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

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Outline

- Need of the study
- Aim
- Major findings
- Implications for practice

Need of the study

The transition to RCF

International scenario

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

Reducing Relocation Stress Syndrome In Long Term Care Facilities
Melrose, Sherri
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Reducing Relocation Stress Syndrome In Long Term Care Facilities

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Current literature reflects that relocation stress syndrome is a real (Morse, 2000) and valid (Mallick & Whipple, 2000) disorder where individuals experience difficulty coping with the process of relocating from a familiar secure environment to one that is unfamiliar. Traditionally known as "transfer anxiety" the condition has been an accepted nursing diagnosis in the North American Nursing Diagnosis Association (NANDA) classification scheme (2001) since 1992.

Relocation stress syndrome can be defined as "physiologic and/or psychosocial disturbances as a result of transfer from one environment to another" (Manion & Rantz, 1995, p. 108). According to Brugler, Titus, and Nypaver (1993) all individuals involved in the relocation are at risk of developing this human reaction, including family members.

Dependency, confusion, anxiety, depression and withdrawal are the five defining characteristics of relocation stress syndrome (Mallick & Whipple, 2000). Jackson, Swanson, Hicks, Prokop, & Laughlin (2000) suggested that symptoms of anxiety, depression, apprehension, loneliness and increased confusion occur 80% of the time. Sad affect, withdrawal, sleep disturbances, weight loss and gastrointestinal upsets occur 50% to 70% of the time

When older adults find themselves in the position of requiring institutional long-term care, they arrive at their new home under some of the most vulnerable circumstances of an individual's life (Kao, Travis & Acton, 2004). Seeking to understand what relocation stress syndrome might look like and how staff can help to reduce that stress is an important responsibility for nurses.

What Does Relocation Stress Syndrome Look Like?

Before During and After Relocating

The human dynamics of relocating are complex and different issues emerge for residents and their families at different times. Kao, Travis and Acton (2004) summarized that adults moving to long term facilities progress through three phases; pre-institutionalization, transitional, and post-institutionalization.

Whether residents experienced this phase as a result of transferring from a hospital or arriving directly from their own home, the choices and decisions required can be overwhelming.

Before Admission

In the first, pre-institutional phase, selling a home and relinquishing personal belongings stimulate feelings of loss and grief. Similarly, legal decisions such as advance directives and power of attorney designations can stimulate feelings of depression and powerlessness. Whether residents experienced this phase as a result of transferring from a hospital or arriving directly from their own home, the choices and decisions required can be overwhelming.

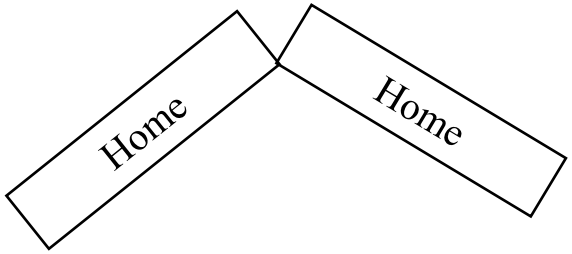
Long term care accommodation may not be available in residents' home communities and their request for a particular facility may not have been granted. In addition, family members may also be coping with feelings of stress and guilt due to placement activities (Kao, Travis & Acton, 2004). While nursing staff are not usually involved with residents and their families during this chaotic time, it is important to imagine the physical and mental exhaustion that residents and their families go through.

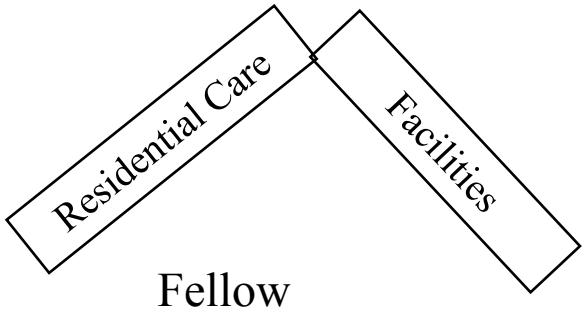
The First Three Months

In the second phase, a time of transition, older adults' feelings of helplessness, abandonment and vulnerability are the most acute. Immediately after institutionalization and for as long as three months, residents may respond with anger and a sense of injustice (Jackson et al., 2000). Negative responses are especially common among involuntarily admitted residents.

Iwasiw, Goldenberg, Bol & MacMaster (2003) also identified that the majority of residents in their research study appraised the long term care facility the most negatively at three months. Reasons for these residents' negativity, in part, related to feeling that staff did not acknowledge their former roles,

Moving to RCF





Family

Friends

Caregivers

Relatives

Society

Familiar environment

Caregivers

Fellow residents

Nurses

Doctors

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

World Health Organization

WORLD REPORT ON **AGEING AND HEALTH**

MINISTRY OF HEALTH
MANATŪ HAUORA

New Zealand

Health of Older People Strategy

2016

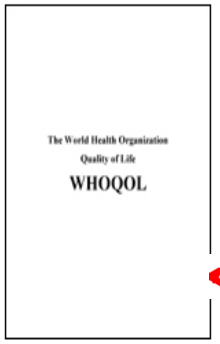
2015

(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 Users Manual Scoring and Coding

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Meaningful Ageing AUSTRALIA

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”

(Meaningful Ageing Australia, 2016, p.11)

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**].

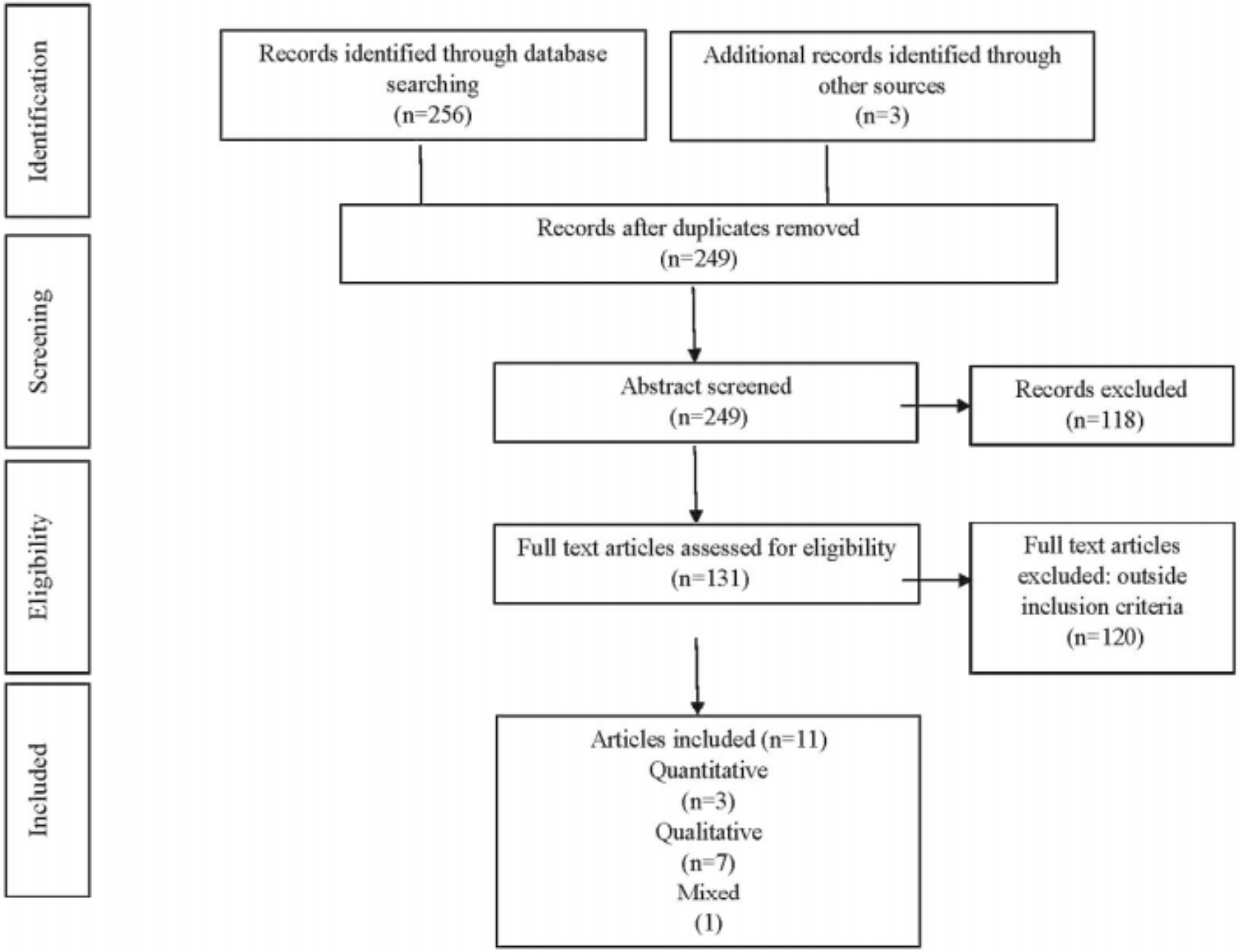

Figure 1: Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowchart

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

Major findings

- 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.

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Thank you for your patience and precious time!