With the high prevalence of physical and mental health conditions that beg for the attention of nurses who work with older adults, spiritual needs can often be overlooked in geriatric care. Yet more than any other time in life, in late life the relationship between spirituality and the general state of health and well-being is greatest. When the body no longer functions as it did when it was younger, when taking medications and addressing other care needs becomes a pervasive daily routine, and when the feeling prevails that one is viewed as irrelevant in an extraordinarily fast-paced society, the essence of being—the spirit—can provide a safe haven and meaning. Even for the older person who is blessed with fine health and has been afforded and taken advantage of opportunities to be fully engaged in society, reflection on the purpose and value of life becomes significantly more common and acute than was often apparent during the younger years when one’s doing often masked the importance of one’s being.

**Developmental Tasks**

For some time, it has been recognized that psychological growth continues into old age. Erik Erikson (1950) was among the earliest psychologists to consider generational cycles and the mapping of a sequence of stages through which individuals progress over the life cycle. The eighth and final stage of the model he offered was **Integrity vs. Despair**. Erikson described ego integrity as the acceptance of the reality of one’s life, inclusive of joys and sufferings, accomplishments and failures.

Robert Peck refined Erikson’s description of the last stage of life by discussing the specific challenges older people faced that influenced their ability to achieve ego integrity. He offered these as (Peck, 1968):

- **Ego differentiation vs. role preoccupation**: to develop satisfaction from the essence of who one is rather than through parental or occupational roles
- **Body transcendence vs. body preoccupation**: to find psychological pleasures rather than become defined and limited by physical limitations imposed by aging or illness
- **Ego transcendence vs. ego preoccupation**: to achieve satisfaction by reflecting on one’s past life rather than to be absorbed and discouraged with the limited numbers of years remaining

Robert Butler and Myrna Lewis (1982), among their contributions to gerontology, built on previous theorists’ descriptions as they summarized major late life tasks as:

- **Adjusting to one’s infirmities**
- **Developing a sense of satisfaction with the life that has been lived**
- **Preparing for death**

Most of these developmental tasks considered an integration process that required reflection on one’s circumstances within the world as it has been. Consideration of looking forward, redefining reality, and seeing a “self” separate from the physical body was introduced with the theory of **gerotranscendence**. Gerotranscendence suggests that there is a shift from a materialistic and pragmatic view of the world to a more cosmic and transcendent vision (Tornstam, 2005). Engaging in affairs of more significance and establishing meaningful connections with others become more significant than accumulating material possessions and wealth, engaging in superficial relationships, and being absorbed with self-interests.

**Religion and Spirituality**

Before launching into a discussion of spirituality and spiritual needs, it will do well to differentiate spirituality from religion. Spirituality is the essence of our being that transcends us as individuals and connects us to God or other
higher power (hereafter referred to as Spirit) and other living organisms. The nature of spirituality is like the air we breathe: unseen, pervasive, boundless, and essential to life.

Religion is a structure of symbols and rules created by humans with which we choose to identify and whose rituals we practice. There are a variety of religions (see Display 1) that can be adopted, each with its own specific set of beliefs and practices.

When the holistic model of unified body, mind, and spirit is considered, it is easy to see that Spirit is an integral part of each human being. A specific religion may be selected as an expression of one’s spirituality; however, spirituality exists with or without adherence to the doctrines and practices of a religion.

Spirituality provides the means for older adults to transcend the changes and limitations that may be present to realize the worth, joy, and meaning of their lives. A connection with Spirit affords people an important place in the universe as they view themselves in relationship with other human beings, nature, and the environment. Peace and comfort can be gained through the assurance that Spirit enhances individuals’ own strengths to face suffering and hardship. Courage and empowerment abound when people feel that their journey has purpose and is not being made alone.

Faith and Health
There was a time when many health professionals believed the benefits of supporting a patient's faith rested in the comfort it brought the patient and the respect it showed for the individual's religious preferences. However, increasing evidence supports that the beneficial impact of religious commitment and practices on health and healing goes beyond the placebo effect. Religious commitment and prayer have been shown to improve health care outcomes, reduce complications, decrease the risk of psychopathology, and enhance the older adult’s functional ability (Koenig, 2012; O’Brien, 2007; Lindberg, 2005). To use the words of Larry Dossey, who impressively has bridged the gap between faith and medicine, prayer is good medicine (Dossey, 1996).

Spiritual Needs
Regardless of age, people have basic spiritual needs that include love, meaning and purpose, hope, dignity, forgiveness, gratitude, transcendence, and the expression of faith (Eliopoulos, 2014). In fact, some of these needs may take on greater significance for older adults in light of the growing risk and prevalence of chronic conditions and the heightened awareness of the finiteness of life.

Love
Of all spiritual needs, the exchange of love is perhaps the most significant. This is hardly surprising when we consider that humans are relational beings. People normally value being cared about and valued by others, and having others for whom they can care.

Love, from a spiritual perspective, is unconditional, reliable, and genuine. It does not depend on what one looks like or can offer. Instead, it is a deep feeling that rests on appreciation of the person within… a heart to heart to connection.

In the changing world of the elder individual, multiple losses are faced: loved ones, personal health and function, financial security, home, roles. The exchange of love fills in the void left by losses and gives reason to face another day. Love is healing at many levels; conversely, the lack of love can interfere with optimal health and well-being, as is profoundly witnessed in the Failure to Thrive Syndrome.

Meaning and Purpose
To accept that everything served a purpose helps older adults realize that their lives were not lived in vain. Although they may not have achieved the fame and fortune that they once dreamed of, they can appreciate that their lives made a difference, be it through supporting and raising a family or making something a little better than it was before their involvement.

Hope
Hope is the expectation that something will happen in the future. It is not merely the desire for something to happen, but rather, the belief that it actually will. That “something” can range from having ample provisions to keeping a roof over one’s head to finding a treatment that will control a disease to having eternal life. Hope is derived from a relationship with Spirit that is not limited by the constraints of this world, but for whom all things are possible.
The elder with hope sees life as an unfolding of new experiences. Life is dynamic, not static. Lost roles and relationships can be replaced by new ones. In the presence of pain and suffering, hope for relief and a better tomorrow can motivate a person to face a new day and continue engaging in life.

**Dignity**

It is natural for people to want to be valued and respected, and although this need is not diminished with age, it can become more of a challenge. In our society, older adults have a risk of having stereotypes applied to them on the basis of their age. This is apparent in statements such as “most old people are in nursing homes,” “people lose interest in sex as they grow old,” and “older workers aren’t as productive as younger workers.” These views can result in prejudicial treatment of older individuals, a process that a few decades ago was given the label *ageism* (Butler, Lewis, and Sutherland, 2005). Ageism erodes the self-worth of older adults.

A relationship with Spirit offers a means to preserve dignity in light of societal ageism. God and many other higher powers value the intrinsic worth of every human being regardless of age or other characteristic.

**Forgiveness**

Humans are imperfect beings and will err. With the volume of interactions that people typically experience by the time they reach old age, being the perpetrator and recipient of wrongs is hardly uncommon. Carrying resentment and grudges for these wrongs is a significant burden that can deplete emotional resources. Forgiveness is crucial to peace of mind and healing. This implies not only forgiveness of others, but also, forgiveness of self.

**Gratitude**

It tends to be common for people to take the blessings in their lives for granted. Many people forget to appreciate the profound gifts of good health, shelter, independence, freedom, and opportunities. Instead, there is the temptation to be resentful for what one doesn’t have. Good health is ignored as people complain of having wrinkles and fat thighs. A comfortable home is minimized by resentment that there isn’t a pool in the backyard. The good fortune at having a child who is healthy and happy is overlooked by criticisms that the child didn’t make straight A’s. An attitude of thankfulness nourishes the spirit and, in turn, heightens spiritual awareness so that gratitude can be felt for the ordinary.

**Transcendence**

Some of the mystery of life can be accepted when people feel there is a reality beyond their own physical beings. The connection to Spirit offers a source of strength that is unable to be realized independently. Difficult and confusing circumstances can be understood as serving a purpose in a larger plan, guided by the hands of a higher, wiser power.

**Expression of Faith**

It is important for people of faith to express that faith in the manner they desire. For many people, this encompasses prayer which can take many forms (Display 2). Prayer can be individual or communal, silent or spoken, at specific times or whenever the mood strikes, conversational with Spirit or a recitation of scripture verse. Some people may quietly kneel or sit with head bowed, while others may walk or sing.

In addition to prayer, faith is expressed through worship, scripture reading, celebration of specific holy days, and the practice of rituals (e.g., lighting candles, fasting).

**Assessing Spiritual Needs**

The complexity, diversity, and individual meaning of spirituality limit the usefulness of objective assessment tools in identifying spiritual needs. Open-ended questions, life review, and intentionality are beneficial approaches for exploring spiritual needs.

Spiritual needs can be revealed with the use of questions that open the door for sharing and discussion. (Display 3 lists some of these.) With a keen ear for what is implied and omitted, the nurse needs to use responses to these questions as guides for additional inquiry.
In gerontological nursing, the value of life review has been recognized and discussed for some time. This therapeutic reflection on one’s life aids the elder in interpreting and refining past experiences as they relate to self-concept and life purpose. Life review can be facilitated through a variety of strategies, including:

- **Discussions:** introduce a specific topic such as World War II, immigration to America, differences in raising children when they were parents vs. now, career (old magazines, music, and films can be used also)
- **Oral history:** ask the elder to share the story of his or her life from earliest memories to the present
- **Book of life:** suggest that the older person imagine that he or she is writing an autobiography and to create chapter titles that indicate highlights of life
- **Time line:** draw a time line that begins with the decade of birth and ask the person to share significant events and memories from each decade of life

The nurse may be able to identify certain themes or feelings that arise during the life review. For example, the elder may share the multiple burdens he faced throughout life and his ability to carry them. This could open a discussion of what the person believes helped him get through those times. Current challenges, losses, and impending death can be better tolerated when put in perspective of one’s total life.

Intentionality is clear, focused thinking that exceeds merely feeling kindly toward another person. The nurse makes a planned effort to connect with the person in a healing relationship. The difference between a nurse assessing with intentionality versus collecting data for an assessment tool is similar to a friend listening to your story verses a bank manager asking you the questions on a loan application. It entails attentive listening and encouraging the sharing of stories. Often, it requires the nurse to silently be with the person—perhaps massaging shoulders, holding a hand, or sitting alongside—as that individual journeys through the labyrinth of feelings and memories. The important work of unfolding one’s soul cannot be rushed.

**Care of the Spirit**

*Preparing self*

Perhaps it is possible to effectively administer a medication or change a dressing without connecting to all facets of the person—body, mind, and spirit—however, spiritual care demands heart to heart connections that rest on the nurse entering the dance of the person’s life. And just as the graceful dancer prepares before taking a partner’s hand, the nurse prepares prior to engaging with the person.

The nurse’s own spiritual practices contribute to a wholeness that enables him or her to engage with intentionality and connect with others. These spiritual practices, like those of clients, can vary and include prayer, meditation, scripture reading, planned periods of solitude, drumming, chanting, and worship. It is tempting for some nurses to omit such practices from their regular schedules due to the demands of more concrete needs; however, this eventually will impact optimal whole-person health and well-being. The ability to center, focus, cope, and be fully available is significantly affected by spiritual self-care.

The availability to connect with another person’s heart and spirit begins before physical contact is made by the nurse shifting focus to the individual. Before entering the person’s room, the nurse can take a deep breath and think about the individual. Affirmations such as *I am here to serve this person* and *this person will have my undivided attention* can be useful. Associating deep breathing and focusing shifts to the act of hand washing between clients can help to make physical, mental, and spiritual preparation for the next care encounter a routine.

*Supporting faith practices*

The assessment should provide an understanding of the way faith is expressed in the person’s life. The individual’s beliefs and practices are more significant than mere knowledge of religious orientation as people of similar faith may engage in vastly different activities.

Nurses should assure that a person’s desire for a special diet, prayer times, dress style, and restrictions to activities are incorporated into the care plan and respected. The person’s desire for visits from clergy or other members of his or her faith community should be facilitated.

Noise, interruptions, clutter, and odors are among the features in many hospital and long-term care facility rooms that can affect a person’s ability to engage in spiritual practices. Nurses can assist a person in creating a “sacred space” within these settings by establishing a personal private time for the person and assuring that during that period the room is fresh, Bibles or other desired materials are available, and privacy is afforded. Appropriate music and aromatherapy with relaxing scents can assist in creating the right atmosphere.
Seeking hope and meaning in difficult situations

Changes in appearance and function... retirement... reductions in income... losses of loved ones... threatened independence... ageism.... There are many circumstances in late life that threaten the well-being of the body, mind, and spirit. Superimposed on this is the reality that in most circumstances when nurses encounter older adults, it is in situations in which they are receiving services due to a health condition. Some older adults may be discouraged that on top of all other challenges, they have to deal with a disease, or they may question why they are suffering when they have tried to be a good person. They may be angry at God or feel that God has abandoned them.

Nurses need to encourage the expression of feelings and maintain an open, nonjudgmental attitude. Statements such as “it isn’t all that bad,” “you’re better off than many people,” and “God wouldn’t send you more than you can handle” serve little purpose and can heighten the distress that is felt. Instead, nurses can listen and allow feelings to be vented. Realistic hope can be offered. For instance, telling someone with terminal cancer that they shouldn’t think about their illness is of limited benefit, whereas it would be helpful to assure them that their pain will be managed so that they can enjoy their final days.

Listening is important as individuals process the reality of their life circumstances. Attentive listening is fostered by the nurse allocating time and space when the person can talk. Interruptions and distractions must be controlled as much as possible. Even if it is only for five minutes, the person should have the nurse’s undivided attention during that time. It is important for the nurse to establish a comfortable psychological space in which any feeling can be communicated and to be sensitive to verbal and nonverbal cues. The nurse needn’t feel pressured to structure or control the conversation but rather, to allow it to flow. There is no need to fill silent periods; considerable communication can occur without a word being spoken. Offering the gift of unconditional listening demonstrates appreciation of the person as a spiritual being.

Addressing spiritual distress

When there is a disruption in the relationship individuals have with Spirit or their spiritual needs are not satisfied, they are in a state of spiritual distress. Factors that contribute to this state include new or worsened illness, losses, inability to engage in religious or spiritual practices, caregiver stress, and feelings that their current problems are the result of sin or inadequate faith. Signs of spiritual distress could include:

- crying
- depression, withdrawal
- expression of hopelessness, powerlessness
- sarcasm, cynicism
- noncompliance with care
- suicidal thoughts or plans
- physical symptoms: poor appetite, sleep disturbances, fatigue, sighing

Effective communication skills can assist in assessing factors that contribute to spiritual distress. Once these factors are identified, specific interventions can be planned; these interventions could include referral to a clergy/spiritual leader, assisting with participation in religious or spiritual practices (e.g., reading the Bible, affording periods of solitude), arranging for prayer. A person’s desire not to engage in religious practices or to reject visits from clergy should be respected, even if this is out of character for the individual.

Praying with and for

As discussed earlier, prayer can be comforting and therapeutic. It can be quite powerful for a person who is frightened or suffering to have a caregiver hold his or her hand and offer a prayer, or to know that someone is offering prayers on his or her behalf. Nurses who are comfortable doing so should feel free to pray with and for the people they serve. Conversely, if there are nurses who are not comfortable offering prayer, they should not feel compelled to do so, but rather, find a coworker or volunteer who can provide prayers.

Awareness that a spiritual self exists separate from the physical body enables elders to find meaning, purpose, and satisfaction in the presence of the illness, losses, and declining function. Helping older individuals to achieve that awareness and fulfill spiritual needs are essential components of holistic geriatric nursing care. Caring for the spirit causes nurses to walk on new paths. They learn to accept the mystery of life that not everything can be explained by science and reason, and trust that their presence and intention can be as healing as any prescribed procedure they may perform.
Display 1 - Major Religions

Buddhism

Christian

Protestant
- Assemblies of God (Pentecostal)
- Baptist
- Christian Church (Disciples of Christ)
- Church of the Brethren
- Church of the Nazarene
- Episcopal (Anglican)
- Lutheran
- Mennonite
- Methodist
- Presbyterian
- Quaker (Friends)

- Salvation Army
- Seventh-Day Adventist

Roman Catholic

Eastern Orthodox

Other Christian Religions
- Christian Science
- Jehovah’s Witnesses
- Mormons (Church of Jesus Christ of Latter Day Saints)

Hinduism

Islam (Muslim)

Judaism
- Orthodox
- Conservative
- Reform

Other
- Baha’i
- Nation of Islam
- Scientology
- Shinto
- Taoism
- Unitarian Universalist
- Zoroastrianism

To get specific facts about these and other religions you may want to visit www.beliefnet.com

Display 2 - Possible Components of Prayer
- Expressing gratitude
- Praising attributes of God/Spirit
- Confessing
- Petitioning
- Intercessing
- Listening for guidance, answers

Display 3 - Questions Useful in Spiritual Assessment
- Is there a faith or religion that you believe in? If so, describe how you practice this.
- Do you believe in God or a higher power? Describe what this means to you.
- Do you pray? What is the nature of your prayers? How are your prayers answered?
- What gives your life meaning and purpose?
- Could you describe what or who is your source of strength or support?
- What brings you joy?
- Do you have peace? How is this reflected in your life?
- In looking back on your life, what has been most meaningful?
- What is your source of love?
- Who are the recipients of your love?
• How do you feel connected to other people?
• Is there anyone, including yourself, who you have not been able to forgive? If so, please describe this.
• Do you have any regrets? If so, please tell me about them.
• How has aging affected your outlook on life?
• What do you desire for the future?

References


Bibliography


