

NURSES' EXPERIENCES OF THE RITUAL OF FETCHING THE SPIRIT OF THE DECEASED FROM A PUBLIC HOSPITAL IN MPUMALANGA, SOUTH AFRICA

P.M. Jiyane, MCur
University of Pretoria
Department of Nursing Science

S.S. Phiri, MCur
University of Pretoria
Department of Nursing Science

M.D. Peu, PhD
University of Pretoria
Department of Nursing Science
Corresponding author: Doriccah.Peu@up.ac.za

ABSTRACT

The aim of this study was to explore and describe nurses' experiences regarding the ritual of fetching the spirit of the deceased from a public hospital in the Thembisile area of Mpumalanga province in South Africa. A qualitative, explorative, descriptive study was conducted, using unstructured interviews to collect data.

Saturation was achieved when no more new themes were elicited from participants, and the sample size was determined. One major question used throughout the interviews was: 'What were your experiences regarding the ritual of fetching the spirit of the deceased from the hospital?'

The responses were captured on an audio recorder and then transcribed verbatim. Strategies used to ensure trustworthiness included: credibility, transferability and dependability. Data analysis was done according to Tesch's method as indicated in Creswell (2003:192). The researchers and an independent qualitative data analyst agreed about the categories, sub-categories and themes. The identified major categories included the process of fetching the spirit, motivation for the ritual, emotions and inherent problems.

While most nurses respected family members' rights to perform the ritual of fetching the spirit of the deceased from the place of death, namely the hospital, they also indicated that the rights of other patients had to be respected. It was recommended that this hospital should formulate

policies about the performance of this ritual so that individual nurses need not make their own decisions when faced with such requests.

KEYWORDS: ancestral rituals, cultural healthcare experiences, ritual of fetching the spirit of the deceased

INTRODUCTION AND BACKGROUND INFORMATION

South Africa has a multicultural and diverse population, with different lifestyles and practices. Lubbe (2008:3) asserts that South Africa is a country full of religious diversity in which 'more and more South Africans encounter people of different religious and spiritual beliefs'. The Thembisile municipality area comprises 14 rural settlements with predominantly Ama-Ndebele tribal societies, who uphold and honour century-old values and practices. Family members in the Thembisile area perform the ritual of fetching the spirit of the deceased from the place of death (hereafter, the hospital). If possible, they perform this ritual in the room and at the bed where the patient died. Different death-fetching rituals are performed by different families. Prayers may be said in which the name of the deceased is called and some words are uttered to appeal to the spirit of the deceased to rest in peace. Some families perform an act of moving a small tree branch over the bed while they also utter some words that appeal to the spirit of the deceased to rest in peace. Families in the Thembisile area believe that the deceased's spirit should be taken home through a ritual prior to the funeral.

Nurses should respect their patients' different cultures. The ritual of fetching the spirit of the deceased from the hospital, is valued by Thembisile's communities. This practice, however, poses a dilemma to the nurses at the local hospital, because the performance of this ritual might upset the other patients in the hospital ward where it is being performed.

PROBLEM STATEMENT

A register of complaints in one medical-surgical ward reflected that nurses did not allow family members to perform the ritual of fetching the spirit of the deceased from the hospital ward. This created serious problems for the affected family members. However, nothing was reported about nurses' experiences concerning this ritual and their reasons for their reported refusal to allow family members to perform this ritual in the hospital ward.

OBJECTIVE OF THE STUDY

The objective of this study was to explore and describe nurses' experiences regarding the ritual of family members fetching the spirit of the deceased from the hospital, in the Thembisile area.

DEFINITION OF KEY CONCEPTS

An ancestor is the spirit of someone who is deceased, especially an elder or other respected person who is venerated in the belief that he or she continues to influence the welfare of the living.

Experiences are knowledge and skills that one has gained from doing things for a certain period of time.

Fetching the spirit in this study indicates a traditional act aimed at ‘fetching the spirit (or soul)’ of a dead person (ancestor) from the place of death and taking it home where it is allowed to rest in peace while it provides ancestral protection to the family. In the current study, the place of death was the local hospital.

The spirit is the non-physical part of a person that is the seat of emotions and character believed to survive after the death of the body.

A ritual is a religious or solemn ceremony involving a series of actions performed according to a prescribed order.

RESEARCH DESIGN AND METHODOLOGY

A qualitative, explorative, descriptive study was conducted. All the nurses from the maternity ward and the three medical-surgical wards at the local hospital comprised the target population for the study. Nurses who were knowledgeable about the ritual and willing to participate in the study were purposefully selected to comprise the sample.

DATA COLLECTION

Unstructured interviews were used to collect data from 01 to 30 September 2008, at a time most convenient to each participant. Individual in-depth interviews were conducted in a private room at the hospital. One central question was asked at the beginning of each interview. Follow-up questions were posed as each interview proceeded, allowing participants to explore and describe their experiences regarding the ritual of fetching the spirit of the deceased from the hospital. Field notes were captured to remember the details of each interview, and were divided into: observational, theoretical, methodological and personal notes.

Trustworthiness

Three strategies to enhance trustworthiness were applied in this study, namely: credibility, transferability and dependability, as shown in table 1.

Table 1: Strategies to ensure trustworthiness

STRATEGY	CRITERION	APPLICATION
Credibility	Member checking	Critical discussions were conducted to confirm the researcher's interpretations. To clarify inaudible sentences during the conversation, the tape recording was played back to one participant.
	Prolonged engagement	The researcher spent much time with the participants during the preparatory phase, the pre-test as well as the interviews to enhance rapport.
	Persistent observation	Observation of each participant was maintained throughout the interview to observe non-verbal communication, such as tone of voice, silence and/or discomfort
	Referential adequacy	The researcher discussed various aspects of the research with senior colleagues who were more knowledgeable and experienced so as to ensure correctness.
	Peer examination	The whole research process was discussed with supervisors who are research experts.
Transferability	Purposeful sampling	The participants were known to the researcher as nurses who were exposed to the ritual of fetching the spirit of the deceased from the hospital.
Dependability	Thick description	In-depth interviews allowed the sharing of rich in-depth data from each participant.
	Code-recode procedure	The researcher continuously coded segments of data which were compared with the findings of the independent co-coder.

Source: Burns & Grove (2007:551); Polit & Beck (2006:332, 336, 498); Rossouw (2003:180)

ETHICAL CONSIDERATIONS

The research proposal was approved by the Ethics Committee of the Faculty of Health Sciences, University of Pretoria. Permission to conduct the study was obtained from the Mpumalanga Department of Health as well as from the management of the institution where the study was conducted. Informed consent as well as permission to use an audio-tape recorder were obtained from each participant. Aspects of the fundamental ethical principles of research, namely beneficence, respect for human dignity and justice were addressed in the consent form.

DATA ANALYSIS

Data analysis was done according to the eight coding guidelines suggested by Tesch (in Creswell, 2003:192). Data coded by the researcher and the co-coder included

all transcribed discussions and field notes. All transcripts were read and coded independently by one researcher and one independent coder. Words and phrases that represented the participants’ experiences were identified and highlighted on all the transcripts. Data categories were subsequently identified and sub-categories were developed. Relationships among major categories and sub-categories were identified and reflected as themes. The researcher and the co-coder discussed their findings and reached consensus on the identified categories, sub-categories and themes.

Table 2: Framework for data analysis

MAJOR CATEGORY	SUB-CATEGORY	THEME
Process of collecting the spirit of the deceased	Varying practices	Methods used vary from family to family Talking to the deceased at bedside Sacrificial animal blood is used Stones are used to collect the spirit Snuff is also used to fetch the spirit
	Significance or insignificance of rituals to nurses	Some nurses regard the ritual as being important Some nurses find themselves in a conflicting situation
Motivation for the ritual	Family members of the deceased	To appease the deceased To honour the dead To protect the family against bad luck
Emotions	Relatives of the deceased	Fearfulness and worries Sadness Happiness
	Fellow patients	Fear
	Nurses	Criticising and blaming each other Frustration
Inherent problems	Affecting nurses	Conflicting belief systems Added strain on nurses
	Affecting fellow patients	Fellow patients are not protected from harm Relatives of fellow patients are angry

DISCUSSION OF RESULTS

Data from the interview transcripts were grouped into four major categories with eight sub-categories, as shown in table 2. The four major categories were: the process of fetching the spirit; motivation for the ritual; emotions and inherent problems.

The process of fetching the spirit

Two sub-categories were developed, namely: varying practices and significance/ insignificance of this ritual to nurses. While participating nurses described this ritual as practised by different families whose loved ones died in the hospital, the following themes were evident: methods used vary from family to family; talking to the deceased at the bedside; the use of sacrificial animal blood; the use of stones to collect the spirit; and the use of snuff to fetch the spirit.

Participants indicated that most families engaged in verbal communication with the spirit of the deceased at the bedside in the ward where the family member died. The following quotes support this theme:

They talk to the bed to tell the deceased that they have come to fetch the spirit.

They kneel down next to the bed of the deceased and sprinkle snuff on the floor.

Reportedly some families brought sacrifices/symbolic offerings to the hospital to take the spirit of the deceased home. The following quotes illustrate this theme:

Some slaughter the chicken at home and bring only its blood.

Others slaughter a chicken and use its blood at the hospital.

Participants mentioned that some families carried stones and used them to collect the spirit of the deceased, as indicated by the following quotes:

Some families come with a stone to collect the spirit.

... they will take a stone, kneel down and pray.

Other families reportedly used snuff to fetch the spirit of the deceased home, as stated:

They kneel down next to the bed of the deceased and sprinkle snuff on the floor.

These rituals are not unique to the study site of the current study. A study conducted in South Africa by Ross (2008:23) revealed that to prevent punishment of family members by the ancestors (*amadlo*), an animal sacrifice in the form of a goat was necessary. Lubbe (2008:20) supports the usage of hospital beds for rituals by stating that relatives should be given the opportunity to perform rituals next to the bed that was occupied by the deceased.

Significance and insignificance of the ritual to nurses

Some nurses felt the ritual of fetching the spirit of the deceased had significance while others did not attach any significance to it, and some experienced conflicts about this ritual, as indicated by the following statements:

I think what they are doing is right because people are dying every day and we don't know the cause.

I don't have a problem ... the spirit must be fetched; it is African culture.

I don't understand the purpose of performing these rituals.

I just help them because I don't want to be seen as insensitive to their culture.

I'm obliged ... I took an oath to serve people irrespective of their culture and customs.

Narayanasamy (2007:38) acknowledges that although health professionals might have religious convictions different to those of the families of the deceased, they should respect families' beliefs.

Motivation for performing the ritual

The reasons why families perform the ritual of fetching the spirit of the deceased from hospital included to appease the dead; to honour the dead; and to protect the family from bad luck. The following statements illustrate this aspect:

They fetch the spirit of the deceased because otherwise it will be restless.

They talk to the spirit to tell it of its movement to home to make it peaceful.

'People who have died become ancestors ... they need to be honoured to give them rest.

Ancestors protect us ... they need honour ... they are like our angels.

The dead mediate for us with God.

The un-fetched spirits can lead to accidents in the families.

The spirit gives fortunes like getting employment, luxurious houses...

Confirming the theme 'appeasing the dead', Lubbe (2008:20) states that the aim of rituals at the death bed is to remove the spirit from that particular bed, so as to prevent it from 'getting confused'. It is believed that if the rituals were not performed accordingly, the spirit of the deceased would be angry, unhappy or even confused and linger around

in places where it was disconnected from the body (Longboat, 2002:16). Some African cultures believe that spirits are protectors of their descendants' well-being and fortune (Tjale & De Villiers (2004:15).

Ancestors, as 'intermediaries', are believed to be good mediators between God and families (Lubbe, 2008:12). Immediately when a person dies, the soul separates from the body and 'exists forever' (Motsei, 2010:23). The ancestors' benefits to families are received during times of need, sickness, accidents or death. Families depend on ancestors for help, prosperity and protection especially during difficult times (Lubbe, 2008:12). However, Savulesco (2003:128) argues that any kind of afterlife cannot depend on what is done to the dead body.

Emotions

The following subcategories emerged in respect of the major category of 'emotions': relatives of the deceased, fellow patients and nurses.

Family members

During the ritual of fetching the spirit of the deceased from the hospital, participants dealt with emotional family members who expressed their fears, worries, sadness or happiness. Participants indicated that families who came to perform the ritual of fetching the spirit of the deceased from the hospital seemed hesitant to enter the wards. They appeared worried or afraid, as demonstrated by the following quotes:

They worry a lot because they are not sure whether they will be allowed to do their rituals.

Families worry because nurses don't want to understand other people's cultures ... they hurt.

Participants said that sadness was detected on the bereaved family members' faces, and nurses had a responsibility to support grieving family members:

It is a very emotional process ... some cry ... during the ritual.

Nurses need to be there to comfort the family.

Reportedly, grieving family members experienced happiness and relief after the rituals had been performed. The feeling of happiness was attributable to the satisfaction that the deceased would rest in peace, as indicated by the following statements:

At the end of the ritual one can see the relief and happiness in the family's eyes.

The family becomes happy when they have achieved what they wanted to do.

Once everything has been done, they become happy because their loved one will rest in peace.

Kayser-Jones (2002:17) also indicates that families of dying patients face significant challenges. Common emotional challenges experienced by families include anxiety, fear, depression and distress (Wolfeit, 2005:1).

Fellow patients

Participants indicated that most patients who were exposed to the deceased person's family members' performance of the ritual seemed to be emotionally upset and fearful. The following quotations are applicable:

Some patients fear that they too will die once they hear that someone's spirit must be fetched from their beds.

The ritual terrifies the patients to an extent that they are not able to sleep at night.

These reported experiences of patients who witnessed the performance of the ritual, are not unique to the study site. Lubbe (2008:18) indicates that a hospital is believed to be a place of death associated with bad luck, continuing misfortune or illness. Longboat (2002:16) further indicated that Africans are scared of being admitted to hospital because they believe that being away from their families and homes means being 'outside their ancestors' protective reach'.

Nurses

The ritual of fetching the spirit of the deceased from hospital also affected nurses and their relationship with one another. The nurses admitted feeling frustrated and challenged by spirit-fetching rituals, and colleagues criticised and blamed each other. The following quotes are relevant:

I think Christianity is the reason why other nurses refuse to give families permission to perform the ritual.

When these relatives come, we, at the grassroots are the ones who always attend to them. Managers blame us for allowing the ritual.

Participants experienced frustration because they did not know how to fulfil the role of caring for grieving family members without denying patients their rights or

compromising the nursing environment. Their frustration is apparent from the following quotes:

Nurses suffer frustrations ... we find ourselves torn between the relatives and our professional responsibility.

There is always fear that one will be sued ... it is a risk that we have to take.

One patient died in theatre ... the family wanted to fetch the spirit from there ... it conflicts with the professional responsibility of the nurse but we allowed them.

We do not know when to let families in, where to let them perform the ritual and which ritual to allow or not to allow.

Wilson, McCormack and Eves (2005, as cited in Kalisch & Aebersold, 2006:143) agree that nurses can be blamed for various aspects while providing daily care for patients. Solie (2005:2) points out that nurses and doctors can experience frustrations because of fears that they might do or say the wrong thing. Consequently, the frustrations of nurses revealed during this study, also occurred in other situations.

According to the interviewed nurses, inherent problems affect the nurses and the other patients in the wards as well as these patients' family members.

Inherent problems affecting nurses

Conflicting value systems and added strain on nurses were the themes observed, as indicated by the following statements:

The Christian nurses are against the ritual, while some nurses agree with the belief.

When I am in the hospital I am a nurse, but when I am at home I am a member of the community.

They come to fetch the spirit from a bed that is occupied by another patient, maybe who is even unconscious ... we have to move that patient to another bed.

They sprinkle blood on the floor ... blood of animals all over and we have to accept.

Lobar, Youngblut and Brooten (2006:44) assert that death rituals often include animal sacrifices and this supports the theme of family members sprinkling animal blood on the floors as a measure to fetch the spirit of the deceased, as reported in the current study.

Problems affecting other patients

Two themes emerged from the subcategory ‘problems that affect fellow patients’, namely: fellow patients are not protected from harm and relatives of fellow patients become upset if the ritual is performed in the ward. Relevant quotes are:

Patients have to vacate their beds to enable the families of the deceased to do the rituals.

Religions of the patients are not respected ... the patient had to move whether he/she believes or not.

Fellow patients are disturbed emotionally.

Families who don’t believe in these traditional rituals became angry [when they] ... heard that their loved one ... [was] disturbed by the ritual.

Family members feel that the rights of their loved one are violated ... they don’t feel comfortable and think that they will die too.

What is considered to be right by one family can be considered to be wrong by another.

Nurses’ identified needs

The participants identified the following specific needs related to nursing services that will enhance quality in the particular hospital: need for support by hospital management; need for further research; need for relevant policies and regulations pertaining to ritual practices; need for cultural practices to be included in the nursing education curriculum; and need for families to know their rights and responsibilities in hospital.

Schmit (2005:349) stresses that, at times, hospitals as healthcare settings have routines and policies that are instituted to ensure the well-being of all patients, even though these could in other instances unintentionally violate various customs of other cultural groups.

Ross (2008:17) indicates that South Africa is multicultural, with its diverse society and 11 official languages. This suggests that culturally sensitive and appropriate healthcare services are required for all groups in South Africa. Knowledge of cultural diversity will minimise unintentional embarrassment and offensiveness (Lubbe, 2008:4) that is sometimes alleged in the healthcare facilities. Michalopoulou and Michalopoulou (2002:1) indicate how important it is for nurses to learn to deal with death and grief in order to fully attend to the needs of patients and their families in healthcare settings. Wolfelt (2006:2) maintains that families, as mourners, have a right to use rituals and should not allow anyone to deprive them of this right.

CONCLUSION

Most respondents acknowledged that performing the ritual of fetching the spirit of the deceased from the hospital, helped the deceased person's family members to cope with their mourning processes. However, other patients in the hospital's wards and their relatives reportedly became upset when these rituals were performed. Nurses did not know how to handle the situation when the deceased persons family members splashed chicken blood on the hospital floor during the performance of this ritual.

Hospital policies did not regulate the performance of this ritual and hospital management did not support nurses' decisions to allow its performance. Unless clearly specified policies can regulate the performance of this ritual, uncertainty about allowing/disallowing this ritual will continue to cause conflict among nurses and between nurses and the deceased person's family members.

RECOMMENDATIONS

Hospital management should support nurses by formulating policies related to the ritual of fetching the spirit of the deceased from the hospital. Family members' rights and responsibilities should be clarified in hospital policies and communicated to communities through the hospital boards and izimbizo's. These policies should ideally allow the deceased person's family members to perform the ritual, but to ensure that other patients and their family members in the wards are not adversely affected by such performances. This might require some compromises from the family members.

If possible, a private room should be kept for such rituals so that they can be performed out of sight of the other patients in the ward. The bed in which the patient died should ideally be moved to this room before the body is removed to the mortuary. This should enable family members to perform the ritual in the last place where the person's body was. To reduce the burden on nurses, a specific person should be assigned for handling family members' performances of the ritual of fetching the spirit of the deceased from the hospital. This person should explain the family members' rights and obligations. These should address other patients' rights; the need to maintain the cleanliness of the hospital; and the expectation that the family members should leave the room clean and tidy.

Further research should be conducted about allowing the sprinkling of chicken blood in the hospital. This practice could endanger the lives and safety of other patients. Investigations should be conducted into the feasibility of moving this part of the ritual to the actual burial ceremony, with the approval of the community leaders. Chicken blood sprinkled on the coffin and/or in the grave of the deceased will have fewer health risks than sprinkling this blood in hospital wards.

Although the prescribed nurses' training curriculum in South Africa addresses cultural issues, specific cultural rituals from specific cultural groups should be specified during such courses. Nurses should also engage in values clarification sessions to become aware of their own cultural issues and how these could affect their interactions with colleagues, patients and members of the public.

LIMITATIONS OF THE STUDY

In-depth interviews were conducted with eight nurses only. Triangulation, by requesting all nurses' inputs by completing questionnaires, was not done. Consequently, these findings might not be generalised to all nurses in this hospital.

Interviews were only conducted with nurses. Different experiences might have been reported by family members of the deceased, and by patients in the wards where these rituals had been performed during their hospitalisation. No information was gathered from the hospital management.

ACKNOWLEDGEMENT

The authors wish to thank all institutions and all persons who granted permission for this study to be conducted and every nurse who agreed to be interviewed.

REFERENCES

- Cresswell, J.W. 2003. *Research design, qualitative, and mixed method approaches*. 2nd Edition. San Francisco: Sage.
- Kalisch, B.J. & Aebersold, M. 2006. Overcoming barriers to patient safety. *Nursing Economics*, 24:143–148.
- Kayser-Jones, J. 2002. The experience of dying: an ethnographic nursing home study. *The Gerontologist*, 42 (special issue 111):11–19.
- Lobar, J.M., Youngblut, J.M. & Brooten, D. 2006. Cross-cultural beliefs, ceremonies and rituals surrounding death of a loved one. *Paediatric Nursing*, 32(1):44–50.
- Longboat, D.M. 2002. Indigenous perspectives on death and dying. Module 101(28). In: *Continuing education program in end-of-life care*. Edited by I. Anderson. Toronto: University of Toronto Press.
- Lubbe, G. 2008: *Simply ask! A guide to religious sensitivity for health care professionals*. Randburg: Desmond Tutu Diversity Trust.
- Michalopoulou, A.M. & Michalopoulou, E. 2002. Social handling of death. *Incus Nurse Journal*, Oct.–Dec., 1–7.
- Motsei, M. 2010. Only if you believe, overcome your fears and reclaim your fire. White River: Pinagare.
- Narayanasamy, A. 2007. Palliative care and spirituality. *Indian Journal of Palliative Care*, 13(1):32–41.
- Polit, D.F. & Beck, C.T. 2006. *Essentials for nursing, methods, appraisal and utilization*. 6th Edition. Philadelphia: J.B. Lippincott.

- Ross, E. 2008. Traditional healing in South Africa. Ethical implications for social work. *Social Work in Health Care*, 46(2):15–33.
- Rossouw, D. 2003. *Intellectual tools, skills for the human sciences*. 2nd Edition. Pretoria: Van Schaik.
- Savulesco, J. 2003. Death, us, our bodies. Personal reflections. *Journal of Medical Ethics*, 29(3):127–130.
- Schmit, K. 2005. Nursing implications for treating 'Kanser' in Filipino patients. *Journal of Hospice and Palliative Care*, 7(3):345–353.
- Solie, S 2005. Hospitals accommodate traditions of dying patients. *Columbia News Service*, Nov. 15:1–4.
- Tjale, A. & De Villiers, L. 2004. *Cultural issues in health and health care*. Cape Town: Juta.
- Wolfeit, A.D. 2006: Good grief. *Quarterly Bereavement Information*, 31(6):1–2.