The Significance of Spirituality in the Elderly

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THE SIGNIFICANCE OF SPIRITUALITY IN THE ELDERLY

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This study examines the meaning and the importance of spirituality in the well elderly who reside in their own home and the significant spiritual experience that they encounter through relationships, religion, and services. Qualitative Research Methodology was incorporated in this study to help explore and interpret the research in order to uncover the importance and significance of spirituality on the daily lives of the well elderly. Twenty participants were invited and ten participated in an unstructured interview and were surveyed and asked to respond to a list of questions pertaining to the role of spirituality in their everyday lives. The results were collected via interview transcription, grouped into the respective themes and categories, and carefully evaluated. The study analyzed the extent to which the Meaning of Life and Connection and Meaning of Spirituality is found to be an important and necessary part of a well elderly person’s daily life.

The findings in the study identified major significances of spirituality in the participants who considered the most important factor, second most important factor, and
third most important factor when it came to relationships, religion, and services. The results also indicated aspects related to the horizontal dimension and vertical dimension. The openness of each participant facilitated the gathering and interpretation of the data for the study. The outcome clearly identifies the importance spirituality plays in the daily life of the well elderly and indicates the significance of spirituality throughout the lifespan.

The results indicated that regardless of a person’s family history, educational background, or religious upbringing, spirituality played a certain role in their daily lives and that there is a powerful influential spiritual force that guides them during periods when they may be lonely, or suffering from a feeling of being isolated from the outside world. Each participant was aware of the significance of spirituality and the important role it plays in their life in the present and across the life span. The elderly felt that they had knowledge of the various modalities and how spirituality plays a principal role in a spectrum of real-life practices including prayer, helping others, or just staying in tuned with the beauty of the world around them.
Acknowledgements

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CHAPTER ONE: THE PROBLEM AND ITS COMPONENTS

Nurses’ dealing with spirituality has been controversial over the years because many nurses feel it is the responsibility of the chaplain to contend with spiritual issues. The elderly sick or elderly well are still whole individuals. The whole individuals continue to take into consideration “…body, mind and spirit” (Belcher, Dettmore, & Holzemer, 1989, p. 16).

When nurses provide spiritual support to the individual during a time of illness there is always that sense of balance the patient has with the life he/she has lived whether mentally or physically. The same can hold true for the well elderly adult. Nurses know how important it is for the elderly to be comfortable physically, but they also need to take into consideration the spiritual needs. This study will explore the perception of spirituality of the well elderly, the significance of spirituality in their lives and the nurses’ understanding of spirituality.

Problem Background

On a daily basis, nurses face caring for elderly who are in the hospital suffering from an acute or chronic illness, mental illness, or are dying. Nurses are involved with caring for the ill elderly who are in nursing homes and in hospice care.

Some nurses have difficulty in their role when managing the needs of the dying patient due to a conflict they may have in coping with their own death. Each nurse has his or her own belief system. Through the individual belief system, each nurse is afforded the opportunity to provide spiritual needs to the dying patient as well as to the well elderly, in a way he or she feels comfortable with that also addresses the individual’s special needs. These needs may be supportive, spiritual, or psychological.
When nurses provide spiritual needs to the ill elderly, they are also assessing the impact the illness has on family members in addition to those involved in their care. When nurses provide spiritual support to the individual during a time of illness, they need to evaluate how they can help the patient maintain the sense of balance they have achieved in their life and this involves how they view spirituality. When nurses provide spiritual needs to the well elderly, their assessment can also have an impact on the patient’s family members and others who are part of patient’s life.

In today’s society, there has been an increase in the spiritual needs both of the individual and other members of the family. Limited education in the field of spirituality and the experience to sort out this aspect of the patient’s needs has caused nurses to shy away from this topic. It is important, therefore, that spirituality be introduced into a curriculum to allow students to become more familiar with spirituality in order to contend with the assessment component and have this knowledge available throughout their career.

There has been controversy in the literature as to whether or not spirituality should be incorporated into a curriculum. DeYoung (1986) was not totally convinced that a nurse should take the position of attempting to fulfill spiritual needs. If nurses are not formally trained, patients will not believe that the nurse possesses expertise in this area. By being formally educated, the nurse will have the necessary skills to establish a trusting relationship. Once trust has been established, the opportunity for open communication is enhanced.

A nurse must have recognized and embraced his/her own spiritual value system before assuming the role of spiritual advisor. If he or she does not accept his or her own
spiritual awareness, it will become challenging to ascertain the needs of someone who is reaching out.

DeYoung (1986) states “future research may reveal that nurses should do spirituality assessment, and then refer patients’ spiritual needs to the clergy or spiritual counselors. This seems logical in terms of both nurses’ education and patients’ preferences” (p. 32).

Piles (1989) believed that teaching nursing students spiritual care helps them provide support for the patient’s spiritual needs. Students should be prepared in nursing schools to provide this spiritual care. Not every practicing nurse has had the opportunity to practice spiritual care. Students who are affiliated with a religious institution, such as a church, temple, or mosque, may have their own meaning of spirituality, that is, they may equate it with religion. Religion and spirituality are different.

When viewing spirituality in the nursing perspective, it is significant to ascertain how spiritual care is to be taught and determine ways for implementation. Just as food and rest are universal needs, so are spiritual needs (Gallia, 1996).

Even though the focus of this study is on the well elderly, nurses are still committed to understand the importance that spirituality has on these individuals and to assess the importance spirituality plays in their daily life whether living in a community setting, hospital, or nursing home.

Literature Review

Spirituality has been gaining interest within the media as well as within the healthcare community. It is more likely that nurses will receive training in religious and
spiritual issues than a chance that such training would be included in the education of physicians or other healthcare professionals (Weaver, Flannelly, & Flannelly, 2001).

Nurses are gradually including more spirituality into their care and acquiring more knowledge in this arena. Spirituality has various meanings to each individual; therefore, the meaning can be misunderstood. Webster’s Encyclopedic Unabridged Dictionary of the English Language (1996) defines spirituality as “the quality or fact of being spiritual” (p. 1840). Nagai-Jacobson and Burkhardt defines spirituality (as cited in Angelucci, 1999) as “the unifying force or vital principle of a person that integrates all other dimensions of the human being” (p. 62).

Spirituality is not religion as most people may think. Spirituality is what is meaningful to an individual and has a purpose in his or her life. Elkins, Hedstrom, Hughes, Leaf, and Saunders looked at components of spirituality (as cited in Walton, 1996) as “meaning, purpose, and mission in life” (p. 239). Elkins et al further defined spirituality (as cited in Walton, 1996) as:

Spirituality, which comes from the Latin, spiritus, meaning ‘breath of life’, is a way of being and experiencing that comes about through awareness of a transcendent dimension and is characterized by certain identifiable values in regard to self, others, nature, life, and whatever one considers to be the Ultimate (p. 239).

Meaning of Life Among Older Adults

Burbank (1992) did a study that explored the meaning of life among older people and examined the factors and experiences the elderly perceive as meaningful in their lives. There were three factors that were important to the elderly; these were relationships, religion, and service.
Connection and Meaning of Spirituality

Nurses tend to spend most of their time caring for the ill elderly and the available research focuses more on the ill elderly than it does on the well elderly. Nurses must remain cognizant of how the elderly are connected to and how spirituality has meaning to them. There are several interpretations of spirituality one being conceptual knowledge and the other being empirical view.

Nurturing of the Spirit

It is necessary for nurses to understand spirituality and it is essential to incorporate spirituality into their nursing education (Miller, 1995). Nurses take care of the sick elderly but also contend with the well elderly. It is important to understand spirituality in both arenas.

Spiritual Connotation

Spirituality has many connotations to each individual. One can view spirituality through song, the sunrise, and the sunset. All of these factors can contribute some meaning to one’s existence and can create new challenges for individuals on a daily basis.

One does not have to be religious to be spiritual. Spirituality exists across the lifespan and does increase more with age. Spirituality is viewed as a basic human need and is important because it has the potential to promote the quality of life especially to the elderly, whether ill or well, since it does exist across the lifespan. As one ages, there is a need to hold onto something that has a meaningful purpose in their life whether this basic need are family, friends, or religious articles.
**Nursing Diversity**

Spirituality in nursing has a long way to go, but the future looks brighter within the nursing arena. Nurses must be able to understand spirituality, and how spirituality plays a role with clients, as well as the significance of spiritual factors in the well elderly person’s life.

**Curriculum Inclusion**

In order for nurses to understand spirituality, there is a need to incorporate spirituality into a curriculum. This will allow students to become more familiar with spirituality and ways to manage the assessment component. The student will be able to incorporate this knowledge into every aspect of their nursing career.

**Formal Education**

Formal training in the area of spirituality will allow the nurse to meet the spiritual needs of patients and the well elderly in a professional manner. This pre-service preparation will enable the nurse to use open communication more freely.

Besides spiritual growth and spiritual awakening for the older adult, the literature also looks at religion. Even though the focus is on spirituality, it is also important to note that as one ages, there is more of a commitment to going to church and engaging in church activities. According to Nies and McEwen (2001) “women are more likely to attend [church] than men and attendance increases with age” (p. 465).

**Purpose of the Study**

Involving nurses in the arena of spirituality is growing rapidly. Research on spirituality encompasses mostly the ill, terminally ill, or hospice patients. It is important to understand that spirituality can relate to the well elderly and their willingness to
express their perception of spirituality. Nurses know how important it is for the elderly to be comfortable physically, but they also need to take into consideration the need for reassurance in spiritual needs.

Well elderly are whole individuals and these whole individuals take into consideration “body, mind and spirit” (Belcher, 1989, p. 72). Reed (1992) found “spirituality is part of the ontologic foundation of nursing; it is regarded as basic characteristics of humanness important in human health and well-being” (p. 349).

The purpose of this study is to explore how the well elderly perceive spirituality and how it plays a significant role in their lives.

Research Objective

This study will explore the meaning that spirituality has on the well-elderly (60-75 years of age) and the significant role spirituality plays in their lives as well as the nurses’ understanding of the well-elderly’s spiritual needs.

Limitations/Delimitations

Limitations

In this study, I will interview individuals between ages of 60 and 75. There will be no guarantee that the elderly selected will complete this interview for one reason or another. It is believed that the transcript analysis of interviews will determine that each individual has his or her own perception of spirituality. Some of the participants may find it difficult to answer the questions because he or she may feel a need to please the researcher therefore refraining from providing an honest answer to the questions.
Delimitations

Delimitations

This study will be conducted in New York, and will include the boroughs and the suburbs. The researcher will use a small sample group. These results, therefore, cannot be collectively used for other well elderly outside of the New York area.

Definitions

The following terms are defined to provide the reader with a clearer understanding of their use in this study.

*Conceptual knowledge.* For the purpose of this study, the term refers to spiritual connection in a horizontal and vertical dimension.

*Curriculum inclusion.* For the purpose of this study, the term refers to a course in spirituality within the nursing curriculum.

*Elderly.* For the purpose of this study, the term refers to an older adult (60-75 years old.).

*Empirical view.* For the purpose of this study, the term refers to looking at life beyond the present situation (Reed, 1992).

*Energy field.* For the purpose of this study, the term refers to “the fundamental unit of the living and non-living. Field is a unifying concept. Energy signifies the dynamic nature of the field is in continuous motion and is infinite” (Downs, 1998, p. 20).

*Environmental field.* For the purpose of this study, the term refers to house, community, hospital, nursing home, nature, and social events.

*Formal education.* For the purpose of this study, the term refers to a spirituality course taught by a trained faculty member.
Health. For the purpose of this study, the term is defined by (WHO). The World Health Organization (WHO) defines health (as cited in Potter and Perry, 2001) as a ‘state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity’ (p.3).

Horizontal dimension. For the purpose of this study, the term refers to a social and physical environment (Reed), 1992).

Meaning of Life among older adults. For the purpose of this study, the term refers to three factors: relationship, religion, and service (Burbank, 1992).

Nursing diagnosis. For the purpose of this study, the term (one of many) refers to nurses implementing nursing care by a means of a framework. Bircher defines nursing diagnosis (as cited in Potter and Perry, 2001) as ‘an independent nursing function….An evaluation of a client’s personal responses to his her human experience through the life cycle, be they developmental, or accidental crises, illness, hardship, or other stresses’ (p. 314).

Nursing diversity. For the purpose of this study, the term refers to nurses who have the opportunity to deal with clients of a diverse population and background.

Nursing intervention. For the purpose of this study, the term as defined by Gordan (as cited in Potter and Perry, 2001) as “those actions designed to assist the client in nursing from the present level of health to that which is described in the goal, and measured with the expected outcomes.”

Nurturing of the spirit. For the purpose of this study, the term refers to the ability of nourishing himself or herself with the spirit or religion, i.e. a belief.
Religion. For the purpose of this study, the term refers to one’s belief in a higher
being. “A specific fundamental set of beliefs and practices generally agreed upon by a
number of persons or sects…” (Webster’s Encyclopedic Unabridged Dictionary of the

Self-actualization. For the purpose of this study, the term refers to a “state of fully
achieving potential and having the ability to solve problems and cope realistically with
life’s situation” (Potter and Perry, 2001, p. 92).

Self-transcendence. For the purpose of this study, the term refers to a reference by
Coward (as cited in Leetun, 1996) “an inherent characteristic of being human and persons
transcend in three ways…giving to the world creativity…taking from the world by being
receptive to others and...environment, and…prediction…faced with unchangeable
situation…” (p. 68).

Spiritual act. For the purpose of the study, the term refers to a meaningful
connection of past memories and these memories are shared as a spiritual experience.

Spiritual care. For the purpose of this study, the term refers to nurses having a
better understanding of dealing with one’s faith, one’s purpose in life, and one’s spiritual
values.

Spiritual connection. For the purpose of this study, the term refers to “the
unifying force or vital principle of a person that integrates all other dimensions of the

Spiritual connotation. For the purpose of this study, the term refers to multiple
meanings to the nurse, the well elderly and the ill elderly.
*Spiritual distress.* For the purpose of this study, the term refers to a description by Campbell (as cited in Emblen, 1992) “…related to a life situation. Troubled concern about threats to one’s belief system during a difficult life situation” (p. 45). Any disruption in one’s life through illness or belief system.

*Spiritual integrity.* For the purpose of this study, the term as described by Labun (as cited in Emblen, 1992) “…is present when the person experiences wholeness with the self, with other human beings, and in transcendence with another realm” (p. 45).

*Spiritual needs.* For the purpose of this study, the term refers to as described by O’Brien (as cited in Emblen, 1992) “…involving any essential variables required for the support and viability of that element which inspires in man the desire to transcend the realm of the material” (p. 45).

*Spirituality.* For the purpose of this study, the term refers to a connection with a Higher Being and a way of finding a meaning in life. Ellis (as cited in Emblen, 1992) defines spirituality as “…quality of having a dynamic and personal relationship with God” (p. 43). Labun (as cited in Emblen, 1992) defines spirituality as “…meaning of life and a reason for being” (p. 43).

*Student preparation.* For the purpose of this study, the term refers to preparing the student in the classroom and the clinical to incorporate spirituality as part of their nursing care.

*Vertical dimension.* For the purpose of this study, the term refers to looking at a higher being (Reed, 1992).

*Well-elderly.* For the purpose of this study, the term refers to an individual who is independent in their care even though they may require medication.