ATTITUDES OF HEALTH CARE PROFESSIONALS CONCERNING THE SPIRITUALITY OF PATIENTS SUFFERING FROM DEMENTIA

THERESE SALIBA BSc. Mental Health, MSc. Mental Health (Melit) Senior Practice Nurse.
This descriptive research study was used to obtain information about ‘The Attitudes of Health Care Professionals and their concern of spirituality in persons suffering from dementia.’ The study also explored the health care professionals’ perception of spiritual care and what the terms ‘Spirituality and spiritual care’ meant to them.

**Background to Study**

- Spirituality seems to be a topic that has increasingly been of interest to health care professionals.

- Within the last 20 years, there has been a significant increase in the literature devoted to discussing spirituality and how it applies to health practice. (Miller 1999, Sperry 2011).

- All people have a spiritual dimension in their lives, and it is of importance to every person whether or not they have a religious faith (Fogg Berry 2015).

- Bonifazi (2013) maintains that the spiritual life of a person is not ended with dementia but can be supported and affirmed by respecting that a person is a unique individual through a holistic caring practice.
The varied meanings of spirituality and religion.

- In Western society the terms spirituality and religiousness have become part of everyday discussion (Marty & Appleby, 2003; Roof, 2009; Wuthnow, 2014). Furthermore the divergence between spirituality and religion has greatly increased since the 1960s.

- Dein (2005) insists that although a large number of social scientists have attempted to define, study and theorise about the terms spirituality and religion, there is little consensus about what the terms actually mean.
What is Spirituality?

- Refers to people’s subjective practice and experience of their religion, and to the spiritual exercises and beliefs which individuals have regarding their personal relationship with God or higher power (Livingston 2010).

- Spirituality as a way of life concerns itself with aligning the human will and mind with that dimension of life and the universe that is harmonious and ordered. As such spiritual disciplines which are often part of an established religious tradition, enjoin practitioners to cultivate those higher potentialities of the human being that are more noble and refined (wisdom and virtue), (Elkins et.al. 2008).
What is Religion?

- The word "religion" is derived from the Middle English "religioun" which came from the Old French "religion." It may have been originally derived from the Latin word "religa" which means "good faith," (Robinson, 2007).

- The Concise Oxford Dictionary (1990), describes religion as the "Human recognition of superhuman controlling power and especially of a personal God entitled to obedience." According to Dean (2005 pg: 528) this definition qualifies for Western Christianity. However, it must be pointed out that it is only in the modern period since the 'Enlightenment,' which the conception of religion emphasising its cognitive, intellectual, doctrinal and dogmatic aspects arose.

- In early Christianity the word religion referred to a 'total phenomenon' including both the subjective orientations of the worshippers and the hierarchical organisation of the church. In the middle ages it was faith not religion that was the keyword, with the word religion reserved for monastic life (Tambiah, 1990 pg 4).
Spiritual Care

- McEwen (2005) defined spiritual care as the activities and ways of being, that bring spiritual wellbeing and function, all of which are dimensions of health to clients quality of life.

- Various code of ethics state that it is expected that spiritual care is provided by nurses (ICN 2000, NSF 2001, and AHNA 2003). The International Council of Nurses’ code of ethics for nurses considers the nurse’s role as fundamental to a palliative approach that aims at reducing suffering and improves quality of life for their patients.

- In the care of the elderly whereby patients suffering from dementia often find their comfort in religious practices and family support, additional to their medical and physical needs patients with dementia should be helped to find meaning and purpose in their life. This could only be done with the collaboration of HCP’s who are capable of addressing their patient’s spiritual needs (Rieg et al., 2006).
Spirituality and Dementia

- Swinton (2001 Pg: 165-166) draws attention to works that have clearly shown the importance of recognising the continuing personhood of people with dementia, even in the midst of neurological degeneration.

- He continues to offer more possibilities of re-humanisation for people suffering from dementia. Furthermore he encourages involvement by therapists to help reconnect those, who by definition, are becoming disconnected from self, others and God.

- Our challenge today is to find ways of bridging Spirituality with Dementia; an illness where the individual has everything taken away with only the essence remaining. This contradicts our usual concepts of personhood. Kitwood (1997), a leader in dementia care, had put love at the centre of his circle of the main psychological needs of people with dementia in his book Dementia Reconsidered. He goes on to quote (pg.165) a health care worker who described persons with dementia as presenting 'an undisguised and almost child-like yearning for love'.
Spirituality and Spiritual Care within Health Care Practice

- Historically, it is recognized that nursing and health care held a very strong association with religious traditions, predominantly Christianity. Going back in time will show that health care professions possessed a rich religious and spiritual heritage (Narayanasamy, 1999; McSherry, 2001; Cook, 2004).

- Unfortunately in recent years many health care professionals may have been motivated by economic and capital gain while working in a profession that is saturated in the traditional value of selflessness (Swaffield, 2008). Therefore the reasons why individuals enter the health care professions have changed in that they may not always be altruistic.
Spiritual care for people suffering from dementia.

- The first question that one faces when thinking about addressing spiritual issues as part of health care is, whether in fact health care workers should do this.

- There may be others who are better qualified to address spiritual issues, Rowland (2007).

- Howard (2010) asserts that health care professionals have replaced priests in modern society and that when people are in crisis they now turn to health care professionals whereas historically they would have consulted religious leaders.

- Kroeker (2007) believes that it is important for various therapists to learn spiritual skills since these can help the therapist deal patiently, openly, and sensitively with clients and assist clients to work towards their own healing.
Barriers influencing the provision of spiritual care by health care professionals.

- Soeken & Carson (1997) argued that meeting the spiritual needs of patients can be uncomfortable for the health care worker. Several reasons for such discomforts include embarrassment, the belief that it is not the nurse’s role, lack of training, lack of time, and lack of own spiritual resources.
The aim of the study was to explore the ‘Attitudes of health care professionals (Medical officers, Nurses, Occupational and Physiotherapists) concerning the spirituality of patients suffering from dementia’.

To achieve this aim the following objectives were set to:

Investigate if Health care professionals concern themselves with the concept of spirituality in patients suffering from Dementia.

To examine what the terms Spirituality and spiritual care imply for Health care professionals and how they are trained to deliver such care.

To explore Health care professionals’ perception of spiritual care and who should be responsible to deliver such care.

To assess Health care professionals’ personal assumptions regarding the spiritual needs of patients suffering from dementia and what interventions are needed to meet them.
The researcher used a descriptive approach where qualitative and quantitative data were collected by means of a self administered questionnaire.

The research setting of the study was held at two institutions in Malta that cater for patients suffering from dementia, being the main Mental Health Institution in Malta and State Home for the Elderly. Four wards catering for such patients were chosen from each institution, having two catering for male patients and the other two catering for female patients.

The research involved four distinct populations amongst Health Care Professional being, medical officers, nurses, occupational and physiotherapists.
Demographic Data

- 54 Health Care Professionals
- Mental Health Setting: Males (n=15), Females (n=12)
- State home for the Elderly: Males (n=14) Females (n=13)
- Nursing Profession (n=32)
- Other Professions (n=22)
- Age groups: 21-30 (n=16) 31-40 (n=16) 51-61 (n=9)
- Work experience 0-5, 11-15 & 16-20 (n=10), 6-10 (n=15)
  while 20+ (n=9) these had worked in both health settings.
Understanding the term Spirituality

- Relationship with God or Higher power
- Holistic Care
- Religiousness
- Maintaining Human Dignity
- End of Life
Consideration of spirituality of patients with dementia on admission assessment

- Reasons for answering Yes.
  - Part of Holistic Care
  - Contacting Chaplaincy

- Reasons for answering No
  - Only medical assessment done as this was most important
  - Not capable
  - Too sensitive
Is Spiritual care a Concern of your multidisciplinary teams’ care plan for patients diagnosed with dementia?

- Reasons for answering Yes
  - Holistic care
  - Quality of life
  - Religious activities

- Reasons for answering No
  - Lack of time/staff
  - Lack of Knowledge
  - Chaplains' responsibility
  - Physical aspects more important
Staff Training

- From the study it emerged that most HCP’s did not discuss spirituality in their studies and this showed that the majority of respondents lacked the knowledge and skills.
Who Should Provide Spiritual Help

- Chaplaincy
- HCP’s
- Family & friends
- Combination of all
Perceptions on the Term Spiritual Care

- Empathy
- Attentive listening
- Being kind, positive & show concern
Praying with Patients

- Nursing profession
- HCP’s
Conclusion

- Respondents defined spirituality & spiritual care as a religious matter
- Nurses more concerned with spirituality of their patients than other HCP’s
- Spirituality as part of holistic care
- Responsibility of all to provide spiritual care but emphasis on clergy/chaplaincy
- Lack of education on subject
- Lack of time & resources to provide spiritual care
- Spirituality benefits all patients
Recommendations to Educationalists

- Continued professional development courses for health care professionals on spirituality and spiritual care should be put into practice.

- It is highly recommended that the inclusion of spiritual care in curriculum should be considered for all health care professionals.
Recommendations for further research

- Further research is suggested using a qualitative approach by means of interviews giving more insight about such a matter.

- Further research on health care professionals’ daily practice with patients suffering from dementia and their knowledge of spiritual care with the use of an observational method to collect data might help to verify how they deliver spiritual care to their patients.

- Replication of this study is suggested by including a larger sample of health care professionals from a more extensive number of health care settings. Larger samples will allow statistical analysis to be computed to identify any significance difference between the responses of different professions.
However all these circumstances should not prevent Health care professionals from providing patient centred care, accepting the fact that behind the seemingly motionless exterior lies a human being in whom resides a spirit that requires nurturing and caring.
THANK YOU FOR YOUR ATTENTION
HAVE A NICE DAY

Therese Saliba BSc Mental Health, MSc, Mental Health (Melit), Senior Practice Nurse
E-mail: gorant23@gmail.com