

What is Known about the Spirituality in Older Adults Living in Residential Care Facilities? An Integrative Review

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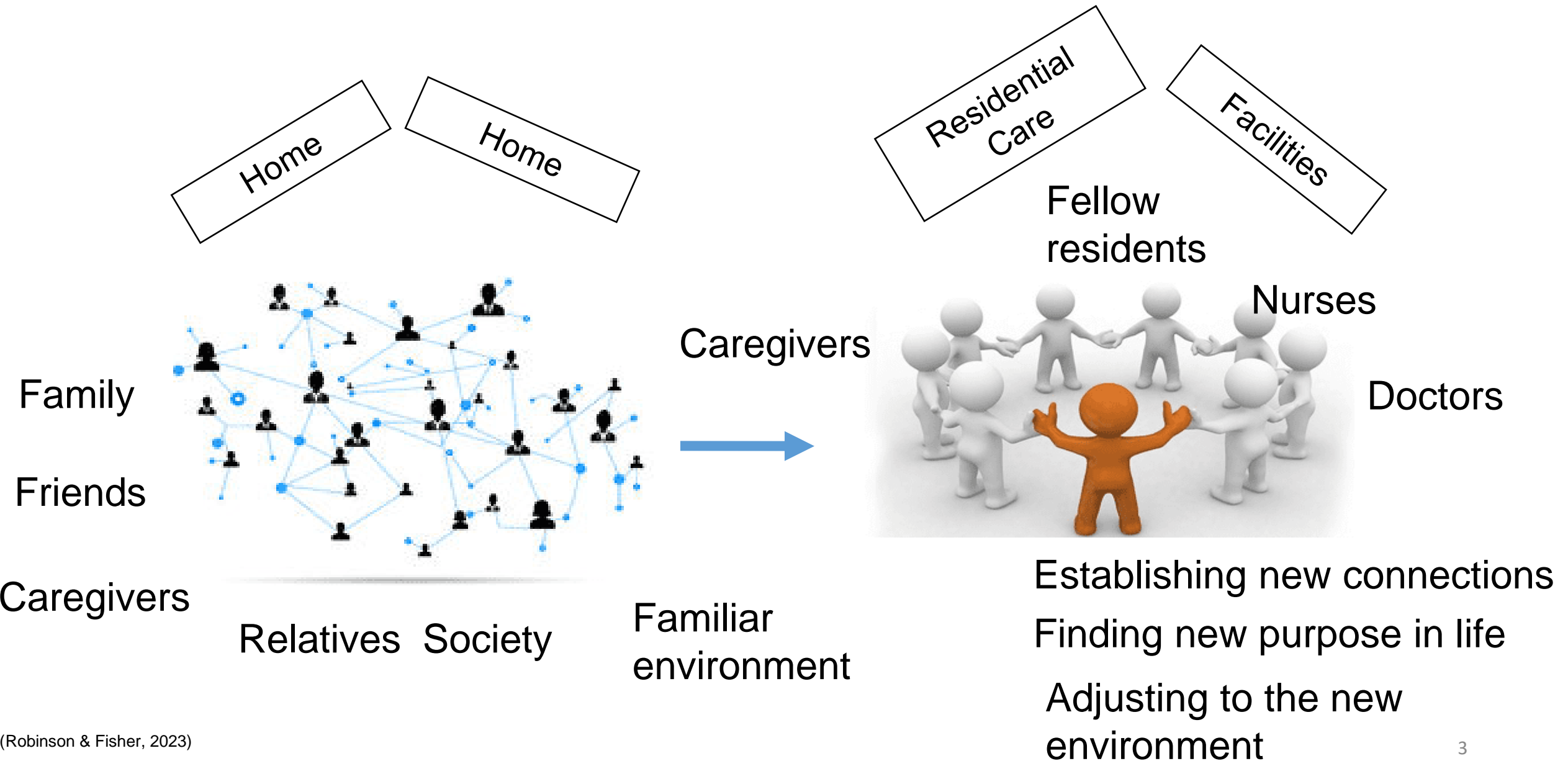
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Background

- Internationally, the transition to Residential Care Facilities (RCF) has been reported as one of the most **stressful life events** for older adults (Sun et al., 2021).

Moving to RCF



Background

- Transition to RCF can be emotionally challenging to older adults and has the potential to negatively impact on their **spirituality**.
- Spirituality is a very **important aspect** of aging (Can Oz et al., 2021).

Conceptualization of Spirituality

- A transcendental phenomenon of **interconnectedness** with self, others and higher being/s.
- **Process** of finding meaning, purpose and value in life (Gautam et al., 2022).

Conceptualization of Spirituality

- Two components, namely **interconnectedness and search for meaning in life** are central to most definitions of spirituality (Sena et al., 2022).

Recommendation of International Guidelines



WORLD REPORT ON **AGEING AND HEALTH**

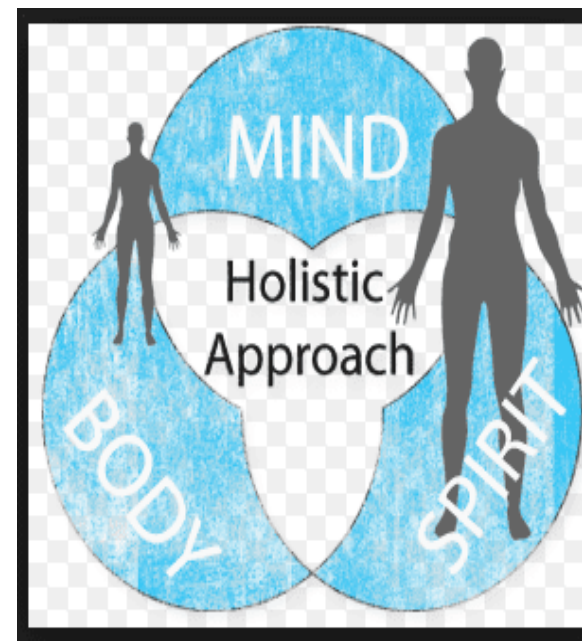


New Zealand

Health of Older People Strategy

2016

2015

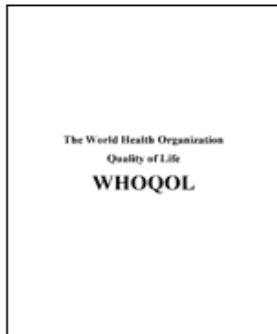


(Ministry of Health, 2016;
WHO, 2015)

Recommendation of International Guidelines

The World Health Organization Quality of Life (WHOQOL)

Authors:
World Health Organization



Publication details

Languages: English

Downloads

- [WHOQOL-HIV Full Instrument](#)
- [WHOQOL-HIV BREF](#)
- [WHOQOL-HIV User manual](#)
- [WHOQOL-SRPB Instrument](#)
- [WHOQOL-SRPB Users Manual Scoring and Coding](#)



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Emphasized the importance of **addressing spiritual needs**

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

Background

- Meaningful Ageing Australia recommends that nurses and caregivers working in RCF **should** "recognize and respond to **spiritual needs** of residents, provide spiritual support and consultation as required."

(Meaningful Ageing Australia, 2016, p.11)

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Background

- Despite of these international guidelines, **little is known** about the components of **spiritual needs and spiritual care** in RCF from the perspective of older adults, nurses or caregivers.

Objective

- 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.

Methodology

- This integrative review utilised the **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**).

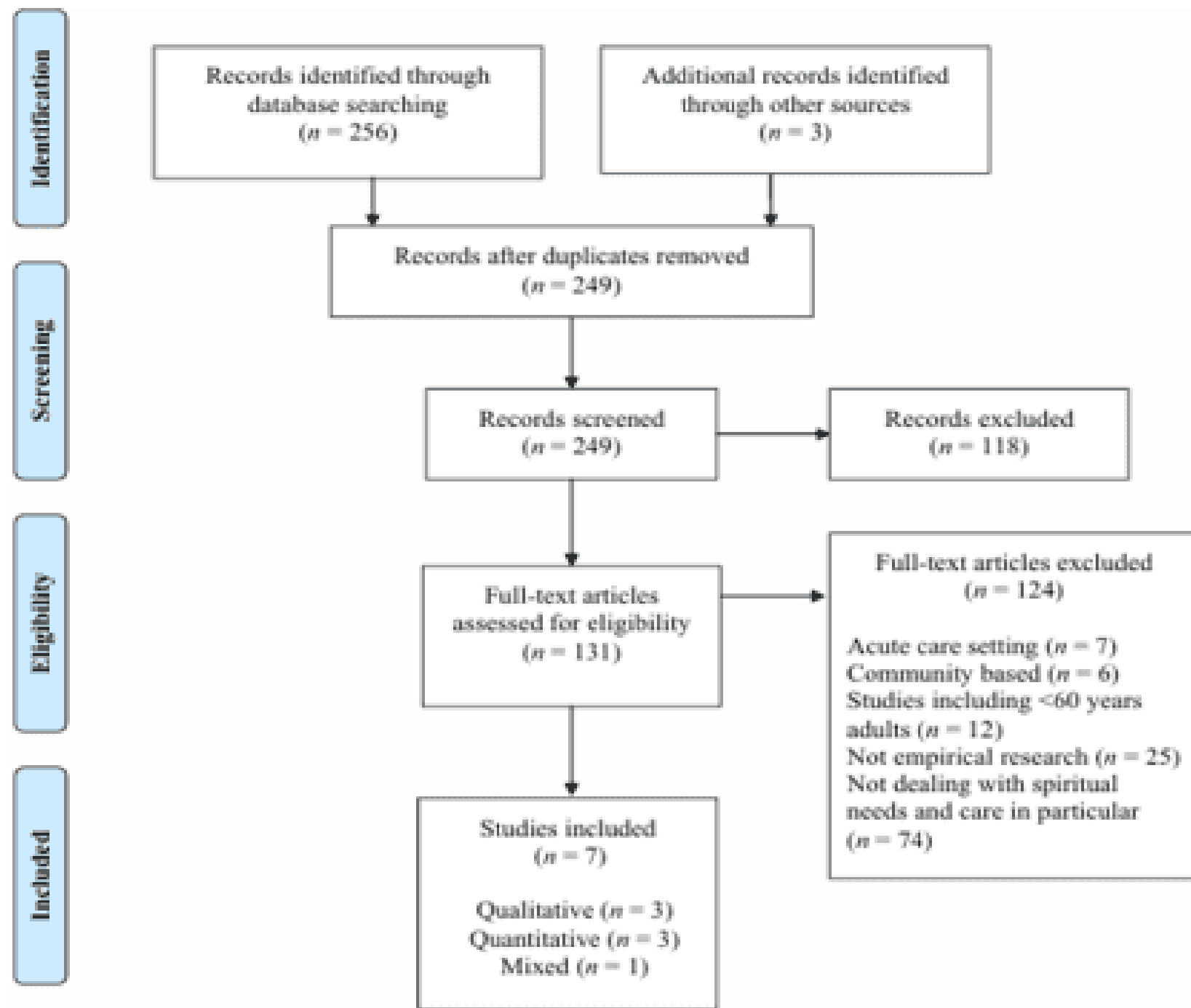


FIGURE 1 Preferred reporting items for systematic reviews and meta-analyses (PRISMA) flowchart

Results

- There is a consensus that spiritual needs of older adults in RCF have **four interconnected dimensions**; namely connection, peace, meaning/purpose, and transcendence.

Results

- **Connection** denotes the social need of being loved, having relationships, and opportunities for interactions.
- **Peace** signifies the emotional need of internal peace and having an aim for future.

Results

- **Meaning/purpose** means the existential need of having a meaningful life and a sense of self-fulfilment.
- Finally, the need for **transcendence** implies a need to maintain connections with higher being/s.

Results

- **Spiritual care** in **RCF** is linked to compassionate care, religious guidance, maintaining family connections, providing companionship, discussing end of life issues, and providing counseling.

Results

- 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.

Results

- 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.

Results

- **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.

Results

- Nurses and caregivers can make a **significant difference** in the life of older adults by providing spiritual care in a variety of ways.
- Older adults **highly value** the role of nurses and caregivers in fulfilling their spiritual needs and providing spiritual care.

Results

- However, nurses' and older adults' views on spiritual care **differed.**

Results

- 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.

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.

Conclusion

- 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.

Conclusion

- However, current research is constrained by the **lack of integration** of the concepts: spiritual needs and care in RCF, which limits our understanding of how older adults maintain their spirituality in RCF.

Conclusion

- Addressing the topic through the perspective of either service provider or service recipient may **overlook** some **practical aspects** of maintaining spirituality in RCF.

Conclusion

- As a result, 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.

Takeaway Message

- Use **holistic approach** while caring for older adults living in RCF
- Think **beyond** the physical needs of older adults
- **Assess** spiritual needs of older adults and **provide** spiritual care in RCF



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Time!**



Dr. Sital Gautam holds a PhD from Auckland University of Technology, Auckland, New Zealand, and is an AUT Vice Chancellor's Doctoral Scholarship awardee.

Her areas of expertise include medical-surgical nursing, research, and gerontology, mainly psychological and social vulnerabilities related to aging.