Spirituality Inservice

Final Project

Spirituality and Aging Certificate Program

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As I work in a residential community with all levels of care (independent, assisted, memory care, and skilled nursing), I have chosen this facility as my context for the final assignment. The dynamics of life for an aging person in this context ranges greatly, and by dynamics I am referring to levels of frailty, family involvement and support, and socioeconomic status. Despite the wide range of dynamics, every resident has interactions with staff on an almost daily basis, and would benefit from the staff if they were more knowledgeable of the role spirituality plays in the aging process. That being said, my project is to design and present an in-service about spirituality. This would involve how to recognize a resident's spirituality and how they can bring that to their services and interactions with each resident.

The reason I have chosen this as a project, is that I have seen areas in all levels of care in which the service provided could be enhanced if the staff knew more about spirituality - specifically the area of personal care. Throughout the day the care staff provides personal care such as medications, toileting, showers, dressing, wound care, etc. In these interactions, it would make the recipient and the provider more comfortable should they know more about each other. Make these intimate moments more meaningful, or in other words, providing more person-centered care. In a busy industry such as this, the care staff has limited time to spend with each resident. It would be of great benefit to make those necessary care needs also meaningful spiritually.

When the word spirituality is mentioned most think, religion. I thought of them synonymously for many years. The definition of spirituality I would like to focus on is what brings purpose, value, and/or meaning to each resident. This could very well be religion; however, that could still be only one facet of the larger picture. Spirituality may also be more obvious for the staff to recognize in some residents over others.

James Fowler would place my population at the conjunctive and universalizing stage of his 6 stages of faith. At the conjunctive stage, my residents would begin to understand the limits of logic, and

start to accept the paradoxes in life. These residents have made up their minds, but accept there are truths other than their own. That truth is multi-dimensional. I have mentioned a resident of mine in a previous assignment, and he is at this stage. He holds onto his Catholic faith, but understands that there are other realities and truths and finds comfort in his faith, but also in other beliefs. He often reflects on his life and enjoys telling his stories. This particular resident is one that the staff would easily be able to engage spiritually and meaningfully. As for universalizing faith, I am unsure if there is a resident in this stage, a resident that lives their life to the full service of others, that there is no "I" – only a universal truth that affirms all people. There might be, but I have not had the pleasure of speaking so in-depth with a resident to discover this. In the simplest definition of universalizing faith, I have met residents that accept any individual, regardless of background, age, ethnicity, religion, etc. and does so with nothing but compassion and love.

Erik Erikson and the eight stages of man described the last stage, Integrity vs. Despair, as the stage when older adults are either satisfied with their life work and they have a sense of integrity and contentment, or there is despair and discontent in their life and are therefore feelings of hopelessness, depression, or despair. Those older adults that have feelings of despair may have difficulty finding their sense of spirituality or purpose, which nonetheless makes it difficult for the staff as well.

Many residents, even those who have aged successfully according to Erik Erikson, feel they do not want to lose control over their bodies, minds, and the plans they have for their lives. Per Jane Thibault (2012), we live in a society where each person, or resident, is expected to "carry their own weight." We value our independence and are gracious to those that have time-limited needs, but are not as empathetic or patient with those people, or residents, that have permanent, and at times extensive, needs. I have had residents that state often they would rather die than become a burden. In some skilled nursing or retirement settings, that sentiment is fulfilled. There are doctors that will

provide pain management to those that decide to refuse water and food. Erik Erikson also presents the psycho crisis of aging, and how many residents may still feel the need to be generative. The care staff, and social worker, could perform life review and use the resident's spirituality to guide them to integrity and be at peace with where they are in their life at this time.

> "Yes, physically you decline; outwardly you begin to diminish, but inwardly
>
> and spiritually, the opposite happens. The spiritual part of you grows with age. It becomes richer, fuller. It has more to offer, not less. It has something greater to share with the passing years. It climbs higher."

The idea of being at peace with your age and place in life might be easier said than done due to the culture and mindset that age is something to fear. That once you are unable to be generative, you no longer have anything to give or contribute. I receive this answer often when assessing residents for depression. The question is, Do you often feel worthless the way you are now? I receive the answer "yes, I am no longer doing anything of worth." The fear of aging could also be related to the fact that our American society lacks common customs for aging and dying. Also, that our medical system is designed to cure. It was mentioned in class, and in Being Mortal, that our medical system will use millions of dollars to prolong life threatening diseases with expensive and at times painful treatments to prolong life for a year? Two? That other countries are far more advanced in speaking with patients about enjoying the last days, months, year(s) of their life with family and friends and making them as comfortable as possible, even speaking with them about their beliefs and spiritual needs. We do have hospice, which does meet that need, but it is often used when only days are left and treatments have been exhausted. Many do not have the chance to receive the full extent of hospice services as they are admitted too late.

Many frail residents often ask, “Why am I still living? I have nothing to offer.” Understanding a resident’s spirituality and making those moments of necessary care more meaningful, I would hope, could bring the number of those “why me” existential questions to a limited few. The in-service would promote the staff to engage in meaningful conversation regarding the resident’s values and purpose. Promote relationship building, a real and genuine connection, which could make those times of intimate care more bearable or even enjoyable to the residents, make them feel less powerless or demeaned. As Jane Thibault (2012) also stated, “Being dependent, requiring someone else to “fasten a belt around us” also means that we are powerless in many ways. And powerless – loss of personal power – is one of the greatest sufferings of old age.

The other passage from Jane that brings so much meaning, “the gospel offers this hopeful gift to frail elders, (and those who fear becoming frail). Jesus promises us that somehow, even though we may be bedridden, lying in a B-grade nursing home, we may – because of frailty, not in spite of it – be a source of God’s glorification. The difficulty here lies with those residents who do not believe in God or for those who are not religious, to accept this passage and this way of thinking. Another goal of the staff could be to show residents that an attitude of gratitude is a gift. Any encouraging words, a genuine smile, or a heartfelt thank you is enough to spread good will and kindness onto others. Happiness and kindness are contagious. Jane also provides a distinction between kindness and loving-kindness, and loving-kindness goes beyond niceties, it suggests an understanding “that we are all in it together and cannot survive without one another.”

William H. Thomas (2007) paints a rather despairing picture of nursing homes and compares them to state prisons in a portion of his book. It is true, we all know that once a person is no longer able to live independently, they are placed in a nursing home or some form of retirement community, etc. He also states that Success in a nursing home is determined by how well the resident emulates the person

they used to be, and this is true to a degree. A nursing home also provides care for those that will never emulate the person they used to be. Success of a nursing home is also depicted by the quality of care provided to those residents who are permanent and no longer striving to get back to where they were before their fall, accident, or health issue, and all the more important for the staff to understand the spirituality of these individuals. I am unfortunately unable to implement the Eden project here at Redwood or even begin what Atul Gawande implemented at his senior living homes, but a small, and hopefully impactful step, will be this in-service.

As in-services are already a great part of the training and education the care staff receives, this would not be difficult to implement. I would discuss my goal of bringing more meaningful connections to residents through the care staff and explain the idea of spirituality in the aging process. I would explain spirituality as I defined above, ask them to share their ideas of spirituality, if they feel comfortable, and provide them with information on how spirituality can make great improvements on care. I have also found a questionnaire prepared by Hillel bodek, MSW, as part of Growth House, which is an organization working with death and dying issues. This questionnaire is for staff, and it asks personal questions about their beliefs, values, and ideals in regard to their current life and if they were dying. This questionnaire is not necessarily questions they would ask the resident during care, but rather questions to get the staff thinking of their own spirituality, allowing them to be inspired to speak with residents regarding their (the resident's) life and what they find meaningful, with a new perspective, or even simply bringing this to the forefront of the staff person's mind during care with residents. Starting these conversations will hopefully allow the staff member to see the residents as a complete person rather than the second bath on their rotation that day. For full questionnaire, please see below.

After the questionnaire is answered, I would ask the staff if they would share their feelings about the questions, as well as some of their answers. Once completed, I would open the discussion to

brainstorm questions they could ask the residents to start that dialogue. I would also try to achieve some community organizing, so to speak, and ask residents as well as staff what their stories and experiences are with staff and residents, and how that could be enhanced. Really listen to the residents that have had more experiences with the staff than others.

This leads me to the measurable goals part of this in-service. After each in-service there is a questionnaire to assess the staff's understanding of the in-service. I will administer a questionnaire, specific to this in-service, and review results to make sure the in-service is clearly stating what spiritualty is and how it can enhance interactions for both parties. I will then administer a second, separate, questionnaire 3 months after the in-service asking the staff to clearly state their experiences using spirituality in a personal care setting, and how, if at all, they noticed a difference in their attitudes towards these interactions, and if they feel a noted difference in the resident's attitudes. Lastly, I will ask the residents I listened to during my community organizing, about their reactions to this in-service, and if they have noticed any change in their personal care interactions. I will not alert the staff to which residents I have chosen to speak with regarding this in-service. I will inform the staff that I have spoken with some select residents and provide the staff with neutral comments, none of which will give the identity away to which residents I have spoken with. I felt that providing the staff with genuine comments from residents would paint a greater picture to the real need behind this in-service.

As I work in a corporate environment, I will need to discuss the idea of an in-service with the Executive Director, Administrator, and Director of Nursing, to receive permission. I will provide the 3 positions mentioned with the in-service, the comments from my residents that I received during my community organizing, and I will speak with some of the front-line staff to gather their thoughts before presenting this idea. As timing is everything, I feel this is perfect timing for such an in-service as the company has made their mission more religious in nature, mentioning God, and our need to provide

person-centered quality care to all our residents. Also, this in-service could be done by a fellow social worker or employee if trained, meaning this will not end with me should I leave this position.

As Thomas states, I would attempt to destroy the myth for both staff and resident that "being independent means relying as little as possible on other people, but rather being independent means being able to define the manner in which one cooperates with others. To be dependent is to be human. We all rely on others for the necessities of life."

Thomas also speaks to the type of person it takes to work in a nursing home or assisted living community. It is not that they do not care for their residents, they do, and it is the machine like environment they work in that does not allow for those more meaningful interactions throughout the day as their schedule is set. This in-service will be designed to combine the busy schedules of the employees and the services they need to provide, while making it a meaningful interaction and hopefully addressing a spiritual need. "The richest forms of human development are most available to those willing and able to interweave their needs and their potential with the needs and potentials of others… As time leads them to rely ever more closely on others, they offer us the opportunity to care for them… Through them, we begin to understand how caregiving is human" (Thomas, 2004).

In-service Outline:

1: Define Spirituality

2: Open discussion of what spirituality means to them (the staff)

3: Complete questionnaire (questionnaire below)

4: Discuss questions with staff – What feelings arise for staff during questionnaire i.e. did you find a greater understanding of your own spirituality? Were these questions difficult to answer?

5: What questions can we ask residents during personal care to open this dialogue with them? Does completing this questionnaire give you a better understanding of their (resident's) situation? Such a question to start a conversation could be 'Tell me a time in your life that you were truly happy' or, 'what in your life brought you joy'? Of course, not all residents will respond well to these questions and for residents that may be more reserved it would take a much simpler question to start the conversation, something as simple as, where are you from? What did you do for work?

6: Closing thoughts on in-service/feedback

Comprehensive Training Program in Palliative and End-of-life Care

Spirituality Questionnaire-Exercise for Healthcare Professionals

This questionnaire has two purposes:

- One, to help health care professionals (physicians, nurses, social workers, etc.) begin to think about psycho-social-spiritual issues relating to illness, death and dying.
- Two, in doing so, to help them begin to think about and gain insight and self-awareness into how they deal with these issues personally, which will affect how they deal with these issues with chronically and terminally ill persons and their families.

This questionnaire is confidential, and will not be requested at the end of the in-service. Issues relating to illness, death, dying and spirituality are sensitive. If there are any particular questions you find to be uncomfortable, please do not feel compelled to answer them.

1. Which three events/experiences have shaped your life the most?
    1. _____
    2. _____
    3. _____
2. What are the three things which motivate you the most?
    1. _____
    2. _____
    3. _____
3. What three things give you the most meaning to your life?
    1. _____
    2. _____
    3. _____
4. What do you consider the three core values that you use to guide you in your life?
    1. _____
    2. _____
    3. _____

5. What are the three happiest events in your life?
    1. _____
    2. _____
    3. _____
6. What are the three most painful/saddest events in your life?
    1. _____
    2. _____
    3. _____
7. List three things you want to achieve/accomplish during your lifetime?
    1. _____
    2. _____
    3. _____
8. What are the three biggest regrets in your life?
    1. _____
    2. _____
    3. _____
9. What are three things you view as your greatest accomplishments?
    1. _____
    2. _____
    3. _____
10. If you had your life up to this point to live all over again, what three things would you do differently?
    1. _____
    2. _____
    3. _____
11. If you had six months to live, what five things would you want to do during that time?
    1. _____
    2. _____
    3. _____
12. If you died today, what do you feel are the three most important things you would leave incomplete or not accomplish?
    1. _____
    2. _____
    3. _____
13. What do you want your legacy to be after you die?
    1. _____
    2. _____
    3. _____
14. List three ways that being a healthcare professional has affected your life?
    1. _____
    2. _____
    3. _____
15. What would you do if you were no longer a healthcare professional?
    1. _____
    2. _____
    3. _____

16. How would no longer working as a healthcare professional affect your life?
    1. _____
    2. _____
    3. _____
17. If/when would you like to retire and under what conditions? _____
18. What three things do you most want to do when you retire?
    1. _____
    2. _____
    3. _____
19. If you learned you were terminally ill and had only a few months to live, what three things would you fear most about your impending death?
    1. _____
    2. _____
    3. _____
20. If you learned you had a chronic illness that would be fatal within two years, what are the four most important things you would want your clergy person to do for you during that period of your illness?
    1. _____
    2. _____
    3. _____
    4. _____
21. If you learned you had a chronic illness that would be fatal within two years, what are the four most important things you would want your health care professionals (doctors, nurses, social workers) to do for you during that period of your illness?
    1. _____
    2. _____
    3. _____
    4. _____
22. If you had a chronic illness and knew that you were now in the final days of your life, what are the four most important things you would want your clergy person to do for you in those final days?
    1. _____
    2. _____
    3. _____
    4. _____
23. If you had a chronic illness and knew that you were now in the final days of your life, what are the four most important things you would want your health care professionals (doctors, nurses, social workers) to do for you in those final days?
    1. _____
    2. _____
    3. _____
    4. _____
24. Describe the role of spirituality in your life.

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*Questionnaire prepared by Hillel Bodek, MSW, LCSW-R, BCD

References

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