Original article

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Spiritual care, compassion for others and light triad among clergy, social workers and hospice staff

Abstract

Background: The work involving helping people in difficult life situations requires specific competencies among those providing professional care. This study aims to determine the relationship of spiritual care with compassion for others and the Light Triad among clergy, social workers and hospice staff, and identify differences in the variables analysed.

Study subjects and methods: The study was conducted among 578 individuals who belong to three professional groups: clergy (n = 183), social workers (n = 199) and hospice staff (n = 195), aged between 18 and 89 years. The study used the Spiritual Supporter Scale (SpSup Scale), the Compassion for Others Scale and the Light Triad Scale.

Results: There were correlations for the vast majority of the variables studied. However, the correlations differed among the groups surveyed, especially in terms of the relationships of spiritual concern with indifference, faith in people, and humanism. Intergroup differences were observed. In terms of spiritual care, clergy had the highest scores while hospice staff had the lowest. In terms of compassion for others, clergy and social workers scored higher than hospice staff. In terms of the light triad, clergy had higher levels of faith in people than hospice staff, while social workers had higher levels of Kantianism compared to hospice staff.

Conclusions: There were mixed results in terms of competencies in compassion and spiritual care and there were lower competencies among hospice staff compared to the other groups surveyed. The data obtained could be used as a basis for the offer of training courses and workshops to enhance the competencies relevant to the profession.

Palliat Med Pract 2024; 18, 3: 124–132

Keywords: spiritual care, compassion for others, light triad, clergy, social workers, hospice staff

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Palliative Medicine in Practice 2024; 18, 3: 124–132

DOI: 10.5603/pmp.98543

Received: 17.12.2023 Accepted: 3.01.2024 Early publication date: 18.01.2024

Introduction

The work involving helping others is not easy. Daily, direct contact with suffering, life difficulties or intimate experiences is a difficult and demanding task for professional helpers. The reference books describe the emotional costs of the relationship with the sick [1] or the suffering, and the issue of occupational burnout [2] or over-involvement is also widely analysed. The care of the suffering requires hospice staff, social workers and clergy to have specific interpersonal skills and professional competencies to improve the quality of care [3, 4].

Spiritual care

Recommendations from the European Association of Palliative Care (EAPC) indicate the need to continue holistic care for the patient and family in advanced chronic disease [3]. This means that the principle of holistic care, which was introduced by Cicely Saunders and is related to total suffering [5], is practised in the relationship with the chronically ill and dying, thereby allowing them to be better understood and supported [6]. It should be noted that this principle implies care and support not only in the situation of somatic complaints related to illness but also implies extending care to emotional, social and spiritual difficulties experienced. The latter aspect of human life has recently been given special emphasis in science and clinical practice abroad and recently also in Poland [7–10]. It involves looking into patients' spiritual experiences related to the meaning of life, the meaning of suffering and other existential dilemmas of patients [3]. The principle of treating the suffering or distressed holistically is not exclusively reserved for palliative care. It is also found in psychology, psychiatry and psychotherapy [11, 12], in the work of social workers [13], or among clergy [14].

Spiritual care towards the suffering becomes a factor that has a positive effect on patient satisfaction with the treatment undertaken, and improves well-being and quality of life [15], thereby reducing suffering [16]. The aforementioned EAPC recommendations and exemplary benefits of compassionate care and implementation of spiritual care in the care of long-term patients are combined with the expectations of the patients, who, in addition to the professionalization of hospice care workers, also expect from them the ability to talk, listen, treat them as a subject and humanize the relationship with them [4].

Compassion for others

According to Paul Gilbert's evolutionary concept, we are all capable of compassion [17]. Therefore, education in this area seems as appropriate as possible. Neff [18] operationalizes compassion for others based on his own concept of self-compassion and defines it as experiencing kindness, a sense of common humanity, mindfulness, and lessened indifference towards the suffering of others. It is therefore an attitude based on an emotional response to the suffering of others, an attempt to cognitively understand a situation, the ability to acknowledge experienced pain, and the ability to be more focused on the suffering or distress of another person [19, 20].

Previous studies indicate numerous benefits of spiritual care and a compassionate relationship with a person in need of support [20–22]. Compassion received by patients positively correlates with their improved well-being and welfare [23], reduced levels of anxiety, worry and depression [24], greater motivation and agreement with the therapeutic and medical interactions undertaken [25], and greater satisfaction with medical care [26]. Also, studies in the field of social work or the work of clergy indicate benefits for persons under care [14, 27]. The ability to empathise with others and provide spiritual care also benefits workers with such skills by contributing to their greater work motivation and reduced risk of burnout or depression [28, 29].

Light triad

The concept of the light triad of personality emerged as a response to research on the concept of the dark triad [30]. Kaufman et al. were introduced to the field of psychological research [31]. In their work, the conceptualisation of the light triad consisted of listing the following categories: faith in people, humanism and Kantianism. These categories were not listed based on mere inversions of dark triad traits but were newly generated to allow the measurement of positive aspects of personality. Moreover, these categories are deeply rooted in the field of positive psychology, reflecting a generally optimistic view of human nature. This concept reflects a caring and benevolent attitude towards other people, which manifests itself in everyday behaviour [32].

The dark triad is also highly significant in the occupational domain. Individuals with high levels of the light triad traits are less likely to engage in sinister actions in response to abusive surveillance and feelings of violation [33]. Additionally, humanism as a component of the light triad may act to protect against the onset of anxiety symptoms among health professionals, in situations such as the COVID-19 pandemic [34]. Furthermore, health professionals who are more likely to possess light personality traits may be less likely to experience moral damage in difficult situations [35].

The light triad is also associated with positive relationships with others [36] and compassion [32].

Aim of the study

This study aimed to determine the relationship of spiritual care with compassion for others and the light triad among clergy, social workers and hospice staff, and identify differences in the aforementioned variables between the above three groups of respondents. Based on the present results of the research, the following research hypotheses were made:

— H1: There are statistically significant correlations between spiritual concern, compassion for others and the light triad;
— H2: There are statistically significant differences in the correlations between spiritual concern, compassion for others and the light triad among clergy, social workers and hospice staff;
— H3: There are statistically significant differences in terms of spiritual concern, compassion for others and the light triad among clergy, social workers and hospice staff.

Methods

Research tools

The following research tools were used to verify the above hypotheses. Spiritual care The Spiritual Supporter Scale (SpSup Scale) questionnaire is used to assess competencies in providing spiritual care [9]. It includes five dimensions of spiritual care: spirituality in relation to one's own and others' suffering, attitude to prayer (as a form of spiritual support), beliefs about spirituality, community as a support system, and sensitivity to suffering (ability to recognise suffering). The sum of individual subscale scores gives a total score. The scale consists of 31 items rated on a 4-point Likert scale from 1 (definitely no), to 4 (definitely yes). In the current study, Cronbach's α reliability coefficients ranged from 0.66 to 0.86 for the spiritual concern subscales and 0.88 for the total score.

Compassion for others

The Compassion for Others Scale was developed by Pommier [19] and a revised version was prepared by Pommier et al. [37]. The revised version was adapted to Polish conditions by Fopka-Kowalczyk et al. [20]. The scale (CS-PL-R) consists of 16 statements to which respondents respond on a 5-point scale, indicating how they usually feel towards others (1 — almost never; 5 — almost always). The scale consists of four subscales (4 items in each): kindness towards others, common experience, mindfulness, and indifference (scored inversely). In this study, Cronbach's α reliability coefficients ranged from 0.67 to 0.77 for the subscales of compassion for others and 0.84 for the total score.

Light triad

The Light Triad scale was developed by Kaufman et al. [31] to measure positive personality traits: faith in humanity (faith in the fundamental goodness of human nature), humanism (appreciation of the dignity and worth of each person) and Kantianism (treating people as ends in themselves). The scale consists of 12 items, which are rated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). The scale, which was adapted into Polish by Gerymski and Krok [32], has satisfactory psychometric indices. In this study, Cronbach's α reliability coefficients were 0.79 (faith in people), 0.71 (humanism) and 0.68 (Kantianism).

Respondents

The study included 578 individuals belonging to three professional groups: clergy, social workers and hospice staff. The size of each group was as follows: clergy — 183 (97 women and 86 men), social workers — 199 (167 women and 32 men) and hospice staff — 195 (176 women and 19 men). In addition to priests, the category of clergy includes nuns, who — in the strict sense of the Code of Canon Law — are not clergy. Nevertheless, nuns belong to the category of consecrated persons, which is a group that is canonically related to the group of clergy members. Therefore, the above-mentioned term "clergy" does not have a legal nature, but rather a general and cultural one. The gender disparity was due to the fact that women predominated among those employed as social workers and hospice staff. The age of respondents ranged from 18 to 89 years, with a mean age of 44.04 ± 12.59 years. Seniority (of being a clergy member, a social worker and a hospice worker) ranged from 0.5 years to 63 years, with a mean of 18.36 ± 12.39 years.

Testing procedure

The vast majority of surveys were conducted in a traditional form (paper-and-pencil surveys), while several surveys were conducted via an online platform due to the presence of epidemiological restrictions. Each respondent received an identical toolkit consisting of information about the study, demographics, and the listed questionnaires with instructions. The information found at the beginning of the study did not explicitly refer to all the constructs measured. Respondents were allowed to complete the questionnaires at their own pace, with no time limit. The completed questionnaires were collected by researchers of the study, which was approved by the

Table 1. Results of the r-Pearson correlation of spiritual care with compassion for others and the light triad among clergy members

	Spirituality	Attitude to prayer	Beliefs about spirituality	Community as a support system	Sensitivity to suffering	Spiritual care — total score
Kindness	0.54***	0.40***	0.36***	0.26***	0.35***	0.52***
Commonality	0.30***	0.31***	0.26***	0.09	−0.01	0.23**
Mindfulness	0.46***	0.30***	0.25***	−0.02	0.18*	0.30***
Indifference	−0.36***	−0.21**	−0.12	−0.18*	−0.13	−0.28***
Compassion for others — total score	0.33***	0.30***	0.29***	0.03	0.11	0.27***
Faith in people	0.36***	0.21**	0.19**	0.25***	0.30***	0.37***
Humanism	0.22**	0.01	0.14	0.18*	0.11	0.19**
Kantianism	0.32***	0.23**	0.27***	0.26***	0.23***	0.36***

*p < 0.05, **p < 0.01, ***p < 0.001

University Ethics Committee at University of Opole, number KOJBN 9/2022.

Statistical analysis

As a first step, an *a priori* power analysis in G* Power was conducted to determine an appropriate sample size N. The following parameters were adopted: power function (1-β), significance level $\alpha = 0.05$, and power of the test (1-β) = 0.90 [38]. The required sample size of n = 325 was estimated to be sufficient to obtain a small effect size. However, a larger sample was included to more fully represent the populations of the professions under study. Statistical calculations used the r-Pearson correlation method and one-way ANOVA (analysis of variance), including *post hoc* comparisons using Tukey's test.

Results

Correlation analyses

As a first step, an analysis of the data structure based on correlation results was conducted separately for the three groups: clergy, social workers and hospice staff. The results for the clergy group are shown in Table 1.

Based on the correlation analysis, the r-Pearson correlation coefficient was statistically significant in the vast majority of comparisons. There were positive correlations between the dimensions of spiritual concern — spirituality, attitude to prayer, beliefs about spirituality, and the spiritual concern total score — and the following dimensions of compassion for others: kindness, commonality, mindfulness, and the compassion total score. However, there were negative correlations between spirituality, attitude to prayer, and the spiritual concern total score with the indifference dimension. The dimension of community as a support system was positively correlated with kindness and negatively correlated with indifference. Sensitivity to suffering was positively correlated with kindness and mindfulness. In addition, all dimensions of spiritual care along with the total score were positively correlated with two dimensions of the light triad: faith in people and Kantianism. Spirituality, community as a support system, and the spiritual care total score were also positively correlated with humanism.

In the next step, correlations were calculated between spiritual care and compassion for others/light triad for social workers (Table 2).

In the correlation analysis, it was found that the vast majority of comparisons reached the level of statistical significance. There were positive correlations between the dimensions of spiritual concern: spirituality, attitude to prayer, beliefs about spirituality, sensitivity to suffering, the spiritual concern total score and kindness, commonality, mindfulness, and compassion total score. In contrast, there were negative correlations between spirituality, beliefs about spirituality, sensitivity to suffering, the spiritual concern total score and the indifference dimension. The dimension of the community as a support system was positively correlated with kindness, commonality, and the compassion total score. In terms of the light triad, all dimensions of spiritual concern — excluding sensitivity to suffering — were positively correlated with faith in people. All dimensions of spiritual concern, excluding attitude to prayer, were positively correlated with humanism. In summary, all dimensions of spiritual concern had a positive correlation with Kantianism.

In the final stage of the correlation study, analyses were made between spiritual care and compassion for others/light triad for hospice staff (Table 3).

It was found that — as in the previous groups — the vast majority of comparisons proved to be statistically

Table 2. Results of the r-Pearson correlation of spiritual care with compassion for others and the light triad among social workers

	Spirituality	Attitude to prayer	Beliefs about spirituality	Community as a support system	Sensitivity to suffering	Spiritual care — total score
Kindness	0.52***	0.28***	0.36***	0.27***	0.30***	0.48***
Commonality	0.27***	0.34***	0.41***	0.21**	0.15*	0.40***
Mindfulness	0.51***	0.27***	0.42***	0.14	0.38***	0.48***
Indifference	−0.36***	−0.10	−0.16*	−0.04	−0.17*	−0.22**
Compassion for others — total score	0.32***	0.21**	0.29***	0.22**	0.22**	0.35***
Faith in people	0.29***	0.16*	0.32***	0.26***	0.13	0.31***
Humanism	0.32***	0.13	0.21*	0.19**	0.23**	0.30***
Kantianism	0.31***	0.17*	0.35***	0.21**	0.20**	0.34***

$p < 0.05$; $^{**}p < 0.01$; $^{***}p < 0.001$

Table 3. Results of the r-Pearson correlation of spiritual care with compassion for others and the light triad among hospice staff

	Spirituality	Attitude to prayer	Beliefs about spirituality	Community as a support system	Sensitivity to suffering	Spiritual care — total score
Kindness	0.40***	0.29***	0.30***	0.29***	0.28***	0.42***
Commonality	0.27***	0.17*	0.24**	0.18*	0.25***	0.29***
Mindfulness	0.45***	0.10	0.28***	0.02	0.22**	0.26***
Indifference	−0.38***	−0.18*	−0.34***	−0.23**	−0.21**	−0.34***
Compassion for others — total score	0.50***	0.25***	0.39***	0.25***	0.32***	0.44***
Faith in people	0.33***	0.19**	0.07	0.06	0.07	0.19**
Humanism	0.28***	0.22**	0.12	0.07	0.11	0.22**
Kantianism	0.29***	0.28***	0.20**	0.18*	0.23**	0.33***

$^{*}p < 0.05$; $^{**}p < 0.01$; $^{***}p < 0.001$

significant. There were positive correlations between the following dimensions of spiritual care: spirituality, attitude to prayer, beliefs about spirituality, sensitivity to suffering, the spiritual care total score and kindness, commonality, mindfulness and compassion total score. In contrast to the previous groups surveyed, all results of the correlation of the dimensions of spiritual concern and the total score with indifference were negative. In addition, the dimensions such as attitude to prayer and community as a support system were positively correlated with kindness, commonality, and compassion total score. In terms of the light triad, the dimensions of spirituality, attitude to prayer and spiritual concern total score had positive correlations with all its dimensions, *i.e.* faith in people, humanism, and Kantianism. Beliefs about spirituality, community as a support system, and sensitivity to suffering were positively correlated only with Kantianism.

In summary, the comparisons of correlations made for the three groups of respondents allow us to conclude that most of them proved to be statistically significant. Despite many similarities in the correlations obtained, there are some differences between the groups of respondents, especially in the correlations between spiritual concern and indifference, faith in people, and humanism.

Variance analysis

A one-way analysis of variance (ANOVA) and Tukey's *post hoc* test were used to compare the results between clergy, social workers and hospice staff on the dimensions of spiritual concern, compassion for others, and the light triad (Table 4).

The ANOVA results indicate the presence of statistically significant differences in the vast majority of the dimensions of spiritual care, compassion for others and the light triad. In terms of the first of the

Table 4. Results of comparisons between clergy members, social workers and hospice staff on the dimensions of spiritual care, compassion for others and the light triad

Variables	Clergy members		Social workers		Hospice staff		f-value	p-value	Tukey's *post-hoc* test:
	M	SD	M	SD	M	SD			
Spirituality	3.14	0.30	3.07	0.03	2.14	0.02	377.41	0.001	CM:HS***, SW:HS***
Attitude to prayer	3.67	0.05	3.06	0.04	2.02	0.05	331.12	0.001	CM:HS***, CM:SW***, SW:HS***
Beliefs about spirituality	3.71	0.03	3.36	0.03	2.43	0.03	535.39	0.001	CM:HS***, CM:SW***, SW:HS***
Community as a support system	3.34	0.04	3.36	0.04	2.20	0.04	302.65	0.001	CM:HS***, SW:HS***
Sensitivity to suffering	3.15	0.04	3.06	0.04	2.07	0.04	214.01	0.001	CM:HS***, SW:HS***
Spiritual care — total score	3.40	0.03	3.18	0.03	2.17	0.03	651.89	0.001	CM:HS***, CM:SW***, SW:HS***
Kindness	4.15	0.05	4.10	0.04	4.26	0.05	3.67	0.05	SW:HS*
Commonality	4.20	0.05	4.04	0.04	4.02	0.04	5.51	0.01	CM:HS*, CM:SW**
Mindfulness	4.26	0.04	4.21	0.04	4.33	0.04	2.39	0.092	
Indifference	2.32	0.05	2.54	0.05	1.83	0.04	65.16	0.001	CM:HS***, CM:SW**, SW:HS***
Compassion for others — total score	3.71	0.03	3.70	0.03	4.20	0.03	96.85	0.001	CM:HS***, SW:HS***
Faith in people	3.84	0.03	3.64	0.03	3.80	0.03	3.74	0.05	CM:SW*, SW:HS*
Humanism	3.87	0.05	3.82	0.05	3.95	0.05	1.87	0.155	
Kantianism	4.18	0.05	4.12	0.05	4.34	0.05	6.25	0.01	SW:HS***

*p < 0.05; **p < 0.01; ***p < 0.001; CM — clergy members; HS — hospice staff; M — mean; SD — standard deviation; SW — social workers

dimensions of spiritual care, *i.e.* spirituality, clergy had a statistically significantly higher score compared to hospice staff. In addition, social workers had a higher spirituality score compared to hospice staff. In terms of the dimensions of attitude to prayer and beliefs about spirituality, all intergroup comparisons proved to be statistically significant: clergy had higher scores than social workers and hospice staff, while social workers also had a higher score than hospice staff. In terms of another two dimensions: community as a support system and sensitivity to suffering, clergy had higher scores compared to hospice staff. Furthermore, social workers had higher scores on these variables compared to hospice staff. In terms of the total spiritual care score, there were statistically significant differences between all groups: clergy had higher scores compared to social workers and hospice workers, while social workers also had a higher score than hospice staff.

In terms of compassion for others, there were statistically significant results in three of the four dimensions and the total score. Social workers had a higher kindness score compared to hospice staff. Clergy had higher scores on the commonality dimension than social workers and hospice staff. In terms of the mindfulness dimension, the ANOVA results were found to be statistically insignificant. In terms of the last dimension, indifference, clergy had a lower score compared to social workers but a higher score than hospice staff. Moreover, social workers had a higher indifference score compared to hospice staff. In the total compassion for others score, clergy and social workers had a higher score of this variable compared to hospice staff.

There were statistically significant results in two of the three dimensions of the light triad: faith in people and Kantianism. Clergy and hospice staff had higher levels of faith in people compared to social workers. Furthermore, hospice workers had higher levels of Kantianism than social workers. In the remaining comparisons for the light triad, the results were found to be statistically insignificant.

Discussion

The results remain largely, although not in all cases, in line with previous research and hypotheses, and provide some basis for practical interventions in

the three groups surveyed. There were correlations for the vast majority of the variables studied, which, however, differed among the groups surveyed, especially in terms of the relationships of spiritual concern with indifference, faith in people, and humanism. Intergroup differences were observed. In terms of spiritual care, clergy had the highest scores while hospice staff had the lowest. The results of Babler's study [39] were different, with hospice nurses scoring higher on spiritual care than social workers, who scored lowest.

In terms of compassion for others, clergy and social workers scored higher than hospice staff. A similar study was conducted by Ondrejková and Halamová who assessed, among other things, the level of compassion for others among different professional groups, including social workers, clergy and health professionals [40]. The results indicate that there were no significant differences in the levels of compassion and self-compassion shown by professionals with medium and low scores of compassion fatigue.

In terms of the light triad, social workers had less faith in people than clergy and hospice staff, and they also had lower levels of Kantianism compared to hospice staff. The results indicate that hospice staff had a relatively stronger faith in the fundamental goodness of human nature and strived to optimally treat people as ends in themselves, compared to the other groups, which may be due to hospice staff's positive attitudes and commitment to responsibility, willingness to help, and attitude to treat patients as a subject [41].

Research limitations

Although this study is one of the first to make comparisons on spiritual care, compassion for others and the light triad among clergy, social workers and hospice staff, it is not without limitations. Firstly, gender disparity due to the fact that women predominate among those employed as social workers and hospice staff may have significantly affected the observed intergroup differences. Secondly, the addition of tools that explore self-compassion or personality traits would broaden the perspective and enrich the results obtained. It would also be worthwhile to conduct qualitative research using, for example, grounded theory to explore personal experiences of showing compassion and spiritual care. In particular, it would be interesting to interview hospice staff and reflect on the reasons for lower levels of spiritual care or compassion compared to other groups of respondents.

Conclusions

Despite the aforementioned limitations, the results of this study indicated dependencies of the variables and differences between clergy, social workers and hospice staff, as well as practical conclusions. Interventions to develop spiritual care are particularly needed among palliative care staff. It is essential to educate staff on how to recognise the suffering and spiritual needs of patients to provide optimal care and support, and it is essential to know the research tools that are useful for such diagnosis [42]. An essential discussion seems to be about one's own beliefs regarding a sense of meaning in life, the importance of relationships with others, issues of self-forgiveness and forgiveness of others, or dying and death [43]. Another discussion that seems to be important in education is a discussion about the definition of spirituality regardless of declared religion, which broadens the areas of spiritual experience — such as communing with nature, relationships with others or culture — in addition to the relationship with God [3]. Acquiring skills in non-judgmental and attentive conversation, assisting in the practice of personal spirituality or participating in prayer with a suffering person are just a selection of the opportunities available to the spiritual care practitioner.

Article information and declarations

Acknowledgements

None.

Data availability statement

Survey data are available in the authors' archives.

Ethics statement

The research was conducted in accordance with ethical principles.

Author contributions

The authors declare that they have prepared the material equally. MFK and DK — original version of the article and corrections; DK — statistical analysis.

Funding

The research was prepared using own finances.

Conflict of interest

The authors declare no conflict of interest.

Supplementary material

None.

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