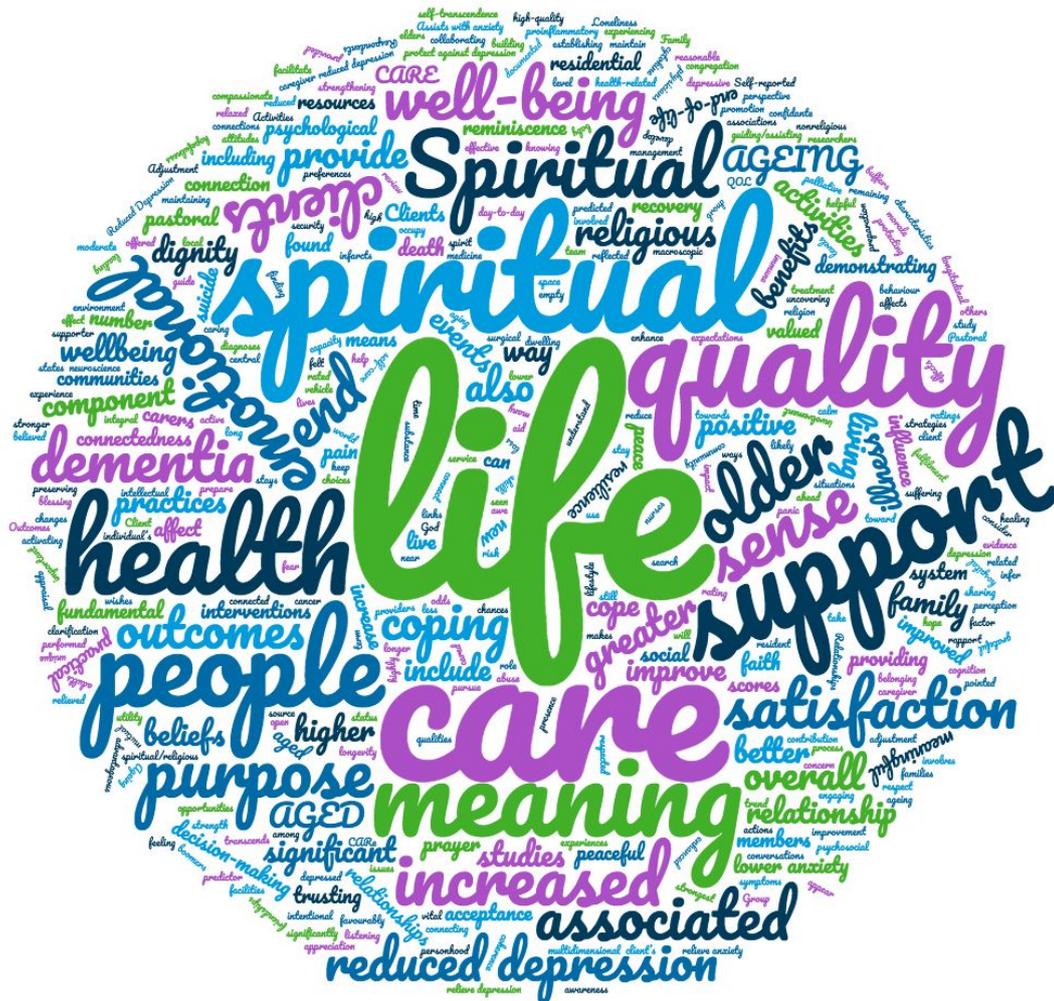




Meaningful Ageing AUSTRALIA

**What difference does spirituality
and spiritual care make?**



Brief Summary of Outcomes

Evidence from Aged Care and Beyond

Key outcomes

1. Reduced depression, increased cognition, reduced anxiety, reduced loneliness
2. Increase wellbeing and resilience
3. Positive role with people who have dementia
4. Increased health / reduce risk
5. Important for the care recipient – quality of life, meaning and purpose, dignity
6. Improved family/client satisfaction
7. Important for palliative care and preparation for end of life

About Meaningful Ageing Australia

Meaningful Ageing Australia is the Australian national peak body for spiritual care and ageing. We are a not-for-profit incorporated association, supporting organisations and groups to respond to the pastoral and spiritual needs of older people, their significant others, and their carers. Our mission is to ensure that all older Australians have access to high quality pastoral and spiritual care. Our key activities are high quality products and services and advocacy.

Definitions

Spirituality can be defined as “the way we seek and express meaning and purpose; the way we experience our connection to the moment, self, others, our world and the significant or sacred”.¹

“**Spiritual care** occurs in a compassionate relationship. It responds to our search for meaning, self-worth, and our need to express ourselves to a sensitive listener. It may include faith support, rites, rituals, prayer or sacrament.”²

Further definitions, refer to the *National Guidelines for Spiritual Care in Aged Care*.

About this literature summary

This is a brief summary of major themes that appear in literature related to spirituality, spiritual care and its outcomes. We have drawn on ageing/aged care-specific as well as wider literature where relevant. Articles in this summary use the language of spiritual care, pastoral care and/or chaplaincy. For the sake of simplicity, we have referred to pastoral carers and chaplains as specialist spiritual carers.

¹ Meaningful Ageing Australia, adapted from adapted from California Lutheran Homes Centre for Spirituality and Ageing, www.meaningfulageing.org.au

² Meaningful Ageing Australia, adapted from NHS Scotland, 2009 <http://meaningfulageing.org.au/definitions/>

Key outcomes

1. Reduced depression, increased cognition, reduced anxiety, reduced loneliness

“Elderly people in residential care with a healthy spiritual life are less likely to be depressed than those who have an empty life or occupy themselves with activities” (MacKinlay 2002, p.113).

Evaluation of a music and specialised spiritual care (pastoral care) program showed morale increased significantly, and cognition increased. Depression levels were reduced (MacKinlay, McDonald, Foulcher et al 2014).

Loneliness towards the end of life could be relieved by life review and attention to spiritual needs (Mundle, 2014).

Baker (2000) found that intentional specialised spiritual care (pastoral care) and ‘nurturing the spiritual dimension’ may reduce symptoms of depression (see MacKinlay, 2012, p.48).

An individualised spirituality-based intervention led to a trend toward lower depression scores (Delaney et al., 2011).

Loss of meaning and purpose contribute to depression. Relationships are also integral to maintaining emotional health. Spiritual care directly addresses these aspects – attending to meaning, purpose and connectedness (White 2004).

Specialised spiritual care (pastoral care) holds an important role in the context of anxiety, fear and panic from the perspective of neuroscience. As social animals, our brains need social connection to soothe (Hogue 2014).

2. Increase wellbeing and resilience

Self-reported spirituality was the strongest predictor of Adjustment to Ageing (von Humbolt et al 2014).

Clients had a sense of “feeling unique and cared for”, and others “felt stronger to cope” following spiritual care interventions (Narayanasamy & Owens 2001, p. 453).

Reports from nursing staff following spiritual care interventions, noted that patients appear peaceful, relaxed and calm, and grateful. Nurses believed these states aid patients’ healing and recovery (Narayanasamy & Owens 2000)

Expanding caregivers’ interacting and communication skills may facilitate greater health and wellbeing for older people in care (Haugan 2014).

A study examining the spirituality of baby boomers found that spirituality is related to lower anxiety about ageing and increased positive health and well-being outcomes, and buffers the effects of experiencing significant life events (MacKinlay and Burns 2017).

Spiritual and religious beliefs can impact resilience, resources and sense of support (George, Koenig, McCullough, 2000; Hebert, Jenckes, Ford, O'Connor, & Cooper, 2001; Eckersley, 2007).

In a longitudinal study on social support and sense of coherence, researchers found that “spirituality may influence older adults’ experience and perception of life events, leading to a more positive appraisal of these events as meaningful” (Cowlshaw, Niele, Teshuva, Browning and Kendig 2013, p. 1243).

“Spirituality is associated with greater quality of life and hopefulness for patients, it is reasonable to infer that the increase in spiritual satisfaction also reflected an increase in resident quality of life in our communities” (Cohen, Mount, Strobel, & Bui, 1995; Ringdal, 1996 in Nichols 2013).

In one study, spiritual health predicted well-being (Hilton & Child 2014).

Spiritual beliefs can affect the strategies people use to cope with illness (George, Koenig & McCullough, 2000; Williams & Sternthal, 2007).

For hospitalised patients, arts-based spiritual care provides an “enhanced, multidimensional means of engaging with the spirit and of strengthening patients’ resilience for the time ahead” (Ettun, Schultz and Bar-Sela 2014, p. 6).

In a study exploring caregiver wellbeing, researchers found that the spirituality of patients is central to their coping and adjustment to cancer. This then effects their caregiver’s wellbeing, in particular depression. The researchers conclude that providing spiritual support for patients may be “the most potent intervention” for caregiver depression (Douglas & Daly, 2013, p. 7).

3. Positive role with people who have dementia

There are positive effects in the behaviour and emotional status of people with dementia as a consequence of spiritual care (Ballard, O’Brien, 2001; Killick and Allan, 2001; Lawrence, 2003; Shamy, 2003; Koenig *et al.*, 2004).

An individual living with dementia can still be involved in a search for meaning, purpose, connection, belonging, fulfilment and security (Daly & Fahey-McCarthy, 2014).

Connecting with people living with dementia through spirituality rather than through ‘cognitive pathways’ can provide a better vehicle to connect (MacKinlay and Trevitt 2010).

Spiritual reminiscence was effective in guiding/assisting older people with dementia towards uncovering meaning in their lives (MacKinlay 2012).

People with dementia are ‘able to achieve spiritual wellbeing’ and can receive spiritual care (Ross, in Carr et al 2011, p. 401).

While dementia may change a person’s memories and personal history, spiritual identity can “increase and strengthen as dementia progresses and cognitive functioning decreases” (Dunn, in Carr et al 2011, p. 400).

In a study of 28 people with dementia Snyder (2003) found that spirituality practices offered people guidance, hope, assistance with acceptance and relief of the experience of anxiety.

Vance et al (2008) identified that therapeutic activity and practices that integrated spiritual and religious elements decreased agitation and increased quality of life for people with Alzheimer's Disease.

Katsuno (2003) found a relationship between a spiritual dimension to identity and quality of life.

Beuscher and Grando (2009) found that spirituality and religion provided a means of assisting people to accept having dementia, of staying connected and of finding hope and reassurance.

In a systematic review of the literature on spirituality and older adults with dementia Agli, Bailly and Ferrand (2015) identified that in three studies (Kaufman et al (2007), Berri et al (2008), and Coin et al (2010)) a positive effect on maintaining cognitive function was found where spiritual practices were integrated into care and support.

In a longitudinal study Mackinlay (2012) reported a reduction in levels of depression amongst a group of participants participating in a specialised spiritual care (pastoral) group.

“Good palliative care for people with advanced dementia is underpinned by the prioritisation of psychosocial and spiritual care” (Kupeli, Leavey et al 2016, p. 1).

4. Increased health / reduce risk

Religious and spiritual beliefs can affect “decision-making about treatment, medicine and self-care” (Higginbotham & Marcy 2006 & Rumbold 2007 in Haynes et al 2007, p. 1).

Religious and spiritual beliefs can impact overall health outcomes (D'Souza, R. 2007; Koslander, T. & Arvidsson, B. 2007; Mueller, P., Plevak, D. & Rummans, T. 2001 & Koenig, H. 2007 in Haynes et al 2007).

“Religious involvement and spirituality are associated with better health outcomes including greater longevity, coping skills, health-related quality of life [...], and less anxiety, depression and suicide” (Mueller, Plevak and Rummans 2001, p. 1225).

Spiritual belief in a loving higher power and a positive worldview are associated with better health (Campbell, Yoon and Johnstone 2010).

Weekly spiritual carer liturgies and hymn singing offered to very elderly residents were linked to changes in proinflammatory cytokine, activating the immune system (Kurita, Takase, Shinagawa et al 2011).

After adjusting for vascular risk factors such as body mass index, smoking, physical activity and stroke, purpose in life was associated with “lower odds of having more macroscopic infarcts” in community dwelling older people (Lei, Boyle, Wilson, et al 2015, p. 1071).

For medically or mentally ill people, “spirituality/religion may provide coping resources, enhance pain management, improve surgical outcomes, protect against depression and reduce risk of substance abuse and suicide” (Larson & Larson 2003, p. 37).

5. Important for the client/resident – quality of life, meaning and purpose, dignity

Respondents receiving visits from a spiritual carer consider their care as important (Piderman et al., 2008).

“Spiritual support (both religious and nonreligious) is a vital factor in well-being and quality of life at end of life” (Nichols 2013, p. 175).

A systematic review of research exploring dignity therapy for terminally ill patients found that “dignity therapy improved the sense of meaning and purpose, will to live, utility, quality of life, dignity and family appreciation in studies with a higher level of evidence” (Donato, 2016, p. 1011).

A number of studies pointed to the dignity component of quality of life as being affected by spiritual care (Fenton & Mitchell, 2002; deBlois & O’Rourke, 1995; Kane, 2001; Meehan, 2012).

Religious support in the context of pastoral care can help to provide a sense of meaning and purpose, and acceptance of the aging process. It also provides a system of helpful social relationships (Marche 2006)

Past and present mindfulness training, as well as other types of spiritual practice, have been found to be highly advantageous for older people (Bee 2009).

Patients who received spiritual care services most valued ‘clarification, emotional support and coping’. They also valued ‘conversations about religious and spiritual issues’, and ‘interventions such as prayer or blessing’ (Winter-Pfandler & Morgenthaler 2011, p. 154)

Targeting loneliness, helplessness and boredom led to “pronounced effect across the domains of clinical, quality of life and overall well-being among the elders who live in these communities” (McAllister & Beaty 2016, p. 7).

A core component of spirituality and spiritual wellbeing is meaning. A descriptive study outlining Meaning-centered psychotherapy, shows that it appears to “effectively enhance meaning and spiritual well-being for cancer patients” (Thomas, Meier and Irwin 2014, p. 8).

An individualised spirituality-based intervention led to a significant improvement in quality of life, (Delaney et al., 2011).

Group spiritual reminiscence offered mutual support between group members, sharing in a trusting environment, and new friendships (MacKinlay 2006).

6. Improved family/client/resident satisfaction

Specialised spiritual care (pastoral care) staff can help maintain connections between older people in residential aged care facilities and their local congregation (Marche 2006).

Family ratings of care provided to those in long term care at end of life were higher for those who received spiritual support or spiritual care, compared with those who had not (Daaleman, Williams, Hamilton & Zimmerman 2008).

Another systematic review of dignity therapy research found “patients who receive Dignity Therapy report high satisfaction and benefits for themselves and their families, including increased sense of meaning and purpose” (Fitchett, Emanuel, Handzo et al 2015, p. 1)

In a systematic review of spiritual wellbeing and quality of life, authors found “consistent independent associations between spiritual well-being and quality of life at the scale and factor (Meaning/Peace) levels, lending support for integrating Meaning/Peace constituents into assessment of quality of life outcomes among people with cancer” (Bai & Lazenby 2015, p. 286).

Provision of all types of spiritual care was rated very favourably by patients, nurses, and physicians (Epstein-Peterson, Sullivan, Enzinger et al 2015).

Spiritual reminiscence group also offered nursing staff a way of knowing older people with dementia in more meaningful ways (MacKinlay & Trevitt 2010, MacKinlay & Trevitt 2007).

Spiritual carers can improve patient satisfaction with hospital stays (Marin et al 2015).

Spiritual care is important to family members of patients who died in ICU. Spiritual care providers reported that they supported religious and spiritual needs, and provided support for family feelings. Improved family satisfaction with decision-making was associated with a range of activities, including discussion of patient’s end-of-life wishes, and preparing for family conference (Johnson, Engelberg, Nielsen et al 2014)

7. Important for palliative care and preparation for end of life

Older people can be supported to prepare for end of life through reflecting on their life and its contribution, reinforcing their worth, exploring unresolved issues, and having their preferences documented and respected (see Chaudhury et al., 2011; Confoy, 2002; Detering, Hancock, Reade, & Silvester, 2010).

Spiritual care can address such outcomes as ‘meaning and peace’ and ‘preparation for end of life’ (Keall, Butow, Steihauser, & Clayton, 2013).

Spiritual care or attention to spirituality was found to assist people by helping them to cope with situations of suffering and pain at end of life (Pilger, Queiroz de Macedo, Zanelatto, Gramazio Soares, & Kusumota, 2014).

Trans-disciplinary care is needed to address spiritual and psychosocial needs at the end of life (Nichols, 2013).

Spiritual care is particularly important in palliative care, where “spiritual care is a fundamental component of quality palliative care” (Puchalski, Ferrell, Virani et al 2009).

Spiritual support from the medical team and specialised spiritual care (pastoral care) visits were “associated with higher quality of life scores near death” (Balboni, Paulk, Balboni et al 2010, p. 445).

Spiritual care has been identified as an essential underpinning of high quality ‘palliative care for people with advanced dementia’ (Kupeli, Leavey et al 2016, p. 1).

Spiritual care or attention to spirituality was found to assist people by helping them to cope with situations of suffering and pain at end of life (Pilger, Queiroz de Macedo, Zanelatto, Gramazio Soares, & Kusumota, 2014).

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