The Chinese University of Hong Kong
The Nethersole School of Nursing
CADENZA Training Programme

CTP002 – Psychosocial and Spiritual Care

Chapter 11
Towards better care: integrating spirituality in long term care practice

香港賽馬會慈善信託基金
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Chapter 11
Towards better care: integrating spirituality in long term care practice

Course Outline

- Religious/spiritual (RS) care in health care professionals
- Application of theoretical models to religious/spiritual care in older adults
- RS interventions: principles, techniques, and ethnic considerations
- Uphold religion/spirituality in older adults living in residential settings

Religious / spiritual care in health care professionals

Religious / spiritual care in health care professionals

Introduction

- limited information on religious/spiritual (RS) care in long-term care

Perspectives of patients

- Telephone survey: more than two-thirds of adults (n=1036) indicated a desire for spiritual intervention if they became seriously ill or injured.

(Mansfield, Mitchell, & King, 2002)

- National phone survey: 35% of adults (n=2055) engaged in prayer in response to health concerns.

(McCaffrey, Eisenberg, Legdza, Davis & Phillips, 2004)

Primary care

- Multi-site survey:
  - two-thirds of primary care patients believed their physicians should be aware of their religious or spiritual beliefs
  - only one-third felt that this dimension should be routinely assessed in office visits

(MacLean et al., 2003)

Primary care

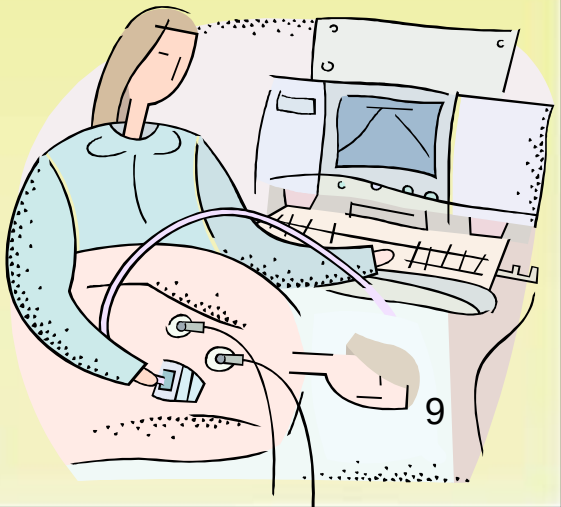
- 84.5% of primary care physicians agree on following:
  - should be aware of patients' beliefs
  - engage in discussions about these beliefs
  - offer a silent prayer only when death approached, and at the patient's request

(Monroe et al., 2003)

Oncology

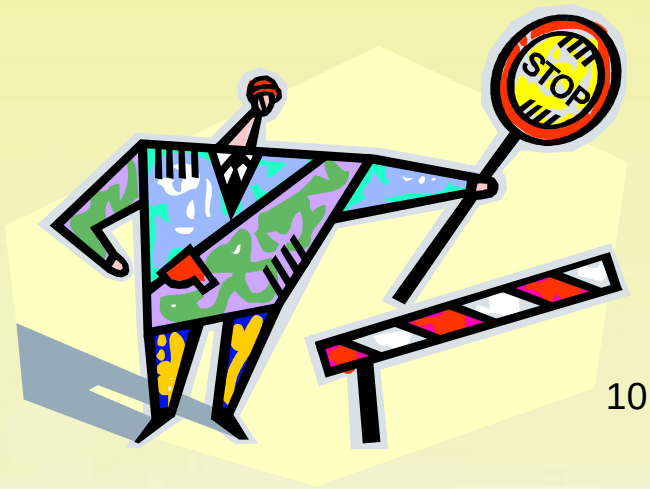
- In another survey:
  - 37.5% of oncologists and 47.5% of oncology nurses address spiritual/existential distress among their patients
  - spiritual distress in oncology patients rated as a mid- to low-level priority

(Kristeller, Zumbrun, & Schilling,1999)



Barrier to religious/spiritual care

- Cultural barriers (Chibnall, Videen, Duckro, & Miller, 2004)
- Organisational barriers (Chibnall et al., 2004)
- Inadequate educational preparation, time, staffing, privacy to provide spiritual care (Tanyi, 2002)



Barriers to religious/spiritual care

Barriers to religious/spiritual care

- weak and inconclusive evidence for incorporating RS into health practice (Sloan & Bagiella, 2001)

Is RS care still a neglected area in health care field?

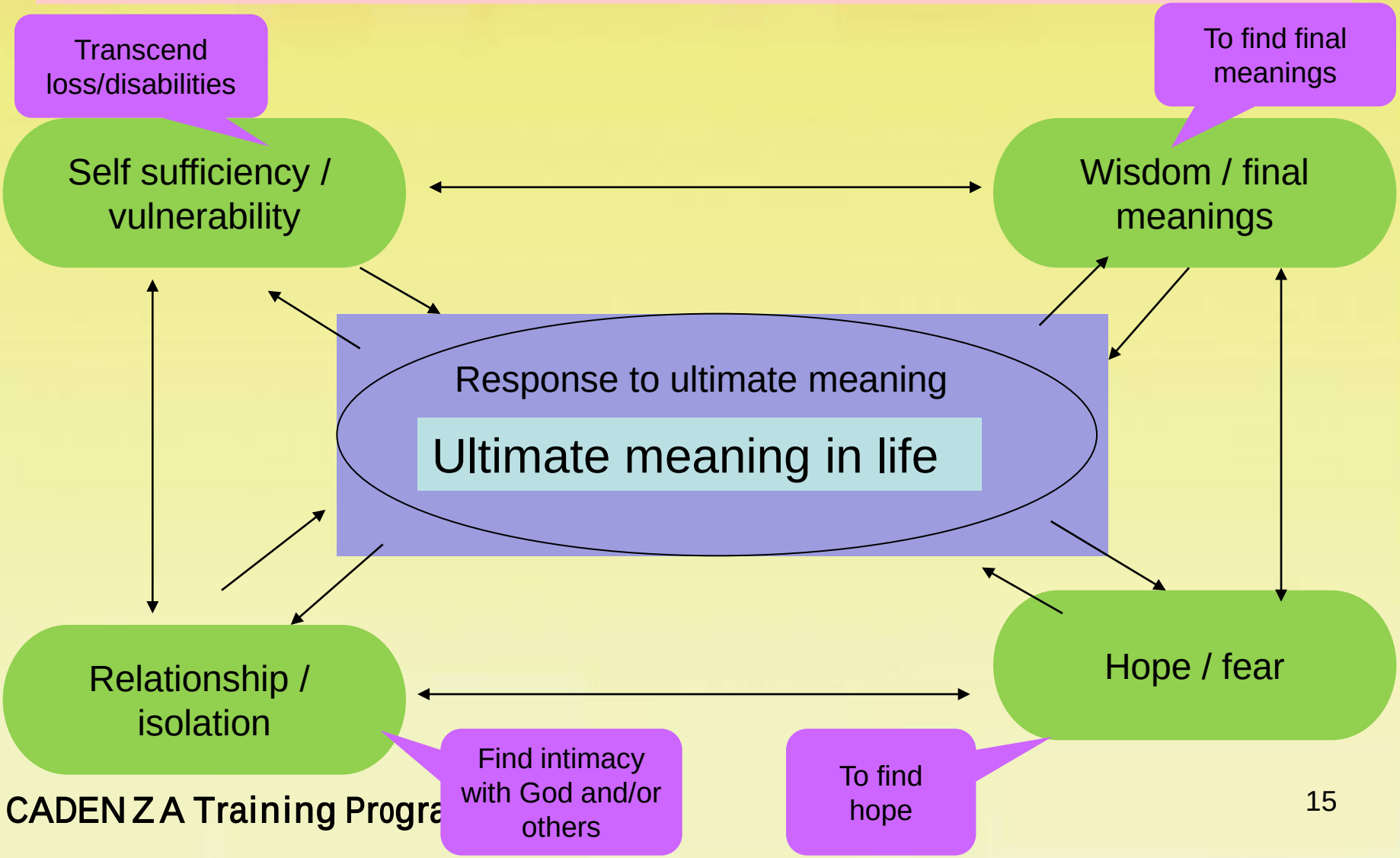
- This situation appears to be changing:
  - The increased number of accredited medical schools that include courses on spirituality in medicine in the curriculum. (Fortin & Barnett, 2004)
  - Incorporate palliative care principles and practices into the content of leading textbooks. (Carron, Lynn, & Keaney,1999; Ferrell, Virani, Grant, & Juarez, 2000)
  - Over half of clinical psychologists reported asking about client religiousness or spirituality 50% of time or less. (Hathaway, Scott, & Garver, 2004)
  - Building of biopsychosocial-spiritual model for the care of patients at the end of life. (Sulmasy, 2002)

Applications of theoretical models to religious/spiritual care in older adults

Model of spirituality in ageing

- Developed by MacKinlay (2001) and includes six major themes
- Based on a developmental approach
- Spiritual tasks arising from the themes of the model
- These tasks are of utmost importance in the final stage of life

Spirituality in ageing – themes and tasks (MacKinlay, 2001)



Suggestions for assisting older people in working through spiritual tasks of ageing (MacKinlay, 2001)

Theme	Task	Intervention
Ultimate meanings	To identify with what brings ultimate meaning	•Helping people to clarify their centres of meaning •Who/ what gives you greatest meaning?
Response to meaning	To find appropriate ways to responds	•Assisting them to respond, by worship, music, art, reading, including use of Scripture. •Affirming links with environments. •Affirming their use of prayer. Identifying appropriate symbols of meaning •Facilitate relationship with family
Wisdom/ Final meaning	To search for final meanings	•Journeying with them, assisting to reframe memories and experiences

Suggestions for assisting older people in working through spiritual tasks of ageing (MacKinlay, 2001)

Theme	Task	Intervention
Self-sufficiency / Vulnerability	Transcending loss and difficulties	•Dealing with pain and suffering, assisting them in the grieving process, to move beyond and take up life again •Accept the loss •Emphasis on "being" instead of doing •Count the blessing
Relationship / isolation	To find intimacy with God and/ or others	To find new intimate relationships. For example, with carers where there is no family •Reconciliation with family may be important
Hope / fear	To find hope	• In attaining final meaning in life, reviewing and reframing past issues • Looking into the future, •For Christians, the ultimate hope of eternal life

The formats of intervention

1. One-to-one sessions

2. Groups

Eastern spirituality approach in clinical practice

The body-mind-spirit model

- Developed by scholars in Hong Kong

  (Chan, 2001; Chan, Ho, & Chow, 2001; Chan, Fan, & Gong, 2003)

- Assumes the interconnectness of body-mind-spirit

- “Focuses on strength and synergy” rather than confronting weakness

  (Chan, Ng, Ho, & Chow, 2006, p.825)

The body-mind-spirit model

- There are five assumptions stated in the model

1. Trust in inner strength of every individual
2. Belief in innately altruistic and compassionate human nature
3. Acceptance of life in a fluid and dynamic state of constant imbalance in search of equilibrium and harmony
4. Confidence in turning crises into opportunities for growth and transformation
5. Small changes in a single component can bring about a new synergy of well-being and spiritual integrity of the whole person

(Chan et al., 2006, p.825)

The body-mind-spirit model

Chan et al. (2006) stated that the model enables individuals to:

1. experience pain and suffering
2. understand and appreciate the necessary 'growth' pain
3. accept suffering
4. let go of attachment
5. let go of control

The body-mind-spirit model

6. trust one's inner strength
7. love unconditionally and appreciate every moment of living
8. be willing to forgive self and others
9. induce motivation for self-improvement
10. serve with selfless devotion

(Chan et al., 2006, p.825-826)

The body-mind-spirit model

Working with the body

- In touch with one's body
- Various form of exercise (Chan et al., 2006)

The body-mind-spirit model

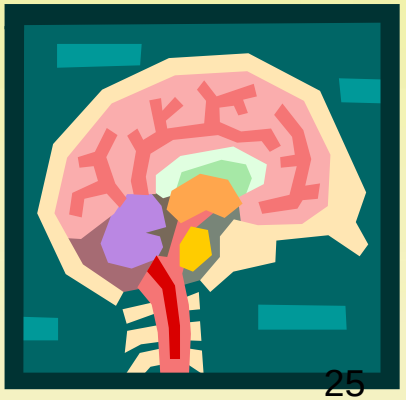
Working with the mind

- Recognising and accepting negative and confused emotions is the first step

- Comes to terms with reality and accepts the unpredictability of life by acknowledging vulnerabilities.

- Redirects focus to inner strengths

  (Chan et al., 2006)



The body-mind-spirit model

Working with the spirit

- Achieved through employing the following cognitive appraisals:
  - emptiness and nothingness
  - ask “Why not me?”
  - live in the moment
  - accept human limitations
  - spiritual growth and harmonization

  (Chan et al., 2006)

Framework of body-mind-spirit intervention

	Therapeutic tasks		
	Fostering awareness	**Developing strengths**	**Discovering meaning**
Intervention domain	***By attending to both positive & negative messages***	***Through various training or intervention programmes***	***Understanding the essence of interconnectness of BMS***
Body	Negative body signals (e.g. anxiety symptoms) Positive body signals (e.g. appreciation and nurturing of the body)	Physical exercise (e.g. breathing exercises, & tai-chi) Dietary advice (e.g. Chinese nutritional drinks, simple diet)	Somatization breeds further illnesses Optimism boosts immune system Physical exercise fosters total well-being
Mind	Negative state of mind (e.g. anxiety, frustration, & anger) Positive state of mind (e.g. euphoria, optimism)	Cognitive reappraisal Relaxation and meditation Coping skills Learnt optimism Downward comparison	Surpass' pain avoidance and pleasure seeking' Find meaning of pain Experience and appreciate a full range of emotion, both 'positive' and 'negative' Appreciate unpredictability of life
Spirit	Low spirit (e.g. lacking sense of purpose High spirit (e.g. fulfilling meaning of life)	Life planning, and goal setting Mindfulness Appreciation of life and nature	Live for the moment Accept loss and mortality Devote selflessly to helping others Practise loving-kindness

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(Table ***Framework of the BMS intervention,*** pp. 829, Chan et al., 2006)

RS interventions: principles, techniques and ethnic considerations

Basis principles of spiritual care

- Twelve principles when delivering spiritual care (Green, 2004):
  - know yourself
  - create a safe atmosphere
  - be aware of your surroundings
  - identify with the patient's humanness
  - let the patient be your teacher
  - ask well-chosen questions
  - mirror what you hear
  - reevaluate a patient's spiritual status

Basis principles of spiritual care

- anyone can pray
- be a person of hope
- tackle the hard questions prior to the visit
- networks

Introduction of spiritual life review

- “sharing stories has a profound healing effect"

(Sullivan, 1993, p.33)

- helps to integrate the body, mind, and spirit
- especially effective during late adulthood
- helps to clarify one's own spirituality and growth toward spiritual maturity

(Moberg, 2001)

How to prepare a spiritual life review

- List out major life events
- Describe the problematic events, feelings, and understandings of one's life
- Count blessing
- Discern the spiritual meanings of the events (Moberg, 2001)

How to prepare a spiritual life review

- Plot a spiritual time line
- For what spiritual legacy? What do you want to be remembered for?
- Share life review with others (Moberg, 2001)

Guidelines for life review facilitator (Christian context)

1. Listen attentively
2. Be non-judgmental
3. Keep confidential
4. Allow expression of feelings
5. Do not try to give absolute answers or solutions
6. Allow patient to withhold sharing
7. Support warmly
8. Encourage the reviewer
9. Pray for the reviewer
10. Encourage reflection personally or in group

(Moberg, 2001)

Other RS interventions - psychotherapy

- Other relevant psychotherapies:
  - cognitive-behavioural interventions
  - meditation-based interventions
  - forgiveness interventions
  - prayer

Further reading: Richard, P. S., & Bergin, A. E., (2005) *A spiritual strategy for counseling and psychotherapy.* Washington, DC : American Psychological Association

Activities

Click on the following links to see the beneficial effects of spiritual interventions.

http://www.sciencedaily.com/releases/2007/12/071204121953.htm

http://www.sciencedaily.com/releases/2007/05/070521145516.htm

http://www.sciencedaily.com/releases/2008/03/080314130430.htm

Click on the following link to see how scientists study the effects of spirituality using the latest technology.

http://www.msnbc.msn.com/id/16842848/

Ethnic & contraindications for RS interventions

Refrain from RS intervention under the following four dimensions (Richards & Bergin, 2005):

1. indicates refusal to participate in such intervention
2. clients with active psychotic symptoms
3. irrelevant to clients' presenting problems
4. young clients whose parents have not given consent

Uphold religion/spirituality for older adults living in residential settings

Why is RS important for residents in residential settings?

In residential settings there may be:

- rigid time routines, everyday is the same
- difficulty in finding someone to share the past
- stigma from society
- lack of control over the living environment
- disconnect from the past, significant others

(Friedman, 1995)

Suggestions for upholding religious life in residential settings

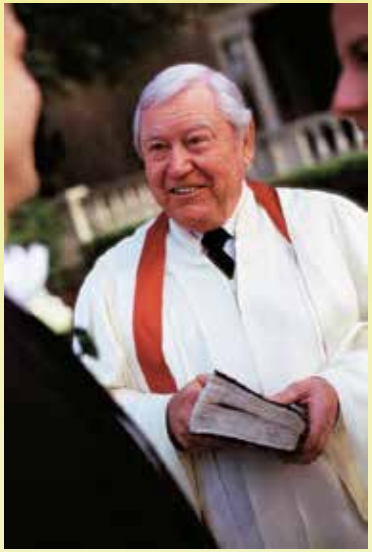
- Using religious rituals (Friedman, 1995)

Programme idea: celebration of well-established rituals in nursing homes

Suggestions for upholding religious life in residential settings

- Using religious worship (Friedman, 1995)

Programme idea: visits from clergy and chaplains / lifelong learning through study of scriptures, text and tradition



Suggestions for upholding religious life in residential settings

- Connect residents in the institution

Programme idea: reaching out to others in need through writing

- Providing a link to God's care

Programme idea: participation in religious ritual or activity

(Friedman, 1995)

Other strategies for upholding RS care in older adults

- pastor-in-residence programmes or pastoral counselling on-site
- perform artistic expression, reminiscence and meditation
- encourage connection with nature and appreciation of the environment
- encourage sharing of personal experiences either individually or through a group

Other strategies for upholding RS care in older adults

- conduct Bible-study classes, reading and discussion groups on special topics
- offer workshops about faithful ageing, death and dying, etc.
- provide opportunities to exercise their talents
- assist older people to appreciate their bodies as deserving of the best care and maintenance that they can provide

(Beisgen & Kaitchman, 2003)

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