



SPIRIT II

Considering Place: Religious, Spiritual and Cultural Plurality in Home Health Care

Funded by Social Sciences and Humanities Research Council: 2009 - 2012
School of Nursing, Trinity Western University

Principal Investigator: Dr. Sheryl Reimer-Kirkham

Co-Investigators: Barb Pesut (UBC-O), Sonya Grypma (TWU), Rick Sawatzky (TWU), Sonya Sharma (Durham University, UK)

Collaborators and Consultants: Michael Wilkinson (TWU), Jens Zimmerman (TWU), Paddy Rodney (UBC), Sally Thorne (UBC), Joan Anderson (UBC), Lori Beaman (U of Ottawa), Pam Klassen (U of T), and Gloria Woodland.

SUMMARY

The purpose of the project was to examine the accommodation and negotiation of religious, spiritual, and cultural plurality in the provision of health care services in the home, and the social, gendered, economic, and political contexts that shape these dynamics. We found that social relations caregivers and recipients of care took shape differently than in hospital settings. There was a sense of “crossing the threshold” whereby home care workers were alert to cues in the home that might reflect religious or cultural beliefs and practices. There was also a metaphorical “crossing the threshold” as healthcare workers entered into the private lives of individuals. By and large, personal and professional boundaries were more porous in home settings, particularly so between unregulated healthcare providers and patients where either might share their religious or spiritual views with the other. Regulated health professionals (nurses, social workers, and other allied health professionals) were less likely to engage in spiritual conversations, explaining that healthcare services were to be “neutral” (what they referred to as “secular”). There were mixed messages for healthcare providers about how religion was to be accommodated, ranging from a dismissal of religion as irrelevant to homecare services to something that could be incorporated if the patient/family led in this direction to other views that held religion/spirituality as integral to the delivery of homecare services. Notably, virtually no spiritual care resources were available through homecare services; any identified spiritual needs were to be addressed through involvement with community-based spiritual leaders, whom the homecare workers

quite likely were not familiar with. The ambivalences made evident in this study are embedded in broader Canadian discourses about the role of religion in public services institutions. Given the diversity of Canada's population, along the lines of religion and spirituality, ethnicity and race, class and gender, this study alerts us to the importance of identifying what contributes meaning and support to those requiring homecare services, and of clearer policies regarding how religion and spirituality might be integrated into homecare.

Project objectives:

- (1) To explore how caregiver/recipient identities are constructed in home health settings; Caregiver as guest; recipient as host.
- (2) To describe how plurality is negotiated in caregiver/recipient encounters in home settings; Social relations and personal/professional boundaries are more porous (caregivers felt freer to share their personal viewsculture of "no religion"
- (3) To explicate how health and illness experiences influence expressions of religion, spirituality, and culture in home settings;
- (4) To examine how home health services shape how religion, spirituality, and culture are accommodated and negotiated; more flex than in hospital but fewer resources (e.g., virtually no spiritual care services, other than the ties the patient has to community spiritual leaders)
- (5) To analyze how societal contexts shape the accommodation and negotiation of diversity in home health services; and (presumed secularity and neutrality of HC services)
- (6) To facilitate knowledge translation with respect to diversity in home health care.

Research Methods:

The ethnographic study was conducted out of 6 home health offices in British Columbia. Data collection involved interviews, focus groups, and participant observation.

Sample: 27 healthcare providers, 10 administrators, 9 clients

Results: (see the following project articles and chapters)

Journal Articles

Grypma, S., Wolfs, D., & Reimer-Kirkham, S. (2012). Returning home: Historical influences on home health care in Canada. *Home Healthcare Nurse*. 30(8)453-460.

Reimer-Kirkham, S. (2014). Nursing research on religion and spirituality through a social justice lens. *Advances in Nursing Science*. 37(3), 249–257.

Reimer-Kirkham, S., Grypma, S., & Terblanche, L. (2013). Religion and ethics in pluralistic healthcare contexts. (Invited) *JCN Online Extra* E1-E6.

Reimer-Kirkham, S., Pesut, B., Sawatzky, R., Cochrane, M., & Redmond, A. (2012). Discourses of spirituality and leadership in nursing: A mixed methods analysis. *Journal of Nursing Management*, 20(8), 1029 – 1038.

Reimer-Kirkham, S., Sharma, S., Grypma, S., Pesut, B., Sawatzky, R., & Wolfs, D. (2019). 'The Elephant on the Table': Religious and Ethnic Diversity in Home Health Services. *Journal of Religion and Health*, 58(3), 908-925.

Sharma, S. & Reimer-Kirkham, S. (2015). Faith as social capital: Diasporic women stretching the rules of secularized healthcare services. *International Women's Studies Forum*, 49, 34-42.

Books & Book Chapters

Fowler, M., Reimer-Kirkham, S., Sawatzky, R., & Johnston-Taylor (2012). *Religion, religious ethics, and nursing*. New York: Springer Publishers.

Fowler, M., & Reimer-Kirkham, S. (2012). Religious ethics, religious social ethics, and nursing. In M.Fowler et al. (ed.) *Religion, religious ethics, and nursing* (pp.27-60). New York: Springer Publishers.

Reimer-Kirkham, S. & Cochrane, M. (2016). Resistant, reluctant or responsible? The negotiation of religious and cultural plurality in Canadian healthcare. In S.Sharma and D. Llewellyn (Eds), *Religion, equality, and inequalities*. Surrey, UK: Ashgate.

Reimer-Kirkham, S. (2012). A critical reading across religion and spirituality: Seeking analytic leverage from postcolonial and critical race theories. In M.Fowler et al. (ed.) *Religion, religious ethics, and nursing* (pp.93-112). New York: Springer Publishers.

Reimer-Kirkham, S. & Sharma, S. (2012). Intersectional analyses of culture, religion, ethics and nursing. In M.Fowler et al. (ed.) *Religion, religious ethics, and nursing* (pp.113-128). New York: Springer Publishers.

Sharma, S., & Reimer-Kirkham, S., & Fowler, M. (2012). Emergent spiritualities and nursing ethics. In M.Fowler et al. (ed.) *Religion, religious ethics, and nursing* (pp.295-312). New York: Springer Publishers.

Sharma, S., Reimer-Kirkham, S. & Cochrane, M. (2013). Prayer as transgression: Stories from healthcare. In G.Giordan & L.Woodhead (eds.) *Annual Review of the Sociology of Religion* (pp.189-204). Oxford: Brill.