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ELDER CARE

A Resource for Interprofessional Providers

Spiritual Needs of Hospitalized Older Adults

Etienne Rochat, DThp, Anne-Véronique Dürst, MSc, Eve Rubli Truchard, MD, Stéphanie Monod, MD, Serena Buchter, MSc, University of Lausanne Medical Center.

Guy Jobin, PhD, ThD, Laval University, Faculty of Theology and Religious Studies

Today, clinicians agree about the importance of including spirituality as part of patient care. This Elder Care Sheet will provide a model on which to base integration of spirituality into the care of hospitalized older adults.

Definitions

In Western countries, the notion of spirituality has been moving from a concept based on religious institutions to one that is secular - making it necessary to distinguish and redefine the concepts of religion, religiosity, and spirituality.

Religion is defined from a sociology perspective as a phenomenon comprising three basic elements: a system of beliefs and symbols, practices linked with the former, and an organized community of believers.

Religiosity is participation in organized religious activities (e.g., church attendance) and non-organizational religious activities (e.g., personal prayer). Religiosity can be an important part of an individual's spirituality.

Spirituality, as understood in the health literature, is a broader concept that encompasses a sense of transcendence (see Table 1), along with other dimensions such as purpose and meaning in life, reliance on inner resources, and a sense of within-person integration or connectedness.

The Spiritual Needs Model

In the spiritual needs model, spirituality is made up of four sub-dimensions that are outlined in Table 1. Table 2 presents the spiritual needs associated with each sub-dimension, as well as some examples of how to assess them in hospitalized patients.

Assessing Spiritual Needs of Older Hospitalized Patients

The assessment of spiritual needs of older hospitalized patients must be done by trained health care providers. Such an assessment involves a semi-structured interview during which direct questions are asked as deemed

Table 1. Sub-dimensions of Spirituality

Meaning	The dimension of spirituality that provides orientation to an individual's life and promotes overall life balance.
Transcendence	The anchor point exterior to the person; the relationship with an external foundation that provides a sense of grounding.
Values	The system that determines what it is to be "good" and "true" for the person; it is made apparent in the person's actions and life choices.
Particular Aspect of Psychosocial Identity	The patient's environment including elements, such as society, caregivers, family, and close relationships that together make up the person's individual identity.

appropriate. Patients' responses to those questions determine if they have spiritual needs that are unmet.

Meaning: Statements such as "I don't have the strength to deal with this anymore" suggest that the patient's life balance has been undermined.

Transcendence: Statements such as "God has abandoned me" or "I can't be connected with nature anymore" may suggest a loss of connection that forms the basis of transcendence.

Values/Control: Statements like "I'm just a number here; people don't know who I am," or "I don't understand what is happening; no one tells me anything" may suggest a disturbance of the patient's value system.

Identity: Statements such as "My friends don't come to visit me here," or "My family thinks I'm a burden to them" may suggest a disturbance in the patient's psychosocial identity.

TIPS FOR DEALING WITH SPIRITUAL NEEDS OF HOSPITALIZED PATIENTS

- Keep in mind that spirituality and religion are different concepts. Spirituality is a broader concept than religion and includes domains such as meaning, transcendence, values, and identity.
- Consider including a chaplain as part of the interprofessional team involved in your patient's care.

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<i>Subdimension</i>	<i>Corresponding Spiritual Need</i>	<i>Sample Questions</i>
Meaning	<ul style="list-style-type: none"> • Need for life balance 	<ul style="list-style-type: none"> • Does your hospitalization have any effect on the way you usually live? • Are you having difficulty coping with what is happening (i.e., this hospitalization or illness)?
Transcendence	<ul style="list-style-type: none"> • Need for connection 	<ul style="list-style-type: none"> • Do you have a religion, or a particular faith or spirituality? • Is your religion/spirituality/faith challenged by what is happening to you now?
Values	<ul style="list-style-type: none"> • Need for values acknowledgement • Need to maintain control 	<ul style="list-style-type: none"> • Do you think that the health professionals caring for you know you well enough? • Do you have enough information about your health problem and the goals of your care?
Identity	<ul style="list-style-type: none"> • Need to maintain identity 	<ul style="list-style-type: none"> • Can you tell me about the image you have of yourself during your illness/hospitalization? • Do you have any links with your faith community or other organizations?

After completing the interview, the health care provider analyzes the interview responses and identifies whether or not the patient suffers spiritual distress. If so, the health care provider analyzes the severity of spiritual distress and the implications for care.

The health care providers then meet with the interprofessional team providing care for the patient. The goal is to make recommendation to the team concerning how to best address the patients' unmet spiritual needs and how to adapt the care plan to lessen the consequence of spiritual distress.

Case Presentation: An 81-year-old woman is hospitalized in a rehabilitation unit after a hip fracture. In her interview with the chaplain she says: "This fracture will change a lot of things in my life. I have more pain than before...I feel that I am very down... I can't imagine any future...It seems to me that God has abandoned me... I don't know what to do...." She expresses a wish to die.

Based on the interview, the chaplain identifies that the need for life balance and the need for connection are both severely unmet, and that the need to maintain control is somewhat unmet. This analysis concludes that there is moderate spiritual distress. Discussion between the chaplain and the healthcare team results in the following steps:

1. Because of the patient's suicidal thoughts, a question is also raised about whether the patient is experiencing major depression. The psychiatrist sees the patient and identifies symptoms of sadness and discouragement. However, the patient does not have symptoms that meet criteria for a diagnosis of depression.
2. The attending physician modifies the patient's medication regimen to achieve better pain control.
3. The chaplain visits the patient several times to speak with her about God, trying to create conditions that allow her to rebuild an alliance with God.
4. The chaplain helps the team accept that, at that moment, the patient does not see the sense in the care plan, and consequently the attending physician and other members of the team take time to sit at the patient's bedside, listen to her, and try to understand how to make the care plan consistent with her values.

The team acts on this care plan and hopes that it will help the patient feel more balanced in her life.

References and Resources

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The University of Arizona, PO Box 245027, Tucson, AZ 85724-5027 | (520) 626-5800 | <http://aging.arizona.edu>
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