

*Ikali Karvinen**

***HOW TO ASSESS SPIRITUAL HISTORY?
NORTHERN PERSPECTIVE ON SPIRITUAL HISTORY TAKING BY
OPENING-MODEL***

Abstract: Finland is a Nordic country with strong Protestant Christian roots. It has been a country for emigration for decades but just recently there have been a growing number of people with other than the western background migrating to Finland. The migration to Finland affects various parts of the society, including health care. While a significant number of people indicates that religion or spiritual life is an important part of their lives, and it cannot be neglected in the health care. There are several existing Spiritual history tools for clinical practice. Still, a challenge with the existing one is the language barrier. Another issue is the cultural sensitivity of spiritual and religious issues. This article discus shortly the Opening-model (AVAUS-malli) which was developed in the Finnish social and health care settings to equip health professionals with the tools needed to assess the spiritual needs and the history of the patients.

Keywords: *Spirituality, Patient Care Planning, AVAUS-malli, Opening-model, Finland*

Introduction

While Finland has always been a natural gateway between the East and the West, its population has been relatively homogenous. However, during the latest years immigration to Finland has been growing notably.¹ According to the statistics, during the year 2012 Finland received roughly 31 000 immigrants which

* PhD, R.N., Diaconia University of Applied Sciences, Finland (ikali.karvinen@icloud.com).

¹Tuomas Martikainen, *Religion, migration, settlement: reflections on post-1990 immigration to Finland* (Leiden: BRILL, 2013).

Danubius, XXXII, Supliment, Galați, 2014, pp. 181-187.

is the highest number since the independency of Finland.² According to Martikainen immigration has led to “*an increase in religious diversity in Finland and the rise in the number of Muslims, especially, has become an issue of public note*”³. While immigration becomes obvious and visible in public life one can ask how well health care providers are equipped to meet the needs of patient with different spiritual and religious backgrounds.

Current literature on health sciences encourages health practitioners to assess patient’s spiritual history routinely in the clinical settings.⁴ In this article the OPENING-model (AVAUS-malli⁵ in Finnish) is shortly introduced as a tool for assessing the spiritual history in Finnish health and social care settings in order to provide culturally congruent care for patients and clients from different religious and spiritual backgrounds and communities.

1. Pluralistic Patient Population in Finland

Finland is a country which belongs to the Scandinavian hemisphere and shares the Nordic culture with its Protestant Christian roots. Finnish culture is characterized by its close relationship with nature since the country is known for its rich nature with lakes and woodlands.⁶ As a country bordering with Russia, Finland forms a melting pot for both Eastern and Western European cultures. Interestingly, Finland has six major ethnic groups including Finns (93.4 %), Swede (5.6 %), Russian (0.5 %), Estonian (0.3 %), Roma (0.1 %) and Sami (0.1 %). Religious landscape in Finland has mainly been Lutheran for decades. One can said that the country has been one of the most homogeneous of European countries⁷ and still the majority of its population belongs to the Evangelical Lutheran Church (78 %). Other major religious groups are Orthodox (1%), Pentecostal (1%) and Muslims (1 %) while the rest of the population does not belong to any religious groups (19 %).⁸

² Official Statistics of Finland (OSF), *Migration [e-publication]* (Helsinki: Statistics Finland, 2012).

³ Martikainen, *Religion, migration, settlement*, 1.

⁴ Mark LaRocca-Pitts, “The FACT spiritual history tool,” accessed October 10, 2013, <http://www.spiritualityandhealth.duke.edu/images/pdfs/laroccapittsposter.pdf>.

⁵ Ikali Karvinen, “AVAUS-malli asiantuntijan apuna transkulttuurisen henkisen ja hengellisen hoitotyön asiakastilanteissa,” *Pro Terveys* 2 (2012): 20-22.

⁶ Henrik Enander, Markku Ilmari Henriksson, Susan Ruth Larson, Carl Fredrik Sandelin, Gudmund Sandvik, Ilmari Sundblad and Jörgen Weibull, “Finland,” accessed July 9, 2013, <http://www.britannica.com/EBchecked/topic/207424/Finland>.

⁷ Martikainen, *Religion, migration, settlement*: 1.

⁸ Titus Hjelm, “Finland,” in *Encyclopedia of Global Religion*, ed. Mark Juergensmeyer and Wade Clark Roof, Vol. 1 (Sage Publications, 2012), 403.

In the past Finland has been the country of emigration. Still, just recently, in 2012, Finland reached the highest yearly number of immigrants. The growing number of people with other than western background is now migrating to Finland.⁹ A significant number of the new immigrants represent religions other than the mainstream Christian religion. Since immigration to Finland is growing, it affects various parts of the society, including health care. One can ask how is the Finnish health care prepared to meet multicultural patients cultural, or specifically their spiritual and religious needs.

2. Spirituality and Health Care

The significant number of people indicates that religion or spiritual life is an important part of their life. Interestingly, according to Koenig, the majority of research on spirituality and health also finds a positive relationship between spirituality, religion and health.¹⁰ Also Perrin states that: "There appears to be good reason to believe that a causal relationship exists between spirituality and good health. Spirituality, as understood within the scientific world view of medicine and health care, may be difficult to fully understand and measure, but medical literature clearly supports its beneficial role in the practice of medicine."¹¹

While there is evidence that spirituality is one important area of human life and has a close relationship with health, it becomes evident that one cannot neglect religion or spirituality in health care encounters either.

The latest research has shown that patients with various backgrounds rely on their spiritual life to cope with their illnesses. For the health provider, this causes a question of the relevant methods of assessment of spirituality in health settings. How can one assess spirituality routinely with the tools which are suitable for patients from different faith communities or with no affiliation to any religious communities?

2.1 Patient's Spiritual History

There are several spiritual history tools which are developed for clinicians to incorporate spiritual history to patient care.¹² One among many is the FICA tool,

⁹ Martikainen, *Religion, migration, settlement*.

¹⁰ Harold G. Koenig, *Spirituality & health research* (West Conshohocken, PA: Templeton Press, 2011).

¹¹ David B. Perrin, *Studying Christian Spirituality* (New York: Routledge, 2007).

¹² LaRocca-Pitts, "The FACT spiritual history tool".

developed by professor Puchalski.¹³ It has been evaluated to be the best tool of spiritual history assessment in older adults.¹⁴ Other well-known tools are the FACT Spiritual history tool and the HOPE. The FACT and the FICA are assessing the following areas of patient's spirituality:

FACT Spiritual History tool stands for the following areas of spiritual history

- Faith of Beliefs
- Availability, Accessibility, Applicability
- Coping or comfort
- Treatment Plan

FICA Spiritual History Toolstands for the following areas of Spiritual History

- Faith and Belief
- Importance
- Community
- Address in Care

Current models are based on the acronyms and they are mostly used for spiritual history taking by covering the questions of faith, coping mechanisms and sources of strength and hope. Some of the models also include interventions. Spiritual history tools provide accurate information about patient's spiritual well-being and how patient's spirituality or religion affects the treatment plan.

Some institutions have been making recommendation for the users of the spiritual history tool. One of them is the George Washington Institution for Spirituality and Health. As a recommendation scholars states the following:

1. *“Consider spirituality as a potentiality important component of every patient's physical well being and mental health.*
2. *Address spirituality at each complete physical examination and continue addressing it at follow-up visits if appropriate. In patient care, spirituality is an ongoing issue.*

¹³ The George Washington Institute for Spirituality & Health , “FICA spiritual history tool,” accessed October 9, 2013, <http://smhs.gwu.edu/gwish/clinical/fica/spiritual-history-tool>.

¹⁴ Tami Borneman, “Assessment of spirituality in older adults: FICA spiritual history tool,” *try this* SP5 (2011), accessed October 9, 2013, http://consultgerirn.org/uploads/File/trythis/try_this_sp5.pdf.

3. *Respect a patient's privacy regarding spiritual beliefs; don't impose your beliefs on others.*
4. *Make referrals to chaplains, spiritual directors, or community resources as appropriate.*
5. *Be aware that your own spiritual beliefs will help you personally and will overflow in your encounters with those for whom you care to make the doctor-patient encounter a more humanistic one.*¹⁵

2.2 The development of the Finnish Spiritual History Tool

Many of the current spiritual history tools are developed in the English-speaking countries by physicians in a specific cultural environment. One can ask whether the spirituality or religiosity can be understood similarly in different cultural contexts. While there can be different responses for that, it still is obvious that spiritual history should be assessed by using the patient's native language.

After being an active researcher in the field of spirituality and health, the author has been combining the best evidence based practice to develop a spiritual history tool for the purpose of Finnish health care. The tool is called Opening-model (AVAUS-malli in Finnish) and it is theoretically based on the previous widely used tools, as well as the research done by the author:

- *Spiritual Health. An Ethnographic Research About the Conceptions of Spiritual Health Held by the Kendu Hospital Staff Members, Patients and the Inhabitants of the Kendu Bay Village.*¹⁶
- *Nurses Description about Spiritual Care in Multicultural Nursing Framework.*¹⁷

3. OPENING-model / AVAUS-malli

The Opening-model (AVAUS-malli in Finnish) is a spiritual history and care delivery model, developed for the Finnish social and health care settings. The used language is Finnish. The Opening-model follows the other previous tools in their basic ideas and it is based on the acronym where the letters A,V,A,U and S are all creating the word 'AVAUS' (Opening in English). The letters stand for the thematic

¹⁵ The George Washington Institute for Spirituality & Health, "FICA recommendations," accessed October 9, 2013, <http://smhs.gwu.edu/gwish/clinical/fica/recommendations>.

¹⁶ Ikali Karvinen, *Henkinen ja hengellinen terveys etnografinen tutkimus kendun sairaalan henkilökunnan ja potilaiden sekä kendu bayn kylän asukkaiden henkisen ja hengellisen terveyden käsityksistä* (Kuopio: Kuopion yliopisto, 2009).

¹⁷ Ikali Karvinen, *Sairaanhoitajien kuvaus hengellisestä hoitotyöstä monikulttuuristen potilaiden hoidossa* (Kuopio: Kuopion yliopisto, 2006).

interview questions which can be used by the health practitioners. Still, the model is not a translation of other models and it is not meant to be followed literally but rather as a guideline.

There are five main themes which the Opening-model is covering:

1. Values and beliefs
2. Sources of strength
3. Assessment of spiritual needs
4. Support from community
5. Spiritual care Support methods

Under each theme there are several possible questions as an example for the user to guide the assessment. There are also small comments the issues health practitioner should raise up while discussing a particular theme. Under the theme of Values and beliefs for example the following questions are provided:

- *“How would you describe your most important values?”*
- *“Do you have any personal beliefs?”*
- *“Do you consider yourself religious?”*

Under this particular theme the following guidance is given to the health practitioner:

“You can encourage patients to describe the meaningful values of different kind or the principles: Meaning of the nature, atheistic beliefs, faith to God, meaning of the being vegetarian etc. When interviewing the patient from foreign cultures you can also ask whether he/she consider illness to have any supernatural cause or origin.”

Other categories follow the same principles: each main theme has sub-questions and recommendations.

4. Recommendations and further research

The Opening-model is introduced to the various clinical and care settings in Finland by offering training and written materials on it. There are also some clinical applications made for clinical use in Oncology and Dementia care and the model is accepted to be published in the Finnish Nurses handbook (Sairaanhoitajan käsikirja). More research is needed to validate the tool with the larger patient populations and there is need for research in the clinical context. We would also need to discuss, how the used concepts are understood by patients whose native language is not Finnish but who are admitted into Finnish health and social care service.

REFERENCES

- Borneman, Tami. "Assessment of spirituality in older adults: FICA spiritual history tool." *try this* SP5 (2011). Accessed October 9, 2013. http://consultgerirn.org/uploads/File/trythis/try_this_sp5.pdf.
- Enander, Henrik and Markku Ilmari Henriksson, Susan Ruth Larson, Carl Fredrik Sandelin, Gudmund Sandvik, Ilmari Sundblad and Jörgen Weibull. "Finland." Accessed July 9, 2013. <http://www.britannica.com/EBchecked/topic/207424/Finland>.
- Hjelm, Titus. "Finland." In *Encyclopedia of Global Religion*, ed. Mark Juergensmeyer and Wade Clark Roof. Vol. 1. Sage Publications, 2012.
- Karvinen, Ikali. *Sairaanhoitajien kuvaus hengellisestä hoitotyöstä monikulttuuristen potilaiden hoidossa*. Kuopio: Kuopion yliopisto, 2006.
- Karvinen, Ikali. *Henkinen ja hengellinen terveys etnografinen tutkimus kendun sairaalan henkilökunnan ja potilaiden sekä kendu bayn kylän asukkaiden henkisen ja hengellisen terveyden käsityksistä*. Kuopio: Kuopion yliopisto, 2009.
- Karvinen, Ikali. "AVAUS-malli asiantuntijan apuna transkulttuurisen henkisen ja hengellisen hoitotyön asiakastilanteissa." *Pro Terveys* 2 (2012)
- Koenig, G. Harold. *Spirituality & health research*. West Conshohocken, PA: Templeton Press, 2011.
- LaRocca-Pitts, Mark. "The FACT spiritual history tool." Accessed October 10, 2013. http://www.spiritualityandhealth.duke.edu/images/pdfs/laroccapitts_poster.pdf.
- Martikainen, Tuomas. *Religion, migration, settlement: reflections on post-1990 immigration to Finland*. Leiden: BRILL, 2013.
- Official Statistics of Finland (OSF). *Migration [e-publication]*. Helsinki: Statistics Finland, 2012.
- Perrin, B. David. *Studying Christian Spirituality*. New York: Routledge, 2007.
- The George Washington Institute for Spirituality & Health. "FICA spiritual history tool." Accessed October 9, 2013. <http://smhs.gwu.edu/gwish/clinical/fica/spiritual-history-tool>.
- The George Washington Institute for Spirituality & Health. "FICA recommendations." Accessed October 9, 2013. <http://smhs.gwu.edu/gwish/clinical/fica/recommendations>.