Pioneering Change

Spiritual Needs:
Are They Being Met?
Education Module

to

Promote **E**xcellent **A**lternatives in **K**ansas
Nursing Homes

ABOUT THIS MODULE

This educational module is intended for use by nursing homes who wish to promote more social, non-traditional models of long-term care. The intent of this module is to assist organizations in implementing progressive, innovative approaches to care that should make a significant difference in the quality of care and the quality of life for those living and working in long-term care environments.

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NURSING HOME RESIDENTS' DIVERSE SPIRITUAL NEEDS: ARE THEY BEING MET?

Course Objectives:

1. Understand what spirituality is and how it can be manifested.
2. Understand how one's own physical and mental health limitations and losses can shape spiritual needs.
3. Understand why residents' spiritual needs are an important element of their quality of life.
4. Develop non-pastoral skills to address spiritual needs of nursing home residents.

PreTest

The pre-and post-tests included with this module are optional. The questions provide information about the material to be covered and can be used for learning self-evaluation.

1. Spirituality is always part of a religion.
    (a) True
    (b) False

2. Spirituality can be expressed by:
        (a) Love for music and art
    (b) Caring for people
    ©) A prayer
    (d) All of the above

3. When people are admitted to nursing homes, what kind of losses do they deal with?
(a) Identity
    (b) Independence
    ©) Lifestyle
    (D) All of the above

4. What is the most important function of spirituality?
    (a) Be prepared for afterlife
    (b) Follow the Ten Commandments
    ©) Help one die with dignity
    (d) Finding the meaning and purpose of life

5. Why is it important to meet nursing home residents' spiritual needs?
    (a) Spirituality helps nurture hope
    (b) Spirituality is part of holistic care
    ©) Spirituality helps adjust to losses
    (d) All of the above

6. Staff can meet residents' spiritual needs even when they both represent different belief systems.
    (a) True
        (b) False

7. What percentage of Americans consider themselves to be non-religious?
   (a) 5-7%
   (b) 1-3%
   ©) 10-15%
   (d) 15-22%

8. Which of the following statements is true?
   (a) Only a person who has declared a religion has spiritual needs.
   (b) All people are spiritual regardless of being religious or not.

9. Which of the following activities would you consider to be spiritual care?
   (a) Comforting a resident who is concerned about incontinence issues.
   (b) Discussing with a resident their funeral wishes.
   ©) Saying a prayer with a resident when asked to do so.
   (d) All of the above.

10. Only a pastor or a priest can meet one's spiritual needs:
    (a) True
    (b) False

Answers can be found on page 28.

Introduction

Read the story to staff members and ask them for feedback.

Activity: Emily's Spiritual Moment

Emily's day started off badly. Her car would not start and she had to ask her neighbor to drop her off at the Green Hills Home where she worked as a CNA. She was anxious, as she did not yet know how she would be getting home. She thought about asking one of her co-workers who lived near her, but she was not comfortable putting her co-worker out like that. She was also worried about how she would pay for yet another car repair. Emily fulfilled her shift duties, but she was not engaged with the residents like she usually was. During her morning break, Emily went outside. She was pleasantly surprised to see so much sunshine and a feeling of spring in the air. She took a walk around the home. Emily noticed that the grass was greener. She spotted a few tulips in the neighbor's front yard. All of a sudden she was filled with an indescribable feeling of lightness and happiness. The beauty of the awakening spring made her feel like she was connected to something bigger than herself. Her problems with the car seemed trivial now. Emily decided to ask her co-worker for a favor and did not see it as a big deal anymore. She also realized that she could

work a few extra shifts to pay for the car repair. The beauty and energy generated by the first signs of spring filled Emily with optimism, the power to solve her problems, a connection to a higher being and an appreciation of the moment.

Some people use rituals or spiritual practice to help them reach the state that Emily reached.

1. Can you name some of them? (you can find a list of some rituals in the Appendix).

2. What were the circumstances of your spiritual experience?

3. What emotions and actions did the spiritual experience create for you?

4. What can you do to help residents experience and/or enhance their spirituality?

When an event or experience moves people to a feeling of awe, or opens them to seeing a glimmer of goodness or beauty, they become attuned to a quality of being and living that will help them cope with negative events. Spiritual well-being is considered an important part of both quality of care and quality of life in long-term care. Nurturing spiritual well-being for residents has been identified as a significant quality of life and care element that is not always present in nursing homes (Kane, 2001).

One's religion and/or spiritual belief system is significant to the identities of many people. It is also used to cope with life problems.

Ignoring spiritual needs is like ignoring a person's social support or psychological state (Koenig, 2002). "Holistic health care" promotes health-nurturing spirituality that helps residents connect to their spiritual needs (Martin & Fuller, 1991). Genuinely holistic health care must address the elements of human existence: physical, psychological, social and spiritual. One cannot assume that all spiritual needs of residents who declare "a main stream" religion are entirely met by providing them with pastoral care. Many long-term care facilities, even when they are faith-based, have neglected religion and spirituality (Moody, 2005). In addition, it is important to remember that there are also residents who do not proclaim any religion, but whose spiritual needs still require staff attention and concern.

Potential residents and their families should actively educate themselves about the match between their own beliefs and that of a particular nursing home, so that before they choose a home they can process information similar to the way they may search for a church family. Homes should provide adequate and accurate information about what they offer to meet residents' spiritual needs, especially when residents' needs cannot be met through traditional pastoral care.

Understanding what spirituality is and how it can be manifested.

"You are not a human being in search of a spiritual experience. You are a spiritual being immersed in a human experience."
    Pierre Teilhard De Chardin

What is the difference between religion and spirituality?
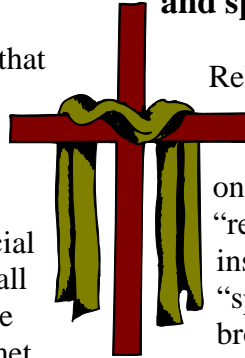
Religion is generally seen as a practical expression of spirituality: the organization, rituals and practices of one's beliefs (Davis, 1995). The word "religion" is often identified as a set of institutionalized belief systems. The term "spirituality" is more neutral and much broader, suggesting our common human need to find meaning in our lives and in our relationship to something beyond ourselves. Spirituality is a transformational process. The different elements of life are integrated through this process (physical, emotional, intellectual, and relational). Spirituality encompasses love, compassion, trust, play, forgiveness and respect for life (Staude, 2005). Spirituality gives people a source of meaning and understanding about the significance of what it is to be human (Habel, 2001).

Many definitions of spirituality include a sense of transcendence, the supreme, or surpassing others (Brennan, 2004). Transcendence is defined as the ability "to look beyond one's individual concerns" (Moughty, 2004). The nature of this transcendent belief can be manifested in many ways. One may express it through continuing or starting a special religious tradition or through a regard for nature (viewing beauty in nature may be a powerful expression of spirituality), music or visual art. Some people may adopt traditions and rituals from a community or a person. For other people, spirituality may be
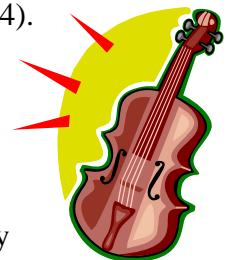
expressed through connection to the human family itself. Each habit, ritual, gesture and symbol can help a person interpret and manage life.

> Definition of a ritual: a set of actions, performed mainly for their symbolic value, which are prescribed by a religion or by traditions of a community.
>
> (Wikipedia)

What clearly distinguishes spirituality from religiousness is that **"spirituality is not defined with a reference to a specific belief system or creed"** (Brennan, 2004). In 1971, the White House Conference on Aging defined spirituality stating that "all persons are spiritual, even if they have no use for religious institutions and practice no personal pieties" (Thibault, 1995).

Case Study: Rituals

Mary Schmidt, an 87-year-old resident at the Maple Tree Park Home, declared her religion as Lutheran. The fact had been noted during Mary's admission. The home administration made sure that a Lutheran pastor would visit Mary each Sunday and Wednesday. Mary seemed to enjoy talking to the pastor, praying and singing hymns with him and a few other residents who had signed for his services as well. One day Mary started crying. Staff tried to console her but all their efforts did not help Mary to calm down. Mary did not open up to staff about what bothered her. Eventually the administrator asked the pastor to visit Mary face to face. The pastor sat next to Mary and indicated that the sole purpose of his visit was to find out what had troubled Mary and to help her in the crisis.

Mary confessed that her anxiety grew when she realized how much she missed the rituals of the Catholic Church on which she was raised. During services she attended at the nursing home, she realized how much she would like to have somebody pray the rosary with her. The pastor offered to ask a Catholic priest to visit with her in the near future. Mary calmed down and for the first time in a few weeks she was able to sleep well.
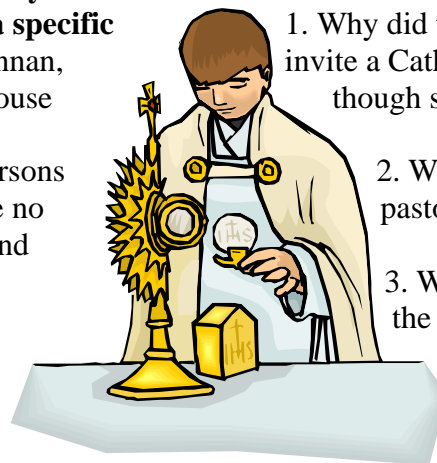
1. Why did the pastor promise Mary to invite a Catholic priest to visit with her even though she declared herself a Lutheran?

2. Why did Mary open up to the pastor but not to staff?

3. Was Mary's faith in conflict with the rituals she wanted to observe?

4. Have you observed other rituals that are not necessarily associated with residents' declared religion?

5. What celebrations and rituals are important in the life of your family?

Science is not unified in its understanding of the relationship between spirituality and religion. Some regard these two systems as intimately connected (Hill & Pargament, 2003). Others view religion and spirituality as independent from each other. One can be

spiritual without being religious, and one can be religious without being spiritual. Spirituality is more difficult to define due to its multidimensional nature and unclear boundaries with religion (Miller & Thoresen, 2003). The difference between a religion and spirituality is that all religions claim ultimate truth. Spirituality is derived from experience rather than a religious doctrine (White & MacDougal, 2001).
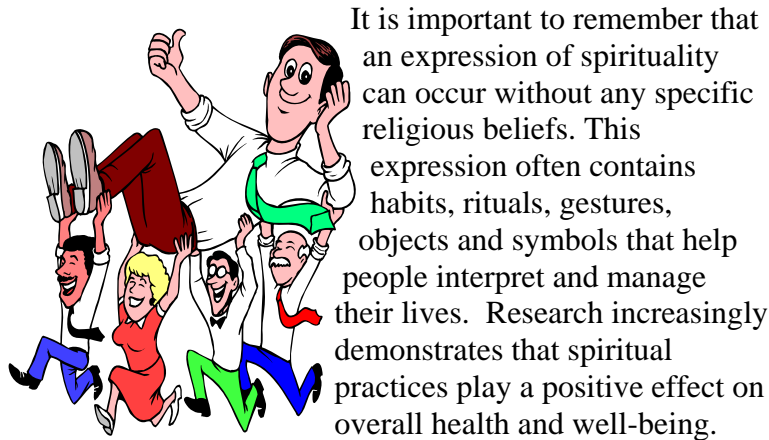
It is important to remember that an expression of spirituality can occur without any specific religious beliefs. This expression often contains habits, rituals, gestures, objects and symbols that help people interpret and manage their lives. Research increasingly demonstrates that spiritual practices play a positive effect on overall health and well-being. When social support is provided, such practices decrease or even eliminate stress and enhance coping with life difficulties.

Understanding nursing home residents' individual spiritual needs provides a context for provision of appropriate health care. When a resident is near the end of life this can be especially important (Habel, 2001).

There are three defining characteristics of spirituality:
1. Unfolding mystery
2. Inner strengths
3. Harmonious interconnectedness.

All three of the aforementioned elements coexist and each is equally important for development of one's spirituality.

♦ Unfolding mystery is a journey to seek life's purpose and meaning.
♦ Inner strength refers to a sense of awareness, self-conscientiousness, inner resources and transcendence.
♦ The third element refers to interconnections and harmony with self, a higher power/God and the environment.

Dossey, Keegan, Guzetta, & Kolkmeier (1995) suggest that these three elements capture the heart of spirituality.

Why should nursing homes be concerned with their residents' spiritual needs?

Have you ever wondered why some older people, despite dealing with many disabilities and losses, have a wonderful sense of peace and joy in their lives while others seem to be miserable? Some researchers argue that peace and joy come from "the depths of the individual human being;" others add that peace and joy are signs of spiritual well being (MacKinlay, 2001).

Nurturing body, mind and spirit is part of holistic care, and yet, often the primary focus of care in nursing homes is residents' physical needs (Touchy, 2001). When residents were interviewed to help identify what helps them to be hopeful, spirituality emerged as the only significant predictor of hope. Hope is actively present

among institutionalized older people despite their advanced age and functional limitations. The significant contribution of spirituality to hope calls for attention to the provision of opportunities to support and enhance spiritual practices in the nursing home setting. Staff in nursing homes have the opportunity to establish close relationships with residents over time. Often their care and attention substitute for family and friends who are no longer available. The advantage of time spent between staff and resident allows entering into meaningful spirit-sharing relationships for them.

There is considerable literature suggesting that hope and the related concept of faith are of significant value in coping and well-being for people with life-threatening illnesses (Harrison, 1997). "In the majority of cases, religious beliefs and practices are related to better health and quality of life" (Koenig, 2002). Many studies show that mental health and well-being in late life is significantly influenced by several external factors, such as social resources, income and life events. More recently, gerontological literature is increasingly drawing attention to the influential role of factors such as religiosity, spirituality and personal meaning of the psychological well-being of older adults. Research demonstrates that these factors were significant predictors of well-being for older people:

♦ personal meaning
♦ involvement in formal religion
♦ participation in spiritual practices
♦ importance of religion or spirituality

♦ degree of comfort derived from religion and/or spirituality
♦ sense of inner peace with self
♦ accessibility to religious and/or spiritual resources.
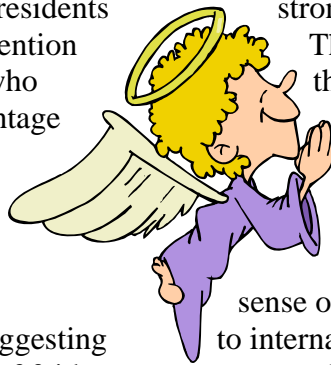
These elements were found to be even stronger for the institutionalized elders. This perhaps is affected by the loss of their independence, frailty, adjustment to a new living environment and grieving the lifestyle they had to leave (Fry, 2000).

When people get old they develop a sense of fleeting time. This realization shifts to internal processes that help one contemplate and reflect on what is most important in life. Some studies suggest that life satisfaction improves when people shift from the material world to the spiritual domain. Research identifies a correlation between spirituality and health (Ebersole, & Hess, 1998).

Later life stage is associated with spiritual development (Atchley, 1997). *Being* becomes more central than *doing*. Continued growth in the spiritual dimension becomes even more important when physiological function is in decline (Kingslay, 2001). Spirituality not only fills older people with meaning and purpose, but it also gives them "the courage to cope with stressful situations and circumstances" (Fry, 2000, p.384). This is particularly important when residents face fears of their own mortality or grieve over the loss of friends, family members and/or other residents. When someone knows they are dying, life is put into perspective. Elders

yearn for spiritual comfort from staff, whether by conversation, discussion of their fears or sharing kind words. They need to hear that their lives are important and know that they will be remembered after their death (Touchy, Brown & Smith, 2005). Spirituality is of the utmost importance at the end of life.

Rituals commemorating a resident's death help residents and staff pay their last respects and begin the process of closure. Conducting a ceremony after each resident dies also helps recognize the value of the individual resident. It provides an opportunity to elders and staff for spiritual growth (National Cancer Institute, 2005).

Case Study-Conflict of Needs

John W., one of the 52 residents at Bluestem Home, is a very religious man and uses all his waking time to pray or sing hymns. He does not part with his Bible and can be seen walking with it under his arm. Staff have to be creative in helping John with dressing, showering, etc., as he always wants to keep the Bible with him. John wants all staff and residents to pray with him. He extends his arm holding the Bible toward a resident or staff member, holds their hand with his other hand and demands of them to pray with him or sing hymns. John's requests make some staff and many residents uncomfortable.

How would you deal with John's request in ensuring that his spiritual needs are met without disturbing other residents and staff?

How would you handle this situation with residents and staff so they know how to deal with John's requests without hurting his feelings?

How physical and mental health limitations and losses associated with old age can influence spiritual needs

Older adults who live in nursing homes are most often on a painful journey due to loss, change and disjunction. The last years of life are typically filled with frailty that can be physical, mental or both. Most older people experience losses such as hearing, taste, vision, sexuality and mobility (Simmons, 1998). Some residents may have lost a spouse, a sibling, or a dear friend. These losses also encompass jobs or roles that so often identify people. Residents experience the loss of their home, rituals of home life and established life rhythms and comfort that come with familiarity of places. Not only do residents deal with major losses, but they also adjust to the fact that they live in a nursing home. The routines and structures of nursing homes may contribute to residents' alienation and lack of purpose (Friedman, 1995). Some people deal with mental frailty from increased social isolation. Others resent the fact that they have to live with only older people when a nursing home becomes their permanent home (and potentially their last). Some others are affected by dementia: words are lost,

judgment becomes impaired, and communication is broken. Frailty can also affect spirit reflected by profound feelings of not belonging, anger, feeling useless and lonely (Simmons, 1998).

The feelings of emptiness, meaninglessness, and disconnection may impact residents' spirituality (Friedman, 1995). The last years of life are illustrated by "a struggle to keep the human spirit from being overwhelmed by frailty" (Simmons, 1998, p.91). The last stage of life as described by Erikson (1959), a researcher who studied development in later life, is successful when individuals review their past and feel few or no regrets. This is the very stage when individuals seek the purpose of their lives (Snyder, 2005). Erickson named the last life stage as integrity versus despair. Integrity is achieved when an older person accepts his/her life and imminent death. This also includes acceptance of losses. Acceptance of losses is a part of wisdom. The individual who is anxious about the last phase due to regrets and/or "unfinished business" is in despair mode. Spirituality may help the individual transform the feeling of despair into integrity (Roth & Simmering, 2000).

Life review is an effective way to start the process of looking back on one's life and reflecting on life's value, experiences, accomplishments and people who are important to that person. The review may help a person achieve surprising growth. The feeling that a person can still contribute enhances their spirituality (Skokan & Bader, 2000).

Experiencing disabilities and physical and mental health limitations may encourage people to seek out social and spiritual wholeness. Even the element of health deterioration can be used as spiritual growth. Dealing with disability may sensitize the individual to the suffering of others and enhance coming to "wholeness of soul" (Rowe & Kahn, 1998). Many older people experience physical or mental frailty, and it affects their range of activities and/or their frequency. This experience is contrasted with the culture they live in, which emphasizes *doing.* Aging is equated with the "tragic loss of youthful vigor" in western societies (Thomas, 2004, p.60). Identity associated with one's occupation is lost (MacKinley, 2001). The focus on losses has not helped define roles for elders in a society. Most older adults have a hard time relating to self-actualization as a goal, especially when they deal with limitations of their frailty. They cannot find value in who they become over the years. Instead they mourn their losses and cannot enjoy the essence of being (Thomas, 2004). The alternation of life conditions brought by aging can heighten awareness of spiritual needs and can stimulate spiritual development (Atchley, 1997).

Aging is typically associated with a process of decline. However, the spiritual dimension is one that continues to grow. Spirituality is one of the last aspects of life that is lost for people regardless of their cognitive health. Old people may not recognize their loved ones' faces, but they remember songs and prayers they learned in their childhood and/or

youth. When provided with the opportunity to practice religious rituals, elders' connectedness to these rituals is strong and alive. It is a widely known phenomenon in the long-term care industry that residents of all faiths attend religious services of all denominations. Formal pastoral care is undoubtedly important for many residents.

How cultures influence views on health, health practices, and old age

Some cultures have a deep appreciation for aging people and their perspectives on life. Most Native American cultures have a defined role for their elderly. They expect people to become elders. An elder is a person with wisdom. Elders' accumulated knowledge and wisdom is used to guide the tribe and advise its members. The Native American example shows how to allow an old person to remain in community with others, and in service to the larger world (Rowe & Kahn, 1998). "Our Elders are the carriers of our memory and life experiences" (Swinea, 2005). Leder (1997), who promotes a spiritual approach to aging, has integrated the Native Americans' attitude to their elders and coined a new term: "spiritual elderling." It encourages reflection and meditation while allowing the elders to share their wisdom to benefit society.

Religious and spiritual traditions are part of culture. Culture impacts how people think and respond to various aspects of living, including health and health treatments (Loscin, 2001). For example, Native Americans follow their ancestors' two goals of life: to know the self

and to offer help to others. The majority of their beliefs and spiritual powers are connected to nature, the land and animals. The past shapes people's identities and origins, and these two elements decide the present. These beliefs help people plan their futures, which are not associated with their current health status, physical limitations or pain. They can decide who they are going to be in the future beyond death. It is based on anticipation of connection with their ancestral spirits "who have found healing themselves" (Lee, 1992).

Each culture has its own view of what causes illness, what treatments should be provided and what aging is. For example, many Hispanic, as well as some African and Caribbean cultures, have elements of magic in their health practices. Christian scientists believe that physical healing is attained through prayer alone. The Chinese culture emphasizes natural balance and harmony that is reflected through the concept of yin and yang, forces that guide health care decisions (Habel, 2001).

One of the nursing home's primary commitments is to help residents age with dignity through "supporting the individual quest for meaning" of their lives (Simmons, 1998, p.86). Identification of one's life meaning is the core of spirituality.

Developing skills to address spiritual needs of nursing home residents

He that loseth wealth, loseth much; he that loseth friends, loseth more; but he that loseth his spirit loseth all.
Source Unknown

The potential for spiritual growth and development across the life span is well documented in research. The goal is to help people continue spiritual growth until death. In order to continue this process, it is essential for a person to:

♦ become aware of one's sense of ultimate meaning in life
♦ acknowledge one's sense of ultimate meaning in life
♦ respond to it in a way that reflects one's needs, beliefs, and values

Many people relate ultimate meaning to relationship with God and/or relationships with others. Some others find meaning through music, art, meditation, yoga, tai chi, breathing exercises and the environment. These meanings may change at different points of the life span. "Life without meaning leads to hopelessness" (MacKinley, 2001). Meaning is not created but discovered.

Even when people face a hopeless situation, suffering gives a person a last opportunity to fulfill meaning in one's life (Kimble, 1990).

Worship, attending church, watching religious TV programs, prayer and reading scripture are commonly known responses to ultimate meanings. Some individuals will respond with appreciation of music and art, experiencing old and new relationships, and others with responses only unique to them. Frail older people and people with dementia may have a hard time responding to their ultimate meaning. In this instance, ritual serves as a very important way of connecting with these residents (MacKinley, 2001).

Finding and/or Creating the Meaning of Life

Thibault (2000) identifies four tasks that help a person find and/or create meaning of life:

♦ Acceptance of life as it has been lived
♦ Reconciliation of past hurts
♦ Development of appreciation for the pain and joy of the present moment
♦ Finding hope for what may come.

One way to meet residents' spiritual needs is to refer a resident to another professional: to ask a chaplain to provide services or engage a spiritual counselor. Pastoral care is typically provided for the sick and dying, however, some residents do not want more people to be involved in their care. They do not have the energy to work on developing additional relationships. Spiritual needs can be met by nursing home staff if they are willing and if they are appropriately trained (Thibault, 2000).

Later-life spirituality may be supported in diverse ways beyond pastoral care. If a person identifies no religious association staff might ask:

♦ how they cope with illness, sad events, disappointments, fears
♦ what gives their lives meaning
♦ what cultural beliefs may influence their well being
♦ what social resources they have (Koenig, 2002).

Koenig (2002), a medical doctor and a widely known researcher who has investigated the importance of spirituality in relation to people's well-being, identifies three reasons for the need to identify a person's spirituality. His advice is applicable to nursing home residents due to their physical and/or mental health status and ongoing need of nursing care. Koenig states that taking a brief spiritual history is necessary for:

1. determining medical and health care decisions due to their relevance to a person's religion/spiritual belief system

2. understanding the role that religion/spiritual beliefs plays in coping with the compromised health or in causing stress

3. identifying spiritual needs that may be necessary to be addressed.

Taking a spiritual history serves many functions.

♦ It sends a message to the resident that spirituality is an important element in his/her identity, and it is respected by care providers.

♦ It also helps staff understand the resident's behaviors that are related to health.

♦ A spiritual history helps staff identify the resident's support system.

♦ When staff members take the time to gather information in regard to residents' spiritual needs, they know that this is an area they are encouraged to address, should the need arise.

Koenig (2002) recommends that the information should be collected in a sensitive manner. Questions should be **brief** and easy, so staff can remember them and will not miss important information. The interview should be conducted in an **appropriate context** to increase its effectiveness. The interview should be **focused on a person's spiritual needs**; staff collecting the information should separate themselves from their own belief system. The information gathered from the resident should help staff see if, and how, the resident's spirituality helps them **cope with illness**.

Spiritual Assessment Tool #1

Where do you find joy and fulfillment? Where do you turn in times of stress or disappointments?	What gives you a sense of peace and serenity? What helps you cope with boredom and daily living?

Source: Patton, G.L. (2001).

Spiritual Assessment Tool #2

Faith or Beliefs	*Importance and Influence*
What is your faith or belief? Do you consider yourself spiritual or religious? What things do you believe in that give meaning to your life?	Is faith important in your life? What influence does it have on how you take care of yourself? How have your beliefs influenced your attitudes after you came to live in a nursing home? What role do your beliefs play in making your life meaningful?
Address How would you like us to address these issues in your care plan?"	*Community* Are you part of a spiritual or religious community? Is this a support to you and how? Is there a person or group of people you really love or who are important to you?

Source: Puchalski, Larson & Post (2000). Used with the author's permission.
(NOTE: Nursing homes need to decide which tool to use or combine both for the most effective assessment of their residents' spiritual needs.)
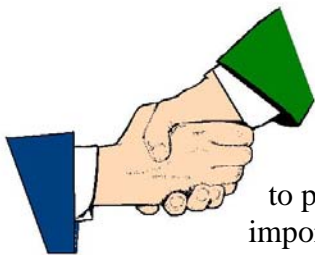
Koenig's (2002) book, Spirituality in Patient Care, is addressed mainly to doctors, but his suggestions can be applied to a nursing home community. He believes that doctors should help identify patients' spiritual needs and ensure that they are met. Problems may arise when doctors do not address needs in this area or step beyond boundaries. A physician may be tempted to offer advice, especially when a patient and a doctor share the same belief system. Koenig cautions doctors to be on guard with their beliefs and not impose them on patients. Keeping lines of communication open between staff and residents regardless of what residents decide is key in providing what a person needs for his/her spiritual needs.

Lakeview Village Spiritual Assessment

The Lakeview Village is a large community. Reverend Quentin B. Jones oversees ten commissioned lay chaplains who work with the Lakeview Village residents.

The assessment of new residents' spiritual needs is conducted some time after admission, once things have settled down. The chaplains take time to develop a relationship with each person. They intentionally spend lots of time with residents and listen to them. Each resident is affirmed as an individual with his/her individual needs and wants. During numerous contacts the chaplains hope to pick up indicators of how important religion and/or spirituality is to an individual. They can identify what hope a resident has, what preferences he/she has, what rituals are important in their lives, and how their spiritual needs are manifested.

The pastoral care at the Village integrates the wellness and wholeness philosophy to optimize residents' quality of life. Each person's needs are analyzed as a whole; physical, emotional, social, intellectual, vocational and spiritual components are optimized to increase their sense of well-being. When one need is attended, other elements are analyzed in context of a resident's wellness and wholeness. This approach affirms that each resident is a whole person with his/her own unique traits.

Reverend Jones strongly believes that each human being is spiritual regardless of their religious beliefs (even if none). Attending to and meeting each individual's spiritual needs is his mission and approach applied to all Lakeview Village's residents (per conversation with Rev. Q. Jones)

> **"The foundations of a person are not in matter but in spirit".**
> **Ralph Waldo Emerson, American Poet**

Activities /Tools for Spiritual Growth and/or Enhancement

There are many ways to promote spiritual well-being for residents, and meet their needs in this regard. All of them have one thing in common: an emphasis on inner peace (Chippendale, 2005). MacKinley (2001) adds joy as an element of spiritual well-being. A majority of these activities can be easily implemented in nursing

homes. Although spiritual development is eventually attained alone and in silence, it can be encouraged and nourished by activities that include elders and staff members.

Barry Barkan and his wife Deborah, two of the founders of the Pioneer Network, introduced the Regenerative Community in their homes for elders. The emphasis is life within community where elders can share their wisdom and empower themselves with the skills to grow and develop spiritually. Being part of a community is a very powerful spiritual experience (Baker, 2002). Some of these activities require participation of more than one resident.

1) Ethical will

People want to leave their loved ones more than just material possessions. Ethical wills enable people to pass on their life values. They address non-material possessions: the values and life lessons that one wishes to leave to others, to another generation. It encourages a person to take stock of his/her life and see it from the wisdom they gained through living it (Leith, 2002). Writing ethical wills can provide an opportunity for personal growth, and building a connection between the generations and meaning to an older person's life (Shultz, 2006). The importance of the activity should be enhanced by setting up regular meetings with a resident and listing, at least initially, questions that help facilitate the process. A resident should see parts of his/her will to demonstrate the progress, and also be given the opportunity to edit the will.

Example of questions for reflection:

What has been your role in caring for the health of family members?

How did you participate in the life of the community? Were you active in church, temple, social clubs, unions and/or civic organizations?

What have been your attitudes toward politics and political parties? Have your attitudes changed over the years? How? Why?

I would like to be remembered as…

How do you think you have influenced your children? (Pelaez & Rothman, 1994)

Case Study: Gregory's Ethical Will

Gregory was 87 when he was admitted to a nursing home. He knew that he could not take care of himself anymore, but this recognition did not keep him from missing his independence and the home he once shared with his late wife. His son was helping him sell the house, and it made him feel like he was being robbed of his entire life's fruits of labor. Maggie, a staff person permanently assigned to Gregory, was a good listener. Over time, she got to know Gregory's concerns, fears and worries. She suggested they start writing his ethical will, hoping that it would restore the meaning in his life. Gregory was reluctant, as he did not see the purpose of recording his stories. Maggie reminded him that a few of his stories taught her valuable lessons. She recalled his experience of dropping out of high school when he had to help his family during the depression. Gregory

attained his GED in his early 30s, even though at that time he already had his own family. Maggie stated that this gave her hope that she could complete community college, which she had started and then had to drop. She helped the resident see that his life experience is of value to a younger generation.

What have you learned from residents who have helped you improve and/or reflect on your life?

(2) Life-review

An ethical will can provide an opportunity for a life-review. An individual who finds the meanings of past and present relationships is able to identify purpose in later life (Payne, 1990). "Meaning-making" includes the past and hopes for the future (Clements, 1990). Spiritual development, maturity and growth can be achieved by reviewing and recreating one's past, mourning present losses, and facing the future. A spiritual journey cannot be attained in isolation. It can be manifested in many ways, but it always involves a continuing process based on mutual relationships. Its focus is on "a person-in-community." Helping people review their experiences serves as an important spiritual resource (Moberg, 1990). Reminiscence at the end of life has a spiritual aspect (MacKinley, 2001). It is an excellent tool for dealing with forgiveness and "unfinished business."

Thilbault (2000) suggests opening the review process by connecting staff experience with that of a resident. Let residents know that staff want to talk about spiritual concerns with them. She identifies

four "meaning-making" categories for starting a conversation:

1. Remembering: Do you enjoy remembering your past? Are there some memories that bother you?

2. Reconciliation: Who are the most important people in your life? Are there any people with whom you would like to be in touch? Anyone you need to talk to?

3. Reassessing: What interferes with your ability to cherish each day?

4. Reunion: Is there anything you look forward to? Do you believe in afterlife? How would you like us to remember you?"

Case Study-George's Unfinished Business

George, a resident in the Sunshine Center, was diagnosed with dementia. He kept to himself and paced a lot. George talked to himself constantly. It was not easy to understand what he was saying, but staff were able to pick up a few words, the words he repeated every day. One of the words was "John." The social worker checked George's file and discovered that John was one of his two brothers. When George's wife came to visit him, the social worker asked her to reveal what kind of relationship John and George had. George's wife responded that John had died a few years ago. George and John did not have a good relationship and were not able to reconcile before John died. The next time the social worker saw George wandering around the home, she invited him to sit with

her on a bench. She touched his shoulder and told him: "John is well where he is. You do not need to worry about John." George looked at her. She was not sure if he understood what she was telling him. Staff did not hear George saying his brother's name for a few days. Whenever he started talking about John, staff members tried to spend a few minutes with him and assure him that John was fine. This simple assurance decreased George's anxiety and over time he stopped mentioning his late brother. George found peace.

1. What needs can you identify in George?

2. What aspects of spirituality can you identify in staff behavior?

3. Why did staff assurance help George decrease anxiety?

(3) Writing to God/Higher Being

This innovative activity was conducted at a skilled facility in a geriatric residence, Gurwin Jewish Geriatric Center, in Commack, NY. Nineteen residents were asked to participate in the workshop in which they created postcards to God as a way to express their spirituality. The researchers' goal was to explore the connections between spirituality and artistic expression. Participants used blank cards, various art supplies and collage materials. Elders involved in this workshop were frail but none were cognitively impaired. The facilitator asked the participants what they would say to God if they had a chance. It was acknowledged that some participants did not believe in God.

What would you say to God/Higher Being if you had a chance?

♦ 53% of the elders reported that making a card to God made them feel satisfied
♦ 21% of the elders expressed feeling calm
♦ 11% reported frustration
♦ 11% reported anxiety

Participants in the first two groups expressed gratitude both to God and people. Many of them had pictures symbolizing "a bountiful and blessed world" (Brennan, Laditka, Cohen, 2005, p. 217) and seemed to be comfortable expressing love to God. Frustrated and/or anxious residents expressed love for other people excluding God in their postcards. These were also the people who did not consider themselves religious. Most participants enjoyed the activity, and it may be a successful way to promote residents' spiritual expression (Brennan, Laditka, Cohen, 2005).

(4) Validation Therapy

Naomi Feil designed validation therapy between 1963 and 1980 for people with cognitive impairments. The therapy is based on the general principle of validation, the acceptance of reality, whatever the reality may be for that person, and personal truth of another's experience (Barton&Wright, 2006). It puts an emphasis on seeing the people where they are and listening to their stories. It helps staff accept stories from people afflicted with Alzheimer's. It may also help a resident who struggles with memory and his or her own identity to connect with staff and experience spirituality.

The spiritual engagement tool, a technique developed by Tom Brenner (2005), a gerontologist and a Montessori teacher, may enhance the validation therapy. He suggests eliminating concepts of time and judgment; no past, no future, no right, no wrong. Spiritual engagement is about "being completely present with" a person in the moment. The focus is on the residents' strengths. A person may not remember his/her grandchildren's names, but if a resident can still read, she/he can read a poem or a short story, after which content can be discussed with family or staff. A similar manifestation is reflected in the following activity:

(5) Being present with people

Just being with a person, spending some time with them listening to their stories, holding their hand, reading a book, or sitting silently has a spiritual dimension. To be in the moment is a gift to a resident and a staff member. Silverman (1997) recommends discussing poetry as a means for getting in touch with inner spiritual feelings.

(6) Healing Circle

The Healing Circle is derived from the Native American tradition. Its focus is on healing within the community. Residents are asked to sit on chairs in a circle. Groups should be small with no more than ten residents. The Healing Circle should be conducted in a quiet room preferably with dimmed lights. People sitting inside the circle hold hands with each other. The simple hand-holding activity reflects the power of the community. One staff member stands behind each resident with his/her hands placed on the resident's shoulders. Residents are then asked to put their feet on the floor (if they are able), symbolizing their connection with the earth. Residents are asked to close their eyes, which demonstrates trust. Staff are encouraged to whisper loving thoughts, caring messages (ones that they would like to hear themselves) to a resident they stand behind, i.e. "I care about you," "You are a wonderful human being," "You are special." After the message is spoken, the staff member moves to another resident. The hands of each staff member standing next to them are placed on the resident's shoulders at the same time the staff member walks to another resident to assure continuance of physical touch (personal conversation with Bill Peterson, Director of Homecare & Hospice in Manhattan, KS). This exercise is very effective for community bonding and projecting a message that everyone is equally important regardless of their belief system. It also meets people's spiritual needs through presence in the moment, connection with each other and physical touch.

(7) The relaxation response

Dr. Benson (1997), an associate professor of medicine at Harvard Medical School, suggests that one can enhance spirituality without being connected to a church or synagogue. He promotes the relaxation response that can be triggered by meditation, yoga, progressive relaxation or tai chi. People

who exercise the relaxation responses report increased feelings of spirituality. Dr. Benson's and other approaches to spirituality may be controversial to many due to non-Western perspectives on spirituality. His approach encompasses elements of being in the moment with other people and achieving inner peace, and these two aspects contain the spiritual dimension.

(8) Engagement in Action

Most religions teach the importance of action, meaning the execution of spiritual values, by creating opportunities for residents to make a difference in the world. This could be achieved by helping residents with writing letters to soldiers, donating money to schools and charities, or advocating elected officials for a cause they want to support or oppose (Friedman, 1995). Identifying ways to be helpful to others in need is also a tool for discovering the meaning of one's life. A simple action such as holding another resident's hand or comforting a person (resident or staff) brings meaning to those who reach out (Richards, 2005).

(9) Walking the Labyrinth

Walking the labyrinth is an ancient tradition that was recovered in the United States in the early '90s at Grace Cathedral in San Francisco. It has become a technique used for both therapy and spiritual aid for residents with early- to mid-stage Alzheimer's at the Alexian Brothers Valley Residence (ABVR) in Chattanooga, Tenn. A labyrinth, although it appears to be a maze, consists of a single path leading to the center. The path curves and winds, but has no cul-de-sacs or forks. The walk is a time for reflection and meditation for residents. It "quiets the mind and opens the soul to a sense of wholeness and wellness."

To begin the activity, staff lay out a large canvas printed with the pattern of the labyrinth. To set the calm, spiritual mood, all background noises should be minimized, allowing only tranquil music to be played softly in the background (i.e. chants, hymns, and folk and gospel hymns). The music helps the residents feel calm, helping them open their minds and souls for the "walking meditation." (The residents wear white socks to protect the canvas). The walk is broken down into three stages:

1. The resident rings a bell to signify that they are entering the labyrinth.

2. The resident comes to a state of peace and serenity as he/she walks around the path to the center of the labyrinth. Spiritual tradition recognizes this stage as a union with God or a higher being.

3. The resident reflects on the experience as he/she walks the path out of the labyrinth.

The entire walk should take about 15-20 minutes. Although it is ideal that participants are able to walk on their own, residents in wheelchairs can still enjoy the experience with the assistance of a staff member.

The ABVR has not done long-term research on the affects of the labyrinth activity. However, staff have noticed short-term

calming, relaxation and decreased agitation and anxiety for residents, lasting for 2-3 hours and sometimes longer (Carnes, 2001).

(10) Humor

Humor helps aging people face physical, social and psychological problems. A person who talks about his/her problems with humor acknowledges difficulties, but humor also helps a person triumph over suffering. Through humor a person can look at suffering from a different perspective and relieve pain for a moment. To laugh rather than feel sorry for oneself indicates trust in an order of meaning. Humor is an important part of understanding what it is to be human and humane. Humor can be an important tool to promote and/or sustain spiritual maturity in older people. Humor alone will not help one's spirituality, but it enables a person to overcome fear while maintaining trust, hope and faith (McFadden, 1990).

Chaplain Bob Merrill, in Oklahoma City, promotes the idea of a HUMOR CART. It could be any device, like a Gerry chair or a little red wagon, containing items that inspire laughter among residents and staff. He suggests items such as clown noses, shoes, clothes or other clown gear; objects associated with laughter, such as a rubber chicken; magazines with humor, cartoons, pictures; humor books; humorous audio and videotapes; and funny toys.

He recommends taking The Humor Cart to all halls at regular times. Staff attending the cart should try to generate a humorous response from residents and staff. Using the items from the cart should help create a positive mood and bring out a joyful response from residents. Furthermore, Bob Merrill suggests creating The Humor Room, a permanent place in a nursing home where residents (and staff) can go when they need to laugh. He identifies the necessary features of the Humor Room for its operation:

♦ Must be enclosed
♦ Must be accessible all the time
♦ Must be wired for sound
♦ Must have sufficient space for multiple activities
♦ Should have a program going during all hours of operation; with wireless headphones several activities can be offered at the same time
♦ Should include regular purchases for entertaining, variety of humorous toys, games, tapes, etc.

"Impart as much as you can of your spiritual being to those who are on the road with you, and accept as something precious what comes back to you from them."

Project evaluation

When any PEAK education project is implemented, it is important to take a careful look at the results or outcomes of the intervention. Any of these spiritual activities could affect changes in difficult behaviors, psychotropic drug use and staff, resident and family satisfaction. In some cases,

enhancing spiritual practices may lead to improvements in functional ability, as residents may find something worth living for.

Summary

Many nursing home staff often provide opportunities for residents' spiritual needs without even knowing it. Who is a caregiver? "Someone who is caring, valuing and responsive to a person's pain and disability; someone who can love a person they take care of, someone who can nurture the strength within an aging and ill individual, someone who can understand a person's needs when she/he is barely able to communicate; and someone who embraces wholeness, and can nurture a soul" (Nowitz, 2005, p.190).

Nursing homes can promote involvement with residents in their spiritual growth.   The first task is to do a psychological assessment. Spiritual and religious concerns are often associated with emotional and physical aspects of residents' lives. The Minimum Data Set has a question about how residents find "strength in their faith." The answer to the question of how a person spends their day may reveal their daily routines. The "routines may give clues to spiritual aspects of their lives." Asking the simple question: "What would be a good day for you?" could bring many important answers and help focus on the "quality of moment" (Richards, 2005, p.181).

Meeting a person's spiritual needs may also involve respect for objects with spiritual

meaning that they may have in their rooms.

Modeling for other staff the sense of being present with a resident is probably the single most important role for social services. Staff should keep their spirits alive by examining their own spiritual needs. Nursing home staff face issues of living and dying every workday. These issues enhance staff's need to find a meaning of life (Richards, 2005, p.182). Staff can experience growth along with residents (Nowitz, 2005).

Any intervention that staff offer should be resident-oriented. Staff must honor a resident's autonomy; respect his/her needs, and "use permission, respect, wisdom and sensitivity" (Crowther, Parker, Achenbaum, Larimore & Koenig, 2002, p. 619). Pastoral care delivered to nursing home residents by staff chaplains, community clergy, or volunteers will be more effective when nursing home staff are included in the process of spiritual care provision. Recreational therapists, social workers, nurses, and direct staff may provide information that is critical regarding residents' spiritual needs (Friedman, 1995).

Ten to 15 percent of Americans consider themselves to be non-religious. The need for spiritual comfort for a non-believer is as strong as in a religious person. Spiritual resources need to be available for people declaring no religion in "a non-threatening way and at their own pace." Staff need to help these residents "find purpose and meaning, forgiving and receiving forgiveness, saying good-bye and coming to terms with whatever they perceive may occur after they die" (Koenig, 2002, p.23).

This advice is not only applicable for residents who are actively dying but also for residents who live. Helping residents find meaning in their lives should be a daily mission in nursing homes.

Some Kansas nursing homes already deal with residents' unfamiliar spiritual needs, and feel helpless not knowing how to help them meet these needs. Boomers who have prided themselves on doing things differently will undoubtedly increase the clash if staff are not aware of or are intimidated by the diversity of people's spiritual needs.

Since staff members who work in nursing homes may represent multicultural environments, education of staff is important in helping them understand residents' religious orientation and spiritual needs. First, the religious and spiritual inclinations of staff need to be acknowledged. Appropriate opportunities for staff to participate in religious life should be created. There are many holidays that both residents and staff share, such as Thanksgiving, Veterans Day and Martin Luther King Day. Celebrating Nursing Home Week, Nursing Week, and Social Work Month with residents provides support and appreciation for staff from the people for whom they care. Staff should be given opportunities to mourn residents who die through memorial services or other ceremonies specific to the nursing home (Friedman, 1995).

By spending a lot of time with residents, nursing home staff have the opportunity to form and build meaningful relationships with them. Sometimes, staff substitute for family and friends. Due to establishment of close relationships between caregivers and elders, they become reciprocal and spirit-sharing. By entering into close relationships staff get to know the residents past, their stories and what is important to them. Only close relationships have a chance to enhance spirituality and hope, and consequently promote inner harmony and healing. "There may be no greater goal of caring for elders than helping a person to have a life well lived and meaningful to themselves and others, thus providing hope that life's journey was not in vain" (Touchy, 2001, p.54).

A survey of 50 nursing homes in the United Kingdom revealed that most managers had a broad understanding of spirituality. They considered most activities associated with the residents' religious, emotional, physical or social needs a part of spiritual care. "Any task which produces a "feel-better" outcome was seen as spiritual care (Orchard & Clark, 2001, p 29). Meeting residents' spiritual needs illustrates the necessity of building close relationships. Meaningful relationships between staff and residents is the essence of spiritual needs provision because of intimate knowledge of who a resident is and his/her preferences.
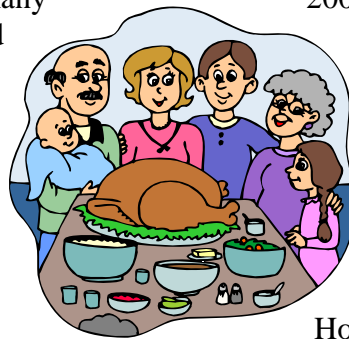
Hope is an important factor related to decisions about death and dying. When hope is based on realistic facts it reveals its spiritual aspects such as one's values, traditions, beliefs and faith. This affects how people see their lives, and for some how they view the afterlife. His/her wishes related to the dying process reflect the spiritual dimension of hope. Again, identifying hope and maintaining hope does

not happen in a vacuum. "Residents need a special relationship to maintain a sense of hope" (Richards, 2005, p.178).

With appropriate training that explains basic facts about what spirituality is and what functions it serves, staff will dispel myths about spirituality and taboos surrounding the subject, and be better prepared for meeting the needs of older people living in nursing homes.

"There is no aspect of care provided in nursing homes that does not have some spiritual component" (Richards, 2005).

Post-Test

The pre-and post-tests included with this module are optional. The questions provide information about the material to be covered and can be used for learning self-evaluation.

1. Spirituality is always part of a religion.
   (a) True
   (b) False

2. Spirituality can be expressed by:
   (a) Love for music and art
   (b) Caring for people
   ©) A prayer
   (d) All of the above

3. When people are admitted to nursing homes, what kind of losses do they deal with?
   (a) Identity
   (b) Independence
   ©) Lifestyle
   (d) All of the above

4. What is the most important function of spirituality?
   (a) Be prepared for afterlife
   (b) Follow the Ten Commandments
   ©) Help one die with dignity
   (d) Finding the meaning and purpose of life

5. Why is it important to meet nursing home residents' spiritual needs?
   (a) Spirituality helps nurture hope
   (b) Spirituality is part of holistic care
   ©) Spirituality helps adjust to losses
   (d) All of the above

6. Staff can meet residents' spiritual needs even when they both represent different belief systems.
   (a) True
   (b) False

7. What percentage of Americans consider themselves to be non-religious?
    (a) 5-7%
    (b) 1-3%
    ©) 10-15%
    (d) 15-22%

8. Which of the following statements is true?
    (a) Only a person who has declared a religion has spiritual needs.
    (b) All people are spiritual regardless of being religious or not.

9. Which of the following activities would you consider to be spiritual care?
    (a) Comforting a resident who is concerned about incontinence issues.
    (b) Discussing with a resident their funeral wishes.
    ©) Saying a prayer with a resident when asked to do so.
    (d) All of the above.

10. Only a pastor or a priest can meet one's spiritual needs:
    (a) True
    (b) False

Answers can be found on page 28.

Pretest and Post-test Answers

1. B
2. D
3. D
4. D
5. D
6. A
7. C
8. B
9. D
10. B

Appendix

Possible solutions for handling John W.'s behavior:

How would you deal with John's request in ensuring that his spiritual needs are met without disturbing other residents and staff?

> *Staff should try to help John understand that people may express their religious needs differently than he does. Staff should intervene any time they see him harassing a resident. Whenever possible, and when staff are comfortable with it, staff should offer John time to study the Bible or pray with him. A chaplain should be asked to spend extra time with John to respond to his religious needs.*

How would you handle this situation with residents and staff so they know how to deal with John's requests without hurting his feelings?

> *Staff should be educated about residents' various religious and spiritual needs and diversity of responses to these needs. Staff should understand the role of meeting residents' spiritual needs and benefits associated with it. Staff should be encouraged to brainstorm solutions on how to protect residents from John's undesirable demands. Resident Council should discuss ways to help residents be assertive without hurting John's feelings.*

Suggestions for rituals or spiritual practices that may help reach a spiritual moment:

> *Prayer*
> *Religious mass*
> *Meditation*
> *Yoga*
> *Tai chi*
> *Walk in nature*
> *Massage*
> *Aromatherapy*
> *Relaxing bath*
> *Working on important projects with other people*
> *Helping vulnerable people*
> *Listening to music*
> *Looking at art*
> *Feeling connection to people for whom they care*
> *Experiencing or witnessing triumphant moments*
> *Reading a story, poem that personally touches them*
> *Feeling a deep connection to another person/persons*
> *Creating art*

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