

The perceptions of spirituality and spiritual care among people from Chinese backgrounds living in England: a grounded theory method

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**An understanding of spirituality and spiritual care among people from Chinese
backgrounds: a grounded theory study**

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ABSTRACT

Aim

To investigate the meaning of spirituality and spiritual care among people from Chinese backgrounds living in England.

Design

Strauss and Corbin's grounded theory design was used.

Method

Twenty-five participants were recruited from Chinese community centres after which data saturation was reached in September 2016. In-depth interviews in Chinese were carried out. Transcribed digital recordings were translated into English. Data analysis followed the techniques of open coding, axial coding and selective coding, using NVivo11. Data collection and analysis were conducted simultaneously.

Results

Three themes emerged from the data which provide an understanding of spirituality and spiritual care in the study context: 'essence and nature of life', 'driving forces', 'self-support'.

Conclusion

This study provides an understanding of spirituality and spiritual care from a Chinese cultural perspective. From a Daoist tradition, spirituality is seen as essence and driving force in the human body. From a Confucian viewpoint, it appears that patients saw themselves or the 'self' as a supporting resource.

Impact

The knowledge gained from this study has potential to support nurses and healthcare practitioners to identify the spiritual needs of people from Chinese backgrounds and to remove some of the Chinese misconceptions Chinese people hold about spiritual care by explaining what these concepts could mean. It could also improve cultural awareness for student nurses around what constitutes spiritual care. Further research is recommended among the wider community of health and social care workers to explore spirituality and spiritual care among people from Chinese backgrounds living in England.

Keywords: Chinese, Confucian, cultural awareness, Daoist, essence, grounded theory, health, nursing, spirituality, spiritual care

INTRODUCTION

An understanding of spirituality is important to people's health and spiritual care (McSherry et al., 2020). In recent years, the number of people from Chinese backgrounds living in the UK has seen a massive increase from 226,948 - 433,150 (Nomis, 2003; 2014) with 10.4 per cent of these immigrants having illness, potentially needing to use the National Health Service (NHS) (Office for National Statistics (ONS), 2013). These Chinese immigrants' needs for spiritual and religious care should be considered alongside their medical needs as being integral to their overall health and well-being (Leng, Lui, Huang, Breitbart, & Gany, 2019). This study thus aimed to gain a better understanding of spirituality and spiritual care among UK residents from Chinese backgrounds to assist health-care professionals in identifying their spiritual care needs. 'People from Chinese backgrounds' in this study refers to the population living in the UK who consider they are of Chinese origin. They could be from China or other countries.

BACKGROUND

Spiritual care is vital in health and nursing. The World Health Organization (2020) emphasised that spiritual care is one of the four pillars in providing patients' holistic care, alongside physical, psychological and social care. Researches has shown spirituality to be an essential component of quality of life for patients and their families (Willemse et al., 2020), particularly for those at end of life (Swinton et al., 2017).

However, there is no unified definition of spirituality in healthcare. In Western culture, there has been a move from a classical religious definition (Stephenson, 2018) to a generic one which includes religious and non-religious understandings of the term (Swinton, 2020). Within the generic definition, the secular elements have increased with a focus on peoples' existential

concerns (Weathers, McCarthy, & Coffey, 2016), belief and traditions (Puchalski, Vitillo, Hull, & Reller 2014).

Compared with the conceptual definitions in a Western context, spirituality in a Chinese context has a greater focus on the relationship with the self, others, nature and Higher Being(s) (Chao, Chen, & Yen, 2002) and the process of dealing with illness (Mok, Wong & Wong, 2010). There is a lack of up-to-date research on spirituality and spiritual care with a few examples from Taiwan (Yang, Narayanasamy, & Chang, 2012), Hong Kong (Wong & Yau, 2010) and the US (Chiu, 2001) which explored the concepts from a purely Chinese perspective. This highlights the need to explore the terms for a broader range of people from Chinese backgrounds, including Chinese people living in the UK.

There are very few definitions of spiritual care in nursing. A commonly cited one is provided by NHS Education for Scotland (2009) which describes it as individual support in times of crisis, finding meaning of life in self-worth, religious need and compassionate relationships. This is similar to the current definitions of spirituality which recognise religion, relationships and a meaningful life, particularly during critical life events (Weathers et al., 2016), suggesting that it guides and informs the practice of spiritual care.

AIM

This study aimed to explore the meaning of spirituality and spiritual care among people from Chinese backgrounds living in England, where most ethnic Chinese are based (379,503) compared with 33,638 in Scotland, 13,638 in Wales and 6,303 in Northern Ireland (Nomis, 2014).

DESIGN

The study used a qualitative design based on Strauss and Corbin's (1998) school of grounded theory to collect and analyse data. Using this method, the meaning of spirituality and spiritual care emerged through the researchers' interaction with the participants.

RECRUITMENT

Twenty-five participants were recruited, using purposive and then theoretical sampling methods.

The first six participants were selected according to the general inclusion and exclusion criteria of the study. The inclusion criteria were: 18 years old or above, from a Chinese background such as mainland China, Taiwan, Hong Kong, Vietnam, and Malaysia and residing in the UK.

Participants with any cognitive impairment or mental health problems diagnosed by a physician and known to the managers in the Chinese community were excluded. Theoretical sampling was introduced to select 19 participants to help develop the emerging categories created in the data analysis (Strauss & Corbin, 1998). This included looking for participants with specific characteristics or knowledge to develop emergent concepts. For example, 'internal force' as an understanding of spirituality emerged from a Daoist participant who believed the driving force of keeping the body's Yin-Yang balance was important. This prompted finding participants with different religious or personal beliefs, so that spirituality as an internal force could be verified and developed among people with different religious affiliations.

Managers in four Chinese community centres – two in Birmingham, one in Manchester and one in London – helped with the recruitment. According to the latest 2011 census (Nomis, 2014), these three cities had the largest Chinese populations in the UK, with 12,712 in Birmingham, 13,539 in Manchester and 124,250 in London, making them key locations for this study.

The primary researcher contacted the managers by emails and through face-to-face meetings to introduce the project and seek their support with recruitment. Their role involved identifying and liaising with potential participants according to the inclusion criteria and the requirements of the emerging concepts. Those who expressed an interest in taking part were put in touch with the researcher who explained the study further, gained informed consent and carried out the interviews. The primary researcher, a PhD candidate, carried out the interviews having received training on conducting interviews and data analysis. The project was conducted under the supervision of two experienced qualitative researchers. The primary researcher had no direct influence on the recruitment process and participation was entirely voluntary.

DATA COLLECTION

The data collection was conducted between July 2015 - October 2016 with the theoretical development concluded in 2018, therefore offering valuable insights relevant to contemporary nursing and health care.

In-depth interviews

The interviews were conducted in places convenient for the participants such as a quiet room in the Chinese community centre or in their own homes, lasting between 30 and 60 minutes. All were digitally audio-recorded, with written field notes to facilitate understanding of the interview context and to help develop the concepts. The primary researcher conducted interviews in Mandarin but, with eight participants speaking Cantonese and Hakka, four interpreters who signed a confidentiality agreement were used to facilitate the conversations. The interpreters had a good command of Mandarin, Cantonese and Hakka and worked as professional translators in the Chinese community centres. Using Chinese languages, the first language of participants

interpreters and the primary researcher, enabled linguistic and cultural nuances in conversations could be captured to minimise any loss of meaning (Al-Amer, Ramjan, Glew, Darwish, & Salamonson, 2015). At the end of the interviews, participants were asked to complete a simple demographic form for basic information.

The interviews were guided by an interview agenda. Two open-ended research questions were asked, to allow participants to express their views on spirituality and spiritual care: ‘What is your understanding of spirituality?’ and ‘What is your understanding of spiritual care?’ If participants had difficulty in answering the research questions, two alternative questions were used: ‘What is your perception on life?’ and ‘What is important to you?’.

Theoretical questions were used to develop the emerging concepts. For example, to develop the emerging concept ‘being vibrant’, which later became a sub-concept of ‘driving force’, the question ‘how can you gain this vibrancy?’ was used to advance its theoretical development. Likewise, when ‘inner being’ emerged as an understanding of ‘essence’, the question ‘Could you describe more about what the “inner being” means?’ was used.

Transcription and translation

The primary researcher transcribed the 24 interviews (one couple preferred to be interviewed together) verbatim by listening to the recordings after conducting each one and clarified the sentences and words that the interpreters failed to translate by calling the interpreters. The primary researcher had a good command of English, having worked in an English-speaking environment for 12 years and had obtained the appropriate linguistic qualifications. She was therefore able to conduct, transcribe and translate all the interviews, immersing herself in data collection and analysis for more than two years. After translating the Chinese transcripts into

English, she then invited an academic who was fluent in Mandarin Cantonese and English to verify a selection of the transcriptions and translations by listening to the recordings and checking through the transcripts and translations line by line. These steps were taken to ensure the conceptual equivalence of translation regarding the participants' understanding of spirituality and spiritual care in this cross-language study (Squires, 2009).

After ensuring the quality of translation, the primary researcher then imported the English transcripts into NVivo11 for data analysis. The emerging concepts from each interview guided the subsequent recruitment. After 24 interviews, as no new concepts were emerging and theoretical saturation had been reached, the managers were advised that no further notified participants **were** required.

ETHICS APPROVAL

The **Staffordshire** University ethics committee approved the investigation. Participants were informed orally and on an information sheet that their participation would be anonymous and data would be kept in a locked cabinet and destroyed after ten years. The primary researcher obtained informed consent from all participants before starting the interviews. The information sheet and consent forms were written in three languages: simplified Chinese, traditional Chinese and English.

DATA ANALYSIS

The data were analysed using NVivo 11, using open, axial and selective coding strategies in a micro-analytical technique. This was carried out by the primary researcher and verified by her two supervisors. By giving each sentence a name and grouping the names with similar meanings into a higher-level node, line-by-line analysis in open coding allowed concepts and categories to

emerge. For example, ‘driving forces’ and ‘mental illness’, in the understanding of spirituality, were gathered under ‘driving forces’ because ‘mental illness’ can be a manifestation of a force existing in the human body if it is out of balance. The higher-level nodes derived from the open coding nodes were then developed or grouped into concepts and the categories of *action*, *condition* and *consequence*. For example, the phenomenon of ‘self-support’ in spirituality was an individual’s deep thought and reflection. The *condition* for this was a peaceful state of mind and self-control indicated by the participants, while the *action*, following Confucian thought, was being grateful and turning to others for help. The *consequence* was getting motivation and a sense of value. A core category, ‘seeking a meaningful life’, as a selective code, was derived by pulling together the other categories. Due to the limited space here, only three concepts – essence, driving force and self-support – are presented. These illustrate that the action of a self-support enabled participants to achieve their life meanings through gaining vibrancy and grasping the essence of life. The presentation of the core category can be seen in the thesis (Niu, 2019).

RIGOUR

The rigour of the study was ensured with criteria set by Chiovitti and Piran (2003) who based their study on a Straussian approach. The credibility was established through participants freely expressing their understanding of spirituality and spiritual care, through checking the emerging constructs and using the participants’ own words for the codes. The primary researcher maintained reflexivity, using a reflective diary and field notes which detailed her interactions with the participants and the way she conducted the data analysis, limiting her personal input and influence on the data (Charmaz, 2014). Auditability was assured by asking general and theoretical questions in the theory development (Strauss & Corbin, 1998). The fittingness was

enhanced through delineating the participants' characteristics, the research setting and describing the literature pertaining to the emergent categories.

RESULTS

At data saturation, the final number of participants recruited for this research was 25 (Table 1). A broad range of people from different Chinese backgrounds were recruited, with 11 males and 14 females, aged 21–82. The participants from China, Taiwan, Hong Kong and Vietnam, had been living in the UK for varying lengths of time, from six months to over 30 years. Their self-claimed ethnicities were Han, Hui, Hakka, She and Man. Fourteen claimed they had clear religious beliefs such as Christianity or Buddhism while ten reported that they were atheist and/or believed in mixed philosophies. Of the 25 participants, three had hospital backgrounds including a nurse, a physician and a care assistant, with six working in health-related sectors, including an art therapist, social workers and care workers. The remaining participants were students, housewives and restaurant workers. Four participants had been hospitalised in the last 12 months.

The participants addressed their understanding of spirituality and spiritual care, using three categories 'essence and nature of life', 'driving forces' and 'self-support'. These themes, along with the key points, supporting extracts from the transcripts, the researchers' explanations and participants' pseudonyms are shown in Table 2.

Essence and nature of life

Some participants related spirituality to an entity within the body and referred to words such as 'human nature', 'essence' and 'soul' or 'spirit'. To highlight that spirituality was a human entity, they suggested that spirituality was the essence built into one's body from a scientific

perspective. For example, Shuaige referred to spirituality as the core and essence within a person from the view of a computing engineer:

'A person without spirituality acts according to coded command and other's will, like a computer programme. He loses his judgement and ideas. I think spirituality is something within people to make them alive.'

To further express spirituality as an essential element of the human body, participants used words such as soul or spirit, showing their understanding of the term from a metaphysical perspective. For example, Wangxing explained that the soul exists in the human body and only leaves the flesh after death and it continues to exist forever.

Some participants extended their understanding of the spirit to national energy and solidarity, which was inherent in the physical body, addressing spirituality as the result of language evolution in modern society, as illustrated by Mimang:

'The simplest example is that the ongoing Olympics expresses a nation's or a person's spirit.'

In reference to spirituality as a human entity, participants frequently used the terms 'human nature' or 'nature'. Some firmly described spirituality being human nature to indicate that it was an innate part of humans, though others hesitated to claim such a view, as illustrated by Maowai and Qinlao (see Table 2). Some described the basic characteristics of human nature, rather than explaining what human nature was, to indicate that spirituality was an internal part of the human body. These characteristics were described as 'good', 'virtuous' by Maowai, 'inherent in every human body' by Qinlao, 'stable' and 'not easy to change' by Aiwa. The way some explained human nature was very similar to their comments on the soul and spirit. For example, Wangxing

explained that the soul was ‘everlasting in the universe’ and the spirit was ‘within a person’. Illustrating human nature as a part of oneself to address spirituality, Maowai explained the benefits of gaining this nature, such as regaining new life and achieving righteousness, or pointed out a method of gaining this nature, such as through believing in the philosophy of *Dao* in Daoism. Laoxiang emphasised the need to trust human nature, oneself and humanity, suggesting that human nature was virtuous and inherent in oneself and that people should bring out this virtue to love one another. Equating spirituality with the need to trust in others and humanity further confirmed that human nature was seen as the essence of the body.

Driving forces

The findings showed that participants related spirituality to a specific driving force, connected to the essence described above. This was illustrated by Shuaige, who said that spirituality was the engine or core of the human body and the energy derived from this could enable people to thrive. Similarly, Wangxing described the spirit as being inherent in a person and connected to energy and the energy for breathing, with the driving force not necessarily from the spirit.

Many participants had no sense of a connection between the essence and the driving force, but indicated spirituality as being the driving force. For example, Sandi related spiritual care to the force without mentioning that the force was derived from or related to an essential part of humans, assuming that spirituality and spiritual care were the same. It seems that the driving force was seen as a separate entity existing in one’s body:

‘I summarised that spiritual care in your research can be understood as positive energy. It is about teaching people to be positive. This is important.’ Sandi

Some participants referred to the driving force as keeping oneself vibrant and powerful feeling. For example, Heping explained spirituality as two characters *jing* (精) and *shen* (神). He further explained the terms describing how spirituality was a force to maintain people's vibrancy (see Table 2).

Participants also illustrated spirituality as a driving force by focusing on its effect on people's appearance. For example, Xieguang considered that the driving force and energy strengthened people facing a life crisis and ultimately death and thought this force enabled them to appear vibrant, alert and healthy. The effect of this driving force on people's mental health was illustrated by Kunan who said that spirituality was a mental state or related to mental psychological illness. While the positive driving force could make people feel alive and vibrant and provide life meaning, as illustrated by Xiaojin (see Table 2). If this force was out of balance and went wrong, people could develop signs of illness, particularly mental illness. Xuezhe noted that one consequence of having mental illness was that people could become hostile or even angry about the term when expressing spirituality.

Self-support

The findings showed that participants used self-supporting strategies in everyday life and hospital settings, outlining their understanding of spirituality and spiritual care. Laoxiang related the support gained from one's own thoughts and reflections to spirituality and explained that gaining support this way enabled people to think independently, overcome barriers, become mature and form solid beliefs that were beneficial for personal development. Participants also applied famous Confucian sayings to their thought on spirituality, as they believed this provided them with the strength to live their daily lives. For example, Maoge used Confucian teachings as behavioural rules for his own daily behaviour, although sometimes the participants were not

always sure which ancient Chinese philosopher taught the ideas. Youhao explained that she had followed a Confucian saying from the *Analects* (Eno, 2015) to maintain inner peace when her health had deteriorated.

Getting support from one's own thoughts required a peaceful mind, which was particularly important for patients in regaining the strength to live. For example, Pengchao suggested that cancer patients should not be told the life-threatening news so that they could keep a peaceful mind to restore their inner strength and keep their hope alive.

Another strategy of self-support was one's controlling feelings and following one's own pace. For example, Yisheng explained self-support as the importance of keeping calm and controlling one's feelings in a crisis:

'If I got the cancer, I would be shocked by the diagnosis ... However, I could calm down in a short period of time and be able to face it.' Yisheng

Likewise, Youhao stated that self-support could be achieved by keeping one's independence and following one's own pace when dealing with a crisis. Sandi suggested that being able to let things go and being tolerant was another way of maintaining peaceful thinking to recover inner strength.

In addition to keeping calm, controlled and tolerant when encountering illness, participants explained how they used Chinese philosophies to keep a grateful positive attitude. For example, Shufa expressed her gratitude to Heaven for her condition not growing worse, using Chinese Confucian philosophy. She also used a strategy of asking questions such as 'why do I have this problem?' and 'why do I need to be unhappy?' to actively seek the meaning of life in difficult

times and enable positive thinking. Mimang believed that her inner strength came from keeping Buddha close to her heart.

When addressing spirituality, participants reflected on external help that moved them from relying on their own thoughts to seeking help from family and friends. For example, Boshi's belief in helping others constantly motivated her to work for the benefit of others, which helped her grow in her own sense of value and self-belief.

Turning outwards, besides giving participants a sense of value and motivation, also gave them power to live, through hearing others' inspirational stories. Shufa shared how she had gained the confidence to fight cancer by listening to a friend's story who had similarly suffered from a life-threatening illness and had got better through positive thinking.

DISCUSSION

Essence and nature of human spirituality

The findings revealed that some participants related spirituality to an entity or force within the body, using the terms 'human nature', 'essence' and 'soul' or 'spirit'. This entity was seen as inherent, virtuous, energy-generating and everlasting. This indicates that some from Chinese backgrounds believe that humans are born with a good nature and this belief can help a person regain the essence of life or a new way of living. Those participants were inclined to help others as it reinforces the principle of being virtuous. The belief in the everlasting attribute of this entity, which can exist in a metaphysical world after death, enabled participants to maintain hope in life when facing illness or crisis. Likewise, the energy-generating aspect of spirituality referred to in the finding enabled them to have power and courage to face life crises and death

(Baker, 2018). This energy could also be collectively demonstrated in a sense of national spirit if a group of people cherished and displayed the energy and its virtue.

Participants' association of spirituality with a human entity reflects Hay's (2006) argument that human spirituality is partially a biological gene inherent in the body. One view is that spirituality is essential for relational consciousness, to receive spiritual and religious information to connect with the self, others, the environment and God (Doumit, Rahi, Saab, & Majdalani, 2019). While the participants may not have specifically referred to it in these terms, they did emphasise the importance of this human entity for personal development and well-being by highlighting its attributes as virtuous, innate and capable of moving them forward. Understanding spirituality as such an entity of the human body is important for health-care professionals, because it reinforces that spiritual care is a vital part of overall fundamental care.

Mental health in spirituality

The results also showed that some participants specifically related spirituality to a mental state, as a force that could be vibrant but also indicative of mental health issues. The association of spirituality and spiritual care with mental health can also be seen in Western culture, where spiritual interventions can be beneficial for people's mental health in reducing stress, with a positive impact on their mental state (Zadworna-Cieślak, 2020). The connection in Chinese culture, however, is more specific and can have negative indications of mental illness.

In Daoism *jing* (精) is the essence, *shen* (神) the energy and *Qi* (气) the driving force in the human body (Mou, 2012). Founded on the basic concepts of Daoism, according to Traditional Chinese Medicine *jing* (精) and *shen* (神) are unified under the *Yin-Yang* forces, which are negative and positive forces that maintain a balanced world and body and mind (Jing & Van de

Ven, 2014). Although some participants were not aware of the connection between the forces and people's mental state, the association of spirituality and mental health tended to be understood, demonstrating a modern understanding of spirituality (*jingshen* 精神) as a result of language development. Although this relatively new understanding is distinct from its original meaning in Daoism and Traditional Chinese Medicine, it is deeply rooted in traditional Chinese philosophy.

Therefore, health-care professionals in the UK may need to know about this connection and the understanding of spirituality grounded in both Chinese culture and language development. This may, in turn, require an explanation to people from Chinese backgrounds that spiritual care and mental care are two different concepts in health care in the UK. This understanding may help to reduce the resistance and fear associated with spiritual care. Furthermore, an explanation that the concepts of spirituality and spiritual care are comparable to the basic traditional Chinese concepts of *jing* (精), *Qi* (气), *shen* (神) may reassure them regarding the implementation of spiritual care interventions.

Inner resources in spiritual care

The findings showed that drawing on one's own inner resources was a source of support that participants used both in everyday life and while receiving care in a hospital setting. There are different expressions concerning seeking resources from within the self in both Western and Chinese cultures and they are about 'moving inwards' (Swinton, Bain, Ingram & Heys, 2011) and 'self-reliance' (Yang et al., 2012). Ways of finding inner resources from within the self in Chinese culture are diverse. Besides finding proximate relationships between the self, family and close ones (Baker, 2018), it is important for people from Chinese backgrounds to find an

explanation for suffering from within Chinese philosophy and to get energy from other sources such as reading books and listening to stories of other patients. Moreover, for these people, self-reliance can be gained by keeping control of themselves and being independent. The Chinese cultural norm of cultivating the self may influence this behaviour (Yan, 2017). An awareness of the importance of self-supporting measures would therefore be useful for health-care professionals in implementing spiritual care. Also, as using the self as a supporting resource and self-consciousness for people from Chinese backgrounds in their understanding of spirituality could be the influence of Chinese philosophical thought: self-cultivation (Eno, 2016), it might be helpful to use these principles to guide people's lives or support patients for better spiritual care.

LIMITATIONS

In keeping with theoretical sampling, a total of 25 participants were recruited before saturation was reached. While this may appear to be a small sample in terms of representing people from Chinese backgrounds residing in the UK, it still offers a comprehensive insight into the perceptions of this group. One aim of this investigation was to explore how spirituality and spiritual care were perceived by people from Chinese backgrounds working in health and social spheres. Through theoretical sampling three participants met this criterion: one lab technician who had surgical experience in China, one UK registered nurse and one care assistant. While these participants provided some valuable insights, their experiences cannot be generalised as they may not reflect the wider health and social care community. Therefore, further research would be valuable in these areas, perhaps involving a wider sample from the health and social care communities including allied health professions, nurses, physicians, social workers, faith groups and chaplaincy services.

RECOMMENDATIONS

- As spirituality is interpreted here as the essence of the human body, nurses and health-care professionals would benefit from understanding the term and how it may be different from the definitions developed within Western traditions. An awareness of the associated ideas of ‘nature’ and ‘spirit’ would also help with implementing better spiritual care. For example, the Chinese participants’ perceptions of the righteous nature of human beings in spirituality allowed them to help others by being ‘virtuous’, thereby enhancing their confidence and self-values.
- The concept of ‘driving force’ was also found to be central to perceptions spirituality and spiritual care. This means that people from Chinese backgrounds tended to link spirituality to mental illness if this force was out of balance. Nurses and health-care professionals would therefore help by explaining that spiritual care and mental health are two different concepts and opposite consequences of the *Yin-Yang* theory in Daoism, to remove misconceptions and reduce patients’ resistance to spiritual care.
- Such knowledge could be valuable for teaching materials in lectures and reflective exercises. This would be useful in terms of nursing and health-care students’ cultural awareness by providing them with culturally congruent methods for implementing spiritual care.

CONCLUSIONS

This study used a Straussian grounded theory method to explore the meaning of spirituality and spiritual care among people from Chinese backgrounds living in England. Spirituality and spiritual care were explained by participants as: ‘essence nature of life’, ‘driving forces’ and

‘self-support’. These findings contribute to the body of knowledge in nursing and health care from a specific Chinese perspective. It is hoped that this will help nurses and health-care professionals when addressing Chinese immigrants’ spiritual needs and also remove some misconceptions that patients may hold about spirituality and spiritual care. This knowledge could be useful for cultural awareness education in health care, particularly regarding people’s spiritual need. In terms of future nursing research, this study offers some insights and proposes extending the scope of the investigation to include the wider health and social care community of those from Chinese backgrounds and thus advance knowledge in this area.

REFERENCES

- Al-Amer, R., Ramjan, L., Glew, P., Darwish, M., & Salamonson, Y. (2015). Translation of interviews from a source language to a target language: Examining issues in cross-cultural health care research. *Journal of Clinical Nursing, 24*(9/10), 1151–1162.
<https://doi.org/10.1111/jocn.12681>
- Baker, A. C. (2018). Sacred kink: Finding psychological meaning at the intersection of BDSM and spiritual experience. *Sexual & Relationship Therapy, 33*(4), 440–453.
<https://doi.org/10.1080/14681994.2016.1205185>
- Chao, C. S., Chen, C. H., & Yen, M. (2002). The essence of spirituality of terminally ill patients. *Journal of Nursing Research, 10*(4), 237–245.
- Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). London: SAGE
- Chiovitti, R. F., & Piran, N. (2003). Rigour and grounded theory research. *Journal of Advanced Nursing, 44*(4), 427–435. <https://doi.org/10.1046/j.0309-2402.2003.02822.x>
- Chiu, L. (2001). Spiritual resources of Chinese immigrants with breast cancer in the USA. *International Journal of Nursing Studies, 38*(2), 175–184.
- Doumit, M. A. A., Rahi, A. C., Saab, R., & Majdalani, M. (2019). Spirituality among parents of children with cancer in a Middle Eastern country. *European Journal of Oncology Nursing, 39*, 21–27. <https://doi.org/10.1016/j.ejon.2018.12.009>
- Eno, R. (2015). The analects of confucius: An online teaching translation. Retrieved from [http://www.indiana.edu/~p374/Analects_of_Confucius_\(Eno-2015\).pdf](http://www.indiana.edu/~p374/Analects_of_Confucius_(Eno-2015).pdf)

- Eno, R. (2016). The great learning and the doctrine of the mean: an online teaching translation.
Retrieved from <http://www.indiana.edu/~p374/Daxue-Zhongyong.pdf>
- Hay, D. (2006). *Something there: The biology of the human spirit*. London: Darton Longman and Todd.
- Jing, R., & Van de Ven, A. H. (2014). A Yin-Yang model of organizational change: The case of Chengdu bus group. *Management and Organization Review*, 10(1), 29–54.
<https://doi.org/10.1111/more.12045>
- Leng, J., Lui, F., Huang, X., Breitbart, W., & Gany, F. (2019). Patient perspectives on adapting meaning-centered psychotherapy in advanced cancer for the Chinese immigrant population. *Supportive Care in Cancer*, 27(9), 3431–3438.
<https://doi.org/10.1007/s00520-019-4638-2>
- McSherry, W., Ross, L., Attard, J., van Leeuwen, R., Giske, T., Kleiven, T., . . . the EPPIC Network. (2020). Preparing undergraduate nurses and midwives for spiritual care: Some developments in European education over the last decade. *Journal for the Study of Spirituality*, 1–17. <https://doi.org/10.1080/20440243.2020.1726053>
- Mok, E., Wong, F., & Wong, D. (2010). The meaning of spirituality and spiritual care among the Hong Kong Chinese terminally ill. *Journal of Advanced Nursing*, 66(2), 360–370.
<https://doi.org/10.1111/j.1365-2648.2009.05193.x>
- Mou, Z. (2012). *Taoism*. Leiden: Brill.
- NHS Education for Scotland (NES). (2009). Spiritual care matters an introductory resource for all NHS Scotland staff. Retrieved from Edinburgh:
<http://www.nes.scot.nhs.uk/media/3723/spiritualcaremattersfinal.pdf>

Niu, Y. (2019). Meaning and experiences of spirituality and spiritual care among people from Chinese backgrounds living in England: a grounded theory investigation. (Doctor of Philosophy), Staffordshire University, Stoke-on-Trent. <http://eprints.staffs.ac.uk/id/eprint/5765>

Nomis. (2003). *Census 2001: Ethnic group KS006*. Retrieved from <https://www.nomisweb.co.uk/census/2001/KS006/view/2092957703?cols=measures>

Nomis. (2014). *Census 2011: Ethnic group KS201UK*. Retrieved from <https://www.nomisweb.co.uk/census/2011/KS201UK/view/2092957697?cols=measures>

Office for national statistics (ONS). (2013). Ethnic variations in general health and unpaid care provision. Retrieved from <http://www.ons.gov.uk/ons/rel/census/2011-census-analysis>

Puchalski, C. M., Vitillo, R. J., Hull, S. K., & Reller, N. (2014) Improving the spiritual dimension of whole person care: Reaching national and international consensus. *Journal of Palliative Medicine*. 17 (6), 642–656.

Squires, A. (2009). Methodological challenges in cross-language qualitative research: a research review. *International Journal for Nursing Studies*, 46(2), 277–287. <https://doi.org/10.1016/j.ijnurstu.2008.08.006>

Stephenson, P. (2018). The delivery of end-of-life spiritual care to Muslim patients by non-Muslim providers. *MEDSURG Nursing*, 27(5), 281–285.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Swinton, J. (2020). What is missing from our practice? Spirituality as presence and absence. *Journal for the Study of Spirituality*, 1(1), 13–16. <https://doi.org/10.1558/jss.v1i1.13d>

- Swinton, J., Bain, V., Ingram, S., & Heys, S. D. (2011). Moving inwards, moving outwards, moving upwards: The role of spirituality during the early stages of breast cancer. *European Journal of Cancer Care, 20*(5), 640–652. <https://doi.org/10.1111/j.1365-2354.2011.01260.x>
- Swinton, M., Giacomini, M., Toledo, F., Rose, T., Hand-Breckenridge, T., Boyle, A., . . . Cook, D. (2017). Experiences and expressions of spirituality at the end of life in the intensive care unit. *American Journal of Respiratory & Critical Care Medicine, 195*(2), 198–204. <https://doi.org/10.1164/rccm.201606-1102OC>
- Weathers, E., McCarthy, G., & Coffey, A. (2016). Concept analysis of spirituality: An evolutionary approach. *Nursing Forum, 51*(2), 79–96. <http://doi.org/10.1111/nuf.12128>
- Willemse, S., Smeets, W., Leeuwen, E., Nielen-Rosier, T., Janssen, L., & Foudraïne, N. (2020). Spiritual care in the intensive care unit: An integrative literature research. *Journal of Critical Care, 57*.
- Wong, K. F., & Yau, S. Y. (2010). Nurses' experiences in spirituality and spiritual care in Hong Kong. *Applied Nursing Research, 23*(4), 242–244. <https://doi.org/10.1016/j.apnr.2008.10.002>
- World Health Organization (WHO). (2020). Palliative care. Retrieved from <https://www.who.int/health-topics/palliative-care>
- Yan, D. (2017). *Confucius*. Beijing: New World Press.
- Yang, C. T., Narayanasamy, A., & Chang, S. L. (2012). Transcultural spirituality: The spiritual journey of hospitalized patients with schizophrenia in Taiwan. *Journal of Advanced Nursing, 68*(2), 358–367. <http://dx.doi.org/10.1111/j.1365-2648.2011.05747.x>

Zadworna-Cieślak, M. (2020). Spirituality, satisfaction with life and health-related behavior of older residents of long-term care institutions – a pilot study. *Explore*, 16(2), 123–129.
<https://doi.org/10.1016/j.explore.2019.07.016>