



# HEALTHCARE HEALING: An inside-out approach

*The reasons for embarking on a research topic are multifaceted. For Raashmi Balbadhur, a lecturer in the Department of Occupational Therapy at the University of Pretoria (UP), this reason moved within hours from her being an educator in the Faculty of Health Sciences to becoming a patient with a life-threatening illness.*

Hesitancy to start treatment to save her own life was further impacted by her youngest son undergoing treatment for the same life-threatening illness and, as a mother, she wanted to be present for him. She was in both physical and spiritual distress.

"My medical team addressed my medical survival needs – however, my spiritual needs were left by the wayside," she says. "These needs drove me to explore spirituality within the health sciences, more specifically, within my profession of occupational therapy, using an appreciative enquiry approach."

Balbadhur describes spirituality as "the search for ultimate meaning and purpose", a search, she says, that was heightened by the COVID-19 pandemic and the mental anguish it had caused many.

## More than physical

The biopsychosocial-spiritual model of care recognises that there is more to care than simply looking after physical aspects. It is a holistic approach that acknowledges how a chronic illness can lead to considerable psychological distress, even to the point of challenging one's spiritual beliefs.

"Literature speaks of 'total pain'," Balbadhur says. "Thus, if a healthcare professional claims to be holistic in their approach, they need to pay attention to the spiritual needs of the patient."

The benefit of addressing a patient's spirituality in practice – as Balbadhur's research study shows – was summed up by one participant: "It provides nourishment for the soul." According to another, "engaging with the patient on their spiritual needs instilled hope, harnessed motivation and ultimately gave meaning and purpose when other areas of their lives were broken".

Furthermore, the research findings revealed sub-themes that would empower a clinician to address a patient's spirituality. These ought to be inherent in the care provided by healthcare professionals, who should:

- be non-judgemental;
- appreciate and acknowledge;
- be respectful; and
- listen actively.

"As an educator, I have noticed that these soft skills need to be embodied," Balbadhur says. "Once embodied, they serve as a catalyst for the client to share their spiritual needs."



### Mirrored need

Balbadhur's research indicates that another vital element to being a spiritual healthcare professional is increased awareness of and education on the client's spirituality and, likewise, their own spirituality.

This sub-theme has implications for curriculum development.

"At UP, a task team, together with pertinent role players from other universities, is envisaging a curriculum revision that is inclusive of spirituality," she says.

Importantly, making time for introspection and reflection should be a practice of spiritual healthcare professionals in the making.

"Introspection allows one to become silent," Balbadhur says. "Silence is not the absence of sound; it is the essence of existence."

Reflective practices – whether through journalling or dialogue – are foundational in nurturing the clinician and replenishing their ability to provide personalised care.

"The growing benefits of integrating spirituality into sickness, health and death have been well documented; however, the healthcare professional continues to contend with its inclusion," Balbadhur says. "What if, in year one of the budding healthcare professional, we sowed the seeds with an interdisciplinary/transdisciplinary curriculum that regards spirituality as the central tenet of developing the therapeutic relationship?"

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Mabaka a go tsenya letsoho mo sehlogong sa dinyakišišo a na le mafapafapano. Bakeng sa Raashmi Balbadhur, morutiši Kholejeng ya Bongaka tša Mokgwa wa Bophelo kua Yunibesithi ya Pretoria (UP), lebaka le fetogile ka diiri tše mmalwa go tloga a le morutegi Lefapheng la Mahlale a tša Bophelo go ba molwetši wa bolwetši bo šoro bjo bo kotsi bophelong bja gagwe.

Translated to Sepedi by Dr Walter Matli