

Psychosocial and Spiritual Needs of Older Adults

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What is Spirituality?



1. Spirituality is more than religion.
2. *“Spirituality is the aspect of humanity that refers to the way individuals **seek and express meaning and purpose** and the way they experience their **connectedness** to the moment, to self, to others, to nature, and to the significant or sacred.”*
3. *“Spirituality gives us a sense of **personhood and individuality**. It is the guiding force behind our uniqueness and acts as **an inner source of power and energy**, which makes us ‘tick over’ as a person. Spirituality is the inner, intangible dimension that motivates us to be connected with others and our surrounding. It drives us to search for meaning and purpose, and establish positive and trusting relationships with others.”*
4. **Psychosocial and spiritual needs** reported by elderly living in residential/nursing homes are related to **life satisfaction** and **mood states**.

(Narayanasamy et al., 2004; Puchalski et al., 2009)

What is Spiritual Care?

1. Spiritual Care “...that care which recognizes and responds to **the needs of the human spirit** when faced with trauma, ill health or sadness and can include **the need for meaning**, for self-worth, to express oneself, for faith support, perhaps for rites or prayer or sacrament, or simply for a sensitive listener. Spiritual care begins with encouraging **human contact in compassionate relationship**, and moves in whatever direction need requires”.
2. “Wholistic, life-giving, intentional care of the human spirit **in the context of the individual’s life journey** through transitions encompassing grief and joy, loss and gain, the search for meaning and the maintaining of fruitful relationships with self, others and the transcendent ‘other’.”



(Doyle et al., 2016; Hall et al., 2005, p. 3; NHS Scotland, 2009, p. 6; Ross et al., 2010)

What is Spiritual Care?

3. Spiritual care should be led in a ‘**person-centered**’ way .
4. The right balance in spiritual care between the “**art**” and the “**science**”.
 - Art: self-awareness, sensitivity, communication and person-centered.
 - Science: work in process, evidence, indicators and outcomes.



(Doyle et al., 2016; Hall et al., 2005, p. 3; NHS Scotland, 2009, p. 6; Ross et al., 2010)

Spiritual Care and Religious Care

The difference between spiritual care and religious care :

- “**Spiritual care** is usually given in a one-to-one relationship, is completely person-centered and makes no assumptions about personal conviction or life orientation.”
- “**Religious care** is given in the context of shared religious beliefs, values, liturgies and lifestyle of a faith community.”

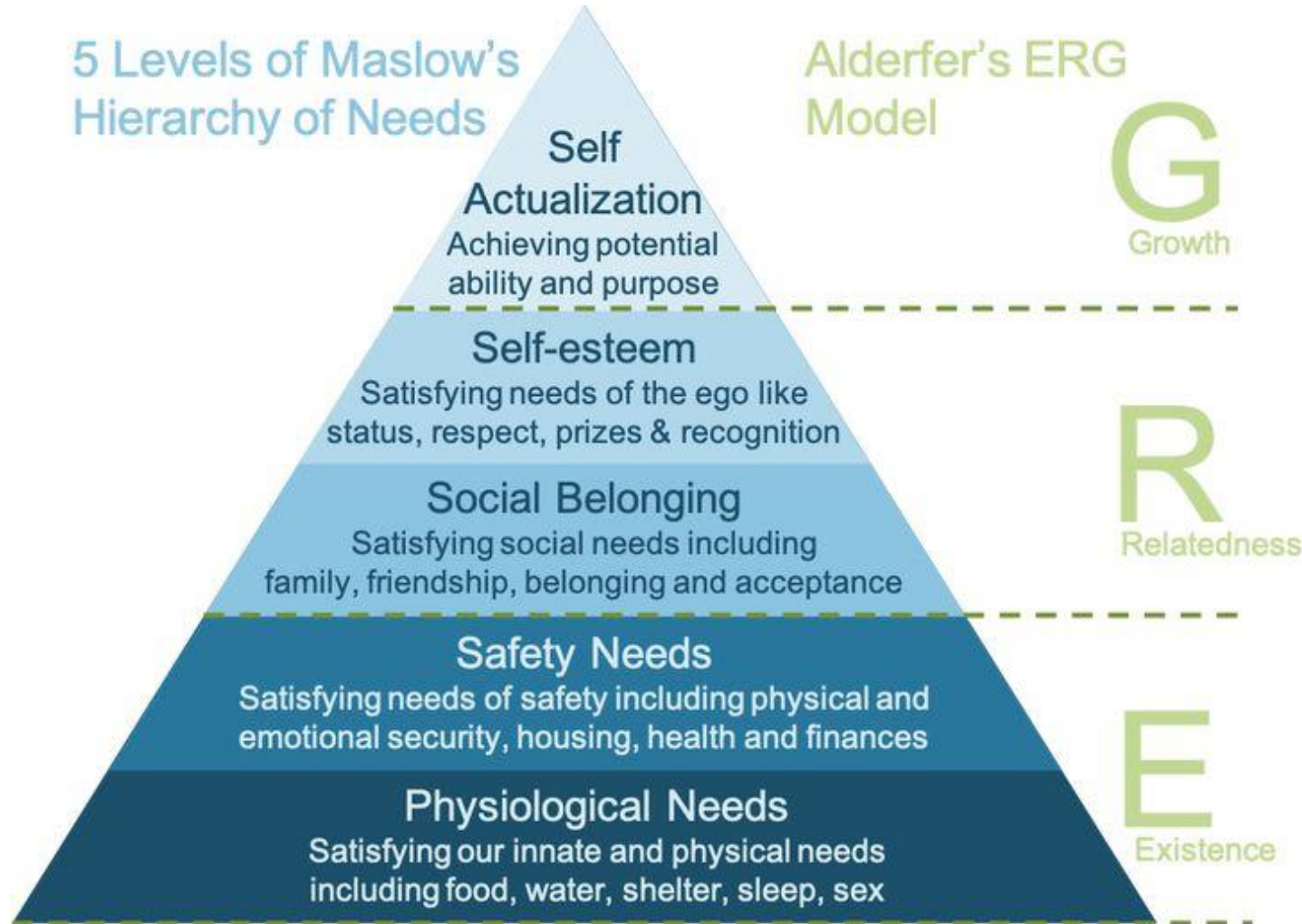
Spiritual care should not be proselytizing or attempting to convert people to your own beliefs, should not be just about religion, and should not just be delegated to the chaplain or specialist only.

Why Is Spirituality Important?

1. Core Human Needs (Maslow's Hierarchy of Needs & Alderfer's ERG Theory)
2. Help to overcome hardship. Provide structure, meaning, and support through life challenges.
3. As people's physical health **decreases** and they become more familiar with end of life and mortality, religiosity and spirituality **increases**.
4. Spiritual well-being may promote positive physical and psychological health outcomes among relatively healthy, and chronically and terminally ill older persons.
5. Spirituality is crucial and promote positive aging, health, well-being, and quality of life.

(Coyle, 2022; Crowther et al., 2007; Lavretsky, 2010)

5 Levels of Maslow's Hierarchy of Needs



Spiritual Needs

Four dimensions of **spiritual needs** can be related to **Alderfer's ERG model (3 group of Core Needs)**:

1. Existence
2. Relatedness
3. Growth

(Alderfer, 1972)

Positive Aging

1. Understand older adults as **rounded individuals**—rather than a series of health issues.
2. **Positive Aging:**
 - a) *“the aspirations of individuals and communities to plan for, approach and live life’s changes and challenges as they age and approach the end of their lives, in a **productive, active and fulfilling manner.**”*
 - b) *“The focus embraces the idea of making the most of opportunities, innovations and research which promote a **person’s sense of independence, dignity, well-being, good health and enable their participation in society.**”*

Positive Aging

1. Maintain relationships.
2. Have good family and social support.
3. Active participation in activities and within the community.
4. Have a positive attitude toward themselves.
5. Have a sense of purpose in life.



Spirituality and Positive Aging

Spirituality to promote positive ageing:

1. Positive spirituality decreases feelings of **helplessness** and **loss of control** that people experience with illness.
2. It reduces **stress and feelings of isolation** and increases **feelings of purpose in life**.
3. **As a tool of resilience:**
 1. to cope with **the diagnosis and management of a disease** in general, cancer and chronic illness, and dementia.
 2. to cope with **adverse life challenges**, and to remain **optimistic** and enhance **well-being**.
 3. To provide **social support, connectedness to others** and a **sense of belonging** to a community for older adults in general and those with physical or mental health conditions.

Health Care Professions in Spiritual Care

- ❖ Spiritual care was **multidisciplinary** and **interdisciplinary** and include both the older person and their **support network or families** .
- ❖ There was merit in a range of health practitioners **integrating spiritual care** into their daily practice. (Doing the work with **spiritual lenses**).
- ❖ As the lenses through which people **interpret, understand, evaluate and respond to their experiences** in the world and give people a **sense of meaning and purpose in life**.

(MacKinlay, 2006; Speck, 2012)

Health Care Professions in Spiritual Care

1. Nurse

- spiritual care in nursing has important implications for education and training, organizational culture, staff motivation and health, and mostly for the health of patients.

2. Chaplains and Pastoral Care Practitioners

- highly rated functions: Prayer, emotional support, and end of life support

3. Social Worker

- Conducting a **spiritual assessment** to identify and understand the specific needs of the patient.
- To identify and breakdown **structural barriers** to fulfill a patient's needs.
- To have an awareness of the **cultural characteristics** of different groups.

Health Care Professions in Spiritual Care

4. Psychiatrists

- spirituality is associated with **recovery rates** and higher levels of mental health.
- As ways of **coping with mental illness** in some clients.
- Some would **refer** patients to pastoral care. 78% of psychiatrists agreed that they would not let their personal beliefs stop them from offering a full range of treatment options to their patients.

5. Allied Health Staff

- The professions of medicine, nursing, and occupational therapy had taken spirituality into account.
- Although 96% of physiotherapists thought spirituality is important, only 30% felt they should address spiritual concerns of their patients.
- **Main barriers:** available time, uncertain in how to manage spiritual issues, lack of experience in taking a spiritual history.

(American Psychiatric Association, 2006; Koenig, 2001; Morgan, 2015; Van Ness et al., 2002)

Barriers to the Provision of Spiritual Care

Internal Barriers:

1. The inability to communicate due to sensory loss, language problems or cognitive impairments.
 - (these could be overcome using picture boards and facial icons to indicate feelings).
2. Lack of knowledge in assessing spiritual needs.
3. Emotional demand
 - (particularly when staff repeatedly faced grief of residents that they have walked closely beside in the journey towards death as giving of oneself in this way could be emotionally demanding).

Barriers to the Provision of Spiritual Care

External Barriers:

1. Attitudes of management; Reimbursement climate
2. Lack of privacy
 - E.g., Visitor-friendly spaces
3. Workload and time pressures
4. Lack of education
 - E.g., Physicians were concerned about their ability to communicate non-medical issues effectively and manage the patient's reactions and needs in the psychosocial spiritual arena.
5. Lack of attention to needs related to relocation of residents.
 - Relationships and connection can also be supported and encouraged with access to telephones and use of technology and social media.

(McSherry, 2006a,2006b)

Spiritual Assessment

- ❖ Spiritual assessment: “as the process of gathering, analyzing, and synthesizing **spiritual and religious information** into a specific framework that provides the basis for, and gave direction to, subsequent practice decisions.”
- ❖ Spiritual choices, preferences and needs can be documented, addressed and integrated, usually with clinical and lifestyle plans to facilitate **holistic care**.
- ❖ Brief assessment should include identifying:
 - (1) Denomination **religious background**.
 - (2) Significant **spiritual beliefs**.
 - (3) Important **spiritual practices**.

(Hodge, 2006; McSherry, 2006a, 2006b; NHS Scotland, 2009; Walsh et al., 2013)

Spiritual Assessment

Methods:

❖ Informal Spiritual Assessment:

- **Listen** carefully to the patient's **stories and narrative** and recognize **spiritual themes** (e.g., search for meaning or connection vs. isolation) as they arise.
- Sometimes, spiritual values and beliefs present in the form of **metaphors and stories** rather than in response to direct questions.

❖ Formal Spiritual Assessment:

- Ask specific questions during the course of a medical encounter in order to determine if spiritual issues play a role in the patient's illness or recovery.
- 1. The **Spiritual Needs Questionnaire (SpNQ)**: The 4-factor structure of the 20-item SpNQ measures Religious Needs, Existential Needs, Inner Peace Needs, and Giving/Generativity Needs.
- 2. The **HOPE** questions.
- 3. Other Assessment Tools.

(Anandarajah et al., 2001; Büssing et al., 2010; Seddigh et al., 2016)

The HOPE Questions: “H” Examples

H: Sources of Hope, meaning, comfort, strength, peace, love and connection

1. “We have been discussing your support systems. I was wondering, what is there in your life that gives you *internal support*?”
2. “What are your *sources of hope, strength, comfort and peace*?”
3. “What do you hold on to during difficult times?”
4. “What sustains you and keeps you going?”
5. “For some people, their religious or spiritual beliefs act as a source of comfort and strength in dealing with life’s ups and downs; is this true for you?”
 - If the answer is “Yes,” go on to O and P questions.
 - If the answer is “No,” consider asking: “Was it ever?” If the answer is “Yes,” ask: “What changed?”

(Anandarajah et al., 2001)

The HOPE Questions: “O” Examples

O: Organized religion

1. “Do you consider yourself part of an organized religion?”
2. “How important is this to you?”
3. “What aspects of your religion are helpful and not so helpful to you?”
4. “Are you part of a religious or spiritual community? Does it help you? How?”

The HOPE Questions: “P” Examples

P: Personal spirituality/Practices

1. “Do you have personal spiritual beliefs that are independent of organized religion? What are they?”
2. “Do you believe in God?” “What kind of relationship do you have with God?”
3. “What aspects of your spirituality or spiritual practices do you find most helpful to you personally?” (e.g., prayer, meditation, reading scripture, attending religious services, listening to music, hiking, communing with nature)

The HOPE Questions: “E” Examples

E: Effects on medical care and End-of-life issues

1. Has being sick (or your current situation) affected your ability to do the things that usually help you spiritually? (Or affected your relationship with God?)
2. As a doctor, is there anything that I can do to help you access the resources that usually help you?
3. Are you worried about any conflicts between your beliefs and your medical situation/care/decisions?
4. Would it be helpful for you to speak to a clinical chaplain/community spiritual leader?
5. Are there any specific practices or restrictions I should know about in providing your medical care? (e.g., dietary restrictions, use of blood products)

(Anandarajah et al., 2001)

Instrument Name	Strong Points	Weak Points
Patients Spiritual Needs Assessment Scale (PSNAS) (9-12)	Was based on content analysis of the result of 22 studies, assessed needs in current condition, was designed for religiously heterogeneous patients' population, standardization was based on the experiences of experts chaplains	Ignored different needs of different patients and different stages of disease, data was derived just from English language journals, psychometric standardization was performed with chaplains not real patients, there was absence of complete psychometric standardization
Spiritual Needs Inventory (SNI) (13)	Had theoretical bases (Maslow's motivation theory), assessed needs in end of life, was based on interviews with real patients, assessed reply to needs along with the survey of needs existence	Ignored different needs of different patients and different stages of disease, small sample volume, lack of racial, cultural, and religious diversity in the sample, all subjects were hospice patients, lack of test-retest estimation
Spiritual Interests Related to Illness Tool (SPIRIT) (14)	Was based on qualitative and quantitative study, assessed patients and carers' needs, assessed beliefs about fairness, faith and god	Ignored different needs of different patients and different stages of disease, limited to Euro-Americans and Christians, limited to patients and family caregivers for whom cancer was experienced as not life threatening, absence of complete psychometric standardization
Spiritual Needs Scale (SNS) (15)	Assessed spiritual needs of eastern culture, merge of western literature review with qualitative study of eastern patients, was developed based on patients with diverse religious backgrounds and those with no religion	Ignored different needs of different patients and different stages of diseases, lack of cultural diversity, predominance of advanced stage cancer, small sample size, ignored whether the needs are met or not, absence of test-retest reliability
Spiritual Needs Questionnaire (SpNQ) (16)	Assessed active role of patients to cope with chronic illnesses, focused on fatal and non-fatal chronic conditions, was translated and normalized in different countries	Ignored different needs of different patients and different stages of diseases, absence of test-retest reliability
Spiritual Needs Assessment for Patients (SNAP) (17)	Was based on collection of the existing data in literature and justification through interview with patients and experienced clinical workers, participants were from variety of religious, ethnical and cultural background	Participants were recruited from a single institution, unrecognized seriousness and stage of illness, small sample volume and low subject-to-variables ratio, most participants were female, English-speaking and Christian, non-precise construct validity
Spiritual Needs Questionnaire for Palliative Care (No official name for the questionnaire was introduced by developers) (18)	Was developed based on a comprehensive literature review and experts' opinions, the scales used considered both quantitative (not at all, a little, quite a lot, a lot, totally) and temporal (never, rarely, sometimes, often, always) factors	Very small sample size, because of the observational nature of the study, the developers didn't perform any psychometric investigation
Spiritual Care Needs Inventory (SCNI) (19)	Assessed spiritual needs in acute care, was normalized in multi-faith society, high internal consistency, normalization with large sample size	Was limited to acute care hospital patients, normalization without attention to cause of hospitalization

Spiritual Assessment Tools

(Seddigh et al., 2016)

Mental Health and Spirituality

- At least half of the residents in aged care suffered from significant **depression** and **anxiety**.
 - One contributing factor to depression may be failing to perceive meaning in life, which leads to feeling that life is hopeless.
 - Relocation into residential aged care can be one of the most significant life events of an older person.
- The evidence indicated that there was a positive association between religiosity and mental health.
 - An **individualized spirituality-based intervention** led to a significant improvement in quality of life, and a trend toward lower depression scores.
 - Study suggested the role for spirituality in recovering from depression.

End of Life and Spirituality

- The **transition** from community to residential aged care is often near the end of life, and spirituality could be especially relevant when **coping** with this transition.
- Supporting both clients and staff in dealing with **grief** issues.
- **Loneliness** towards the end of life could be relieved by **life review** and attention to spiritual needs.
- Spirituality was a main **psychological support** among breast cancer survivors.
- Spiritual care was found to help people **cope** with situations of **suffering** and **pain**.
- Spiritual care was a core function of **palliative care**.
- Older people can **be supported** to prepare for end of life through
 1. reflecting on their life and its contribution,
 2. reinforcing their worth,
 3. exploring unresolved issues,
 4. having their preferences documented and respected.

(Harandy et al., 2010; Hutchinson et al., 2011; Pilger et al., 2014)

Dementia and Spiritual Care

- People with dementia should have **the same rights** as those without cognitive impairment in determining their care.
- Connect with people with dementia through **spirituality** rather than through “cognitive pathways.”
- **Environments, routines and practices** should be provided so that they enhance or encourage spiritual moments, reflections or insights.
- **Lifestyle activities** (such as music, singing, dancing, drawing, painting, poetry, and story-telling) is sometimes couched in terms of **the spiritual impact**, and often they can enhance *quality of life* and *give meaning and purpose*. (that support spiritual needs)
- For those *with* a religious background, being able to pray, read scriptures, attend church or to be visited by a minister or chaplain would be beneficial.
- For those *without* a religious background, it is beneficial to develop caring and trusting relationships and provide meaning or purpose. Assist people with dementia toward **feeling loved, respected, and comfort** would provide *reassurance, support, and companionship*.

Domains of Spiritual Care

1. Organizational leadership and alignment
2. Relationships and connectedness
3. Identifying and meeting spiritual choices, preferences and needs
4. Ethical context of spiritual care
5. Enabling spiritual expression



(Australia, 2016)

1. Organizational leadership and alignment

*Spiritual care is **systemically embedded and practiced** at all levels and in all processes throughout the organization.*

- 1. Policies and procedures** reflect a culture of recognizing the spirituality of those who have contact with older people and caregivers/representatives.
- 2. Leadership** at all levels demonstrates **awareness of spirituality**, particularly in relation to supporting staff through the inevitable transitions of their direct care giving role.
- 3. Information technology and communications infrastructure** supports older people with the capacity to digitally connect with people, events and places. Access to technology such as: video calls, podcasts, web-casting, tablets, messaging/emails is available.
- 4.** Care recipients are supported and encouraged to **access outdoor areas**. Those who cannot physically move outside are assisted to connect with the natural world.

(Australia, 2016)

2. Relationships and Connectedness

*Older people experience care **in a relational context** where they feel connected and welcome, and where their individual worth is respected and preserved. Those who have contact with older people **are equipped and supported** to spiritually engage and connect so as to establish and maintain mutual, respectful and genuine relationships.*

1. Those who have direct contact with older people are trained and equipped with **spiritual awareness** to:
 - 1) Understand their own spirituality and a diverse range of spiritual experiences and expressions.
 - 2) Be able to enter a conversation/have connection with older people about what gives their life meaning.
 - 3) Know when, how and whom to refer to when spiritual needs arise.
 - 4) Incorporate spirituality into their role/function.
 - 5) Provide compassionate partnering.
2. In residential care, relationships and connections **with family, caregivers and loved ones** is supported and encouraged with visitor-friendly spaces, telephone and use of technology/social media.

(Australia, 2016)

3. Identifying and Meeting Spiritual Needs

*Spiritual care is based on **choices, preferences and individually assessed needs** that are identified, documented, evaluated and shared by the care team in a way that recognizes the dynamic and changing nature of these needs.*

1. The spiritual choices, preferences and needs of older people are **assessed** using valid and reliable tools within one month of commencement and at least six monthly thereafter, with the consent of the older person.
2. Spiritual choices, preferences and needs are **documented, addressed and integrated** with clinical and lifestyle plans to facilitate holistic care.
3. The approach to providing spiritual care is **multi-disciplinary, inter-disciplinary** and includes the **older person** and/or their **circle of support**.
4. After critical life events (such as trauma, crisis, illness, losses or significant changes), older people are offered **opportunities to reflect** on their life's meaning or purpose.

3. Identifying and Meeting Spiritual Needs

5. Older people are supported to find **meaning, purpose and connectedness** as they transition through the different stages associated with ageing.
6. Finding meaning and purpose **through relationship and connection** is central to all activities and lifestyle programs based on individual choices, preferences and needs.
7. Older people are supported to **prepare** for end of life:
 - By reflecting on their life, contribution and legacy.
 - By affirming worth, identity and uniqueness.
 - By exploring unresolved issues such as 'unfinished business', fear, guilt, need to reconcile, meaning and purpose, and life review.
 - End of life spiritual care needs and preferences are documented, supported and respected.
 - Palliative care preferences.
 - Advance care planning is offered.
 - Death and dying rituals and preferences are documented and respected.

(Australia, 2016)

4. Ethical Context of Spiritual Care

*Spiritual care is provided within an **ethical framework** that is reflected in organizational policies, procedures, processes and practice.*

1. Spiritual care recognizes and respects the older person's choices and preferences in the **context of holistic care**. It is integrated with the physical, psychological, social and cultural dimensions of the whole person and their caregivers and family/loved ones.
2. Spiritual care is provided within a **culture of acceptance, tolerance and inclusivity**. Spiritual views, beliefs, culture, values and affiliations are respected. The individual's right to **self-determination** regarding spirituality and spiritual care is upheld.
3. **Spiritual practices** (such as prayer, healing rites, rituals or religious sacraments) are respectfully offered within the context of choice, preferences and assessed needs.

5. Enable Spiritual Expression

A range of **individualized activities and interventions** is available to encourage the finding of meaning, purpose, connectedness and hope, and to transcend loss and disability. These options, activities and interventions occur in the **context of deep and enduring relationships**.

1. **Individual and group activities** promote spiritual growth and attainment of spiritual maturity, for example: *spiritual reminiscence groups, life history and life review*.
 - A randomized study found that a **life review** decreased depressive symptoms and contributed to improve older women's life satisfaction.
 - A randomized controlled study reported significantly lower depressive symptoms in elderly participating an **autobiographical writing workshop**.
 - Such life reviews may contribute to connect elderly with their own past, and can function as a “**legacy**” of life experiences to connect with **future generations**.
 - This will meet the specific needs to reflect previous life and to pass own life experiences to others, and thus to connect with those who will remember them.

5. Enable Spiritual Expression

2. Older people have **access to the natural environment** through gardens, outings and/or bringing nature inside through flowers, plants, photos, sounds and fragrances.
3. Older people are supported and encouraged to **connect with their loved ones and/or religious/ community/cultural group** by participating in person, visitation and/or via technology (video call, podcasts, virtual reality etc.).
4. Older people are supported to participate **in the arts** such as music, singing, dancing, drawing, painting, poetry and story-telling.
5. Participation and observation of rituals, worship, rites, sacraments, devotions, prayer, recitation of creeds, meditation, chants, self-affirmations and mantras are supported and facilitated to **promote spiritual growth and resilience**.
6. **Loss and grief** in relation to death and dying of loved ones and/or other residents/clients is acknowledged. The life of the deceased is celebrated in some form such as a commemoration service, book or photos.

(Australia, 2016)

Case Study: See Me, Know Me

(Source: Meaningful Aging Australia)



Spiritual Needs: Lens of Connection

1. Connection to Others
2. Connection to Nature
3. Connection to Creativity (e.g., artcraft, music, grading, etc.)
4. Connection to Self
5. Connection to Something Bigger/God

Case Study: My Spirituality

(Source: Meaningful Aging Australia)



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