What is known about the spirituality in older adults living in residential care facilities? An Integrative review

Sital Gautam
Assoc. Prof. Stephen Neville
Dr Jed Montayre
Outline

- Need of the study
- Aim
- Major findings
- Implications for practice
Need of the study
The transition to RCF

(Melrose, 2004; Zamanzadeh, Rahmani, Pakpour, Chenoweth, & Mohammadi, 2017)
Moving to RCF

- Residents
- Nurses
- Doctors
- Fellow residents
- Caregivers
- Friends
- Family
- Relatives
- Society
- Familiar environment
- Establishing new connections
- Finding new purpose in life
- Adjusting to the new environment

(Welsh, Moore, & Getzlaf, 2012)
Conceptualization of spirituality

Two components namely interconnectedness and search for meaning in life are central to most definitions of spirituality

(Francis, Jewell, & Robbins, 2010; Kim, Hayward, & Reed, 2014; Manning, 2012; Sessanna, Finnell, & Jezewski, 2007)
Recommendation of International guidelines

New Zealand

Health of Older People Strategy

(Ministry of Health, 2016; WHO, 2015)
Recommendation of International guidelines

Emphasizes the importance of addressing spiritual needs

(Meaningful Ageing Australia, 2016; O'Brien, 2011; WHOQOL SRPB Group, 2006)
Meaningful Ageing Australia

Nurses and caregivers working in RCF should "recognize and respond to spiritual needs [of residents], provide spiritual support and consultation as required"
Aim of the study
Aim

➢ To synthesize evidence regarding the spiritual needs and care of older adults living in RCF from the perspectives of older adults and nurses or caregivers.
Method

- Whittemore and Knafl framework and PRISMA in the selection of eligible articles.

- Quality of the articles was evaluated using the Mixed Method Appraisal Tool [MMAT].
Figure 1: Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowchart
Major findings
Spiritual needs of older adults

1. Connection
2. Peace
3. Meaning/purpose
4. Transcendence

Need to maintain connections with higher being/s

(Bussing & Koenig, 2010)
Spiritual care

- Spiritual care, on the other hand, has been described as compassionate, respectful, and incorporating a holistic approach.
- Establishing trusting relationships and providing spiritual, emotional, and practical support have been identified as major attributes of spiritual care.

(Blank et al., 2017, Carron and Cumbie, 2011).
COMPONENTS OF SPIRITUAL NEEDS

• Connections with friends, family, and other people
• Having compassionate interactions with staff
• Having something to aim for
• Sense of independence
• Environment for prayer, reading and meditation
• Being safe
• Sense of privacy
• A chance to be out in nature
• Recalling past experiences
• Giving back to others

COMPONENTS OF SPIRITUAL CARE

• Being sensitive and open to all perspectives of older adults' life
• Providing guidance
• Grief work
• Empowerment interventions
• Discussing end of life issues
• Providing counselling
• Arranging referrals
• Providing compassionate care
• Facilitating older adults’ support systems
Major findings

- Spiritual needs are among older adults’ essential needs whether they are in their own community, a hospital or RCF.

- Maintaining spirituality can be challenging for those who are institutionalized.
Major findings

- Besides the need for connection and purposeful living, spiritual needs of residents are different when compared to community dwelling older adults.

- The need for protection, autonomy, privacy, reminiscence, and giving are unique to older adults living in RCF.
Major findings

➢ Fulfilment of residents' spiritual needs is very important to increase their acceptance of the institutional life, develop belongingness to the institution and to help them find meaning in life.

➢ Nurses and caregivers can make a significant difference in the life of older adults by providing spiritual care in a variety of ways.
Nurses' and older adults' views on spiritual needs differed to some extent.

Nurses focused more on the psychological components of spiritual needs such as the need for identity, value acknowledgement, worth, and personal legacy rather than religious, existential and social dimensions.
Gaps

- Only few of the studies have exclusively focused on RCF.

- The majority of studies have included the views of either older adults or nurses or caregivers, integration was missing.
Gaps

Current research is constrained by the lack of integration of the concepts spiritual practices, needs and care in residential care facilities.
Gaps

➢ Practical aspects of spiritual needs assessment and spiritual care provision remain underexplored.

➢ The articles measuring spiritual needs quantitatively were based on predetermined responses.
Implications for practice
Implications for nurses

➢ The findings of this review will be beneficial for nurses and caregivers to identify areas of improvement in current practice, design effective interventions, thus, improving the effectiveness of service delivery.
Implications for policy

- Findings could inform policy makers to develop social and health policies focusing on an inclusive model of providing spiritual care to older adults living in residential care facilities.
Limitations

- Did not include grey or theoretical literature.
- The inclusion of samples from different settings in the reviewed articles made it difficult to synthesize some of the results.
- Lack of explanation about inclusion and exclusion criteria of older adults in some articles.
Conclusion

- Assessing and maintaining spirituality in residents should be the prime focus of nurses and caregivers working in RCF since it has been directly linked to the overall wellbeing of older adults.

- Research involving opinions of both older adults and nurses or caregivers is required to ensure the effective delivery of spiritual care to older adults living in RCF.
References


References

References


References


Thank you for your patience and precious time!