

- dedicated to people

## Spiritual Needs in the Geriatric Oncology Patient




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## Background



- Seniors often have a higher degree of basic trust in their childhood faith than young people.
- The diagnosis of cancer in older age may lead patients to assess their values and challenge their belief system.

• Shih F.J., et al. Spiritual needs of Taiwan's older patients with terminal cancer. *Oncol Nurs Forum*. 2009 Jan;36(1):E31-8. 2.  
 • Wilkes L., et al. Defining pastoral care for older people in residential care. *Contemp Nurse*. 2011 Feb;37(2):213-21.  
 • Richardson P. Assessment and implementation of spirituality and religiosity in cancer care. *Clin J Oncol Nurs*. 2012 Aug 1;16(4):E150-5.

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## Purpose

- This presentation will link a theoretical framework with clinical experience.
- The balance between optimal care and violating the patient's integrity is one of the finest arts of nursing.



[www.interrai.org](http://www.interrai.org)

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## Search Strategy: Ovid Nursing Database

A systematic literature review, using Ovid nursing; key words were:

- 1) "spiritual care" and "cancer"
- 2) "older people" and "spiritual care" limit to
- 3) English language and yr="2002 - 2012".

Search results: 33 articles were included

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## Approaches to measuring spirituality

- Religious attendance and participation (organizational religiousness),
- Private religiousness (nonorganizational religiousness),
- Religious motivation,
- Religious well-being, and
- Religious coping.



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## Assessment instrument

Explicitly addressing spiritual issues:

- *The brief serenity scale* and
- *Support from God scale*

• Kreitzer MJ., et al. «The brief serenity scale: a psychometric analysis of a measure of spirituality and well-being». *Journal of Holistic Nursing* 2010; 27 (1), s. 7-16.  
 • Hamilton JB., et al. «Reliability and validity of the perspectives of Support From God Scale». *Western Journal of Nursing Research* 2009; 59 (2), s. 102-109.

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### Assessment instrument cont.

- Questions about spiritual matters may be a part of a larger data collection, as found in the Resident Assessment Instrument ([www.interrai.org](http://www.interrai.org)).
- Research shows that simple statements like "I feel at peace," can provide a good picture of being in spiritual peace.

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### Mens sana in corpore sana



A healthy mind in a sound body is an old concept

- Growing research evidence that religious or spiritual practices may be associated with better health and wellbeing.
- However the statistical analysis is complex and do not always give one answer – more research is needed.

- Koenig HG., et al. Religion, spirituality, and acute care hospitalization and long-term care use by older patients. *Arch Intern Med.* 2004 Jul 26;164(14):1579-85.
- Dolan EA., et al. Managing cancer-related pain in critical care settings. *AACN Adv Crit Care.* 2011 Oct-Dec;22(4):365-78.

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### Assessment instrument cont.

- Some researchers are skeptical about the use of assessment tools to measure spirituality.
- They challenge the professionals who work with people who are in need of spiritual care, to engage nationally and internationally to identify and review potential dilemmas.
- Important to prevent the construction and use of inappropriate assessment tools.

Ross L. «Spiritual care in nursing: an overview of the research to date». *Journal of Clinical Nursing*, 2006; 15 (7), s. 852–862.

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### When death is not communicated

- Kari Olsen, 75 years with acute leukemia, hospitalized for the third time in two months.
- The nurses tried to prepare her family about her serious situation. They did not inform the patient.
- Kari Olsen felt very weak, but tried to convince the staff and her family that the only thing she needed was training. She tried several times to get out of bed, but her legs could not carry her. Death was not a topic.
- Her doctor felt that her will to live was so strong that he moved her to the intensive care unit for another blood transfusion. She died a few hours later.

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### Role model



- Younger nurses and students are not familiar with clinical symptoms of spiritual distress or pain.
- There is a gap between the older cancer persons' need of traditional rites like reading from their holy book, prayer, absolution, communion and other symbolic activities, and the competence of the nurses.

- Sørbye LW. Spirituality as health-promotion in a pluralistic society. In: Kovalcikova I, Sørbye LW, editors. *Ethical challenges in Professional praxis – experiences from Slovakia and Norway*. Presov: University og Presov; 2011.

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### The older patient needs strength and hope

- Ingrid Nordmann had undergone mastectomy surgery 65 years old, without any complications.
- At the age of 90, she had pain in her back and felt fatigue. She was diagnosed: cancer pancreas com metastases
- Ingrid and her family decided that she would only get palliative care in her own home.
- She was calm in the face of death. She was a committed Christian. She believed that the faith which had given her strength through a long life, also would help her facing death.

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### Purpose of life and hope

- Fifteen women (24-87 years) with newly diagnosed gynecologic cancer were interviewed about their experience of hope.
- The researchers found a close relationship between shades of hope and hopelessness.
- This might help nurses to assist patients in fighting hopelessness.

Hammer K., et al. Hope as experienced in women newly diagnosed with gynaecological cancer. *European Journal of Oncology Nursing*, 2009; 13(4, September), 274-279

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### Death and dying from old people's point of view – important themes:

- Older people's readiness to talk about death and dying, conceptions of death, after-death and dying
- Anxiety about death, the impact on and of those close by, having both negative and positive connotations
- Balancing closeness, being a burden and dependency
- Death anxiety and its possible antecedents
- The fine line between natural sadness and suffering from depression, and worry about the end-of-life phase.

Hallberg IR. Death and dying from old people's point of view. A literature review. *Aging Clin Exp Res*. 2004 Apr;16(2):87-103.

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### Mobilizing spiritual resources

- Nursing approaches for spiritual needs are including kindness and respect; talking and listening; prayer; connecting with symmetry, authenticity, and physical presence; quality temporal nursing care; and mobilizing religious or spiritual resources.
- To provide spiritual care, nurses must possess requisites of a personal, relational, or professional nature.

Taylor, E.J. Nurses caring for the spirit: patients with cancer and family caregiver expectations. *Oncology Nursing Forum*. 30(4):585-90, 2003 Jul-Aug.

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### Spiritual care a ministry of memory.

Elderly persons with dementia with a faith background rooted in the Judeo-Christian worldview are often able to respond to various rituals of their faith, verbally, physically, and emotionally. Common practices like familiar prayers, Bible readings, hymns, and attendance at worship services where collective memory is shared can serve as memory joggers to reconnect the person, not only to the faith community, but to a faithful God. A spiritual care ministry to older people with dementia can be considered a ministry of memory.

Mooney SF. A ministry of memory: spiritual care for the older adult with dementia. *Care Manag J*. 2004 Fall;5(3):183-7.

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### Conclutions

- *Spirituality may be an important source of strength both in prevention of lifestyle diseases and in coping with chronically and terminal illness.*
- *For older people religious symbols and rites may be a part of their culture and belief system.*
- *However, we need more knowledge regarding how to meet the older person's needs and individual preferences.*

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### Spiritual care seems a little too late when the person is dead

- In a religious ceremony, the use of symbols, music, scriptures and prayer are central elements. What prevents us to discuss existential questions while a person is alive.



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