains are to do the comprehensive spiritual assessment and care. The reason is that health care chaplains have received training in spiritual care. Physicians can pray for patients and/or address minor spiritual concerns or needs, but deeper spiritual issues should be left for health care chaplains to handle. Where there is no resident health care chaplain, physicians need to refer patients' deep spiritual concerns to an outside contact trained in spiritual matters (Hodge, 2006).

A national survey of health care administrators' views on the importance of various chaplain roles revealed that there was no disagreement among the administrators concerning the role of chaplains as spiritual care providers (Flannelly, Weaver, Handzo, & Smith, 2005). Similarly, Carey and Cohen (2009) acknowledged that the spiritual care of patients is traditionally the job of health care chaplains. Nevertheless, their research findings revealed that collaboration between physicians and health care chaplains is beneficial to patients and clinical staff. One of the benefits identified focused on the chaplains providing physicians with useful information about patients' spiritual and ethical issues, which in turn helps physicians care for their patients holistically. The identified benefits further substantiated health care chaplains as the primary spiritual care provider in hospital settings.

The FH experience revealed that while spiritual care is a part of nursing and physician training, nurses and doctors may not be able to provide comprehensive spiritual care for their patients. The FH Chief Medical Director and Director of Nursing Services, while supporting collaboration among health care chaplains, nurses, and physicians in the spiritual care of patients, stressed that nurses and physicians do not have sufficient time to do in-depth spiritual care, but that health care chaplains do. Therefore, they advocated for the services of health care chaplains as primary spiritual care providers in the health care system (personal communication, the FH Chief Medical Director and Director of Nursing Services, July 19, 2012). Based on research and practice, I can conclude that the specialized training of health care chaplains in clinical spiritual matters and care set them apart as the primary spiritual caregivers in hospital settings. However, more research is needed to further explore Nigerian health care providers' perceptions of the role of health care chaplains in patient care in the clinical setting.

Conclusion

Given the role spirituality plays in the life of many Nigerians and the abundant evidence-based research on the association between spirituality/religiosity and health, the need to engage the services of health care chaplains in Nigerian hospitals is worth taking into consideration by the Nigerian government, the Medical and Dental Council of Nigeria, and Nigerian medical practitioners in general. As revealed by the literature reviewed, Nigeria is still significantly behind in both theoretical and empirical studies on the association between spiritual care and health outcomes in hospital settings. Therefore, there is the need for more studies on the relevance of patients' spiritual care in Nigerian hospitals. To establish functional and sustainable spiritual care in Nigerian hospitals, there is a need to explore the awareness of the relationship between religion and health, and spiritual care and health outcomes among health care practitioners (doctors and nurses) and health care administrators. Exploration of the awareness and attitude of health care practitioners towards patients' spiritual care in the hospital setting and the health care chaplain as a member of the hospital care team is vitally important. Also, conducting a study on how satisfied FH patients are with the services of FH health care chaplains could be a precursor to predicting whether patients in Nigerian hospitals would be receptive to spiritual care and health care chaplains.

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