6th International Conference on Ageing and Spirituality

The promise of ‘hope’

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What will be covered here?

• My geographic location
• From research, the voices of dying patients in regard to spirituality
• From the literature the importance of hope for dying patients
• Guidance in regard to spiritual care for dying patients
Adelaide
Flinders University
Flinders University
How important is spiritual care?

• The voices of 4 dying patients follow:
Patient’s spiritual needs (a) –

Joseph -

• *My condition is of a serious nature…all those questions ‘will I live, will I die?’ went through my head…they thought I might die in a couple of weeks…I was born in a church hospital, I might die in one, who knows? It’s good for me to talk to you about this…spirituality, it’s a very difficult dimension I suppose…I seem to be leaning more to the spiritual domain as I get older…I’m not quite sure…there is something there, greater and stronger than us…*

Stan -

- felt the peace and tranquility of the place…I have a strong feeling of faith of the Lord…it’s given me hope and given me strength to rely on.. my family…they have their doubts. But I’ve got no doubts. It gives me strength.. I call myself a Christian…I wake up 2-3 o’clock in the morning…say my prayers and get a wonderful feeling of someone with me in the room.
Patient’s spiritual needs (c)

Erica -

• ‘we were brought up in a good church.. I ‘m not that religious ...don’t want to know when I’m going to die. I’m just taking life as it comes…I don’t know what’s ahead of me…several people pray for me. And…I don’t want it advertised….I don’t think there is much hope...
Patient’s spiritual needs (d)

Chris –

Response to question about afterlife..’

• *I’ve asked been that question more recently than before...Simple answer ‘no’ but that’s not true...My religion is one of nature that the leaves on the trees get to a stage when they fall off...its normal and there’s no big deal about it...there is a spiritual dimension in so far as we all have a spirit....behind it there is a tremendous amount of what I call self hypnotism...*
Literature Review aim:

- To investigate the meaning of hope to patients receiving palliative care and to examine the themes that foster hope in the dying patient.
The importance of Hope for dying patients

• From the literature (‘A thematic Literature Review: the importance of hope to the dying patient’. *Journal of Advanced Nursing*. Broadhurst & Harrington 2015)
  
  – Dying patients maintain hope regardless of the proximity to death, and this is attributed to their spiritual strength
  
  – Articles reviewed showed hope levels remained higher than expected and were not congruent with the severity of the disease, with hope actually increasing in some patients as they approached death
Process:

• Searched data bases: CINAHL Scopus, PsychINFO, Informit, PubMed, ScienceDirect, ProQuest, Web of Science and Google Scholar

• Papers published in English 2003-2013: primary research: related to palliative care or hospice: contained keywords: related to patient experience: full text: research with adults only

• Retrieved 265 – 252 did not meet the inclusion criteria, 13 further examined 7 discarded focused on measuring or assessing hope, rather than factors that foster hope = 6 + 1 from experts and 8 from reference lists Final number = 15.
Seven themes became evident in the literature:

1. Disease status
   - Hope for a cure or disease remission
   - Accepting prognosis
   - Hope for a peaceful death

2. Positive personal relationships
   - Love of family and friends
   - Positive relationships with professional carers
Themes (contin)

3. Positive character traits
   – Hope as internal power
   – Fighting against the disease
   – Determination

4. Quality of Life
   – Living life to the full
   – Everyday living and wellbeing
   – Uplifting memories
Themes (contin)

5. Setting and achieving goals
   – Maintaining and controlling independence
   – Goals – the converse as hopelessness

6. Spirituality / religion
   – Faith in God
   – Prayer

7. Hope after death
   – Positive future for family and friends
   – Leaving a legacy
Past research posits a positive relationship between spirituality and health (Harrington 2014). Spirituality is a resource for well-being including assisting individuals to transcend suffering pain and despair. Five of the studies recognised the contribution of spirituality and religion to levels of hope.
Spirituality / Religion (a)

- **Faith in God**
  - The importance of faith in God was represented in 7 of the research articles.
  - Eight (n=16) of one study stated that faith in God connected with a belief in the afterlife gave them hope (Buckley & Herth 2004). This concept repeated in Murray et al 2004 Hammer et al 2009 & Olsson et al 2011.
  - One participant in Hong & Ow’s (2007) study (n=8) stressed that faith in Christ had led to hope remaining despite illness.
  - Duggleby & Wright (2009) – one participant stressed they had no hope without God.
Spirituality / Religion (b)

• Prayer
  – Four articles mentioned prayer which was seen as a vital resource by religious patients.
  – Those with no religious beliefs also prayed when confronted by difficult circumstances.
  – Some participants questioned their faith when symptoms recurred…another made a point of being grateful for God granting another day.
No.7. Hope after death

• Even when treatment had failed and palliative care was provided, hope could still be present. Hope for a cure often changed to hope for loved ones after death (Nekolaichuk & Bruera 2004)

• Hope was engendered in those who were dying when they considered their contribution would continue though others thus enhancing hope.
Hope after death (a)

• Positive future for family and friends
  – Concentrating on a positive future for family and friends was crucial to improving hope levels. Grandchildren were a specific focus.

• Leaving a legacy
  – Three studies a legacy was important to enhance the patient’s level of hope as participants aspired to be remembered in a positive way.
In summary:

• Hope was beneficial to those with a terminal illness
• People who were dying still maintained hope
• Hope was seen as a transition … from disease trajectory (hope for a cure to a peaceful death) support from others and pain and symptom control. Pain control a major contributor to hope (remit of palliative care)
• By receiving support they needed - dying patients were able to foster and enhance hope.
The case for implementing spiritual care

- Growing body of literature documents the positive effects of both religiousness and spirituality on human health (Brennan & Heiser 2012; Daaleman, Cobb & Frey 2001)
- Positive relationship exists between spirituality and wellbeing, even in times of distress and suffering (Baldacchino et al 2012).
Case for implementing spiritual care

• Positive effects provide ‘buffers’ to life’s stress during times of chronic or terminal illness, mental illness, caregiver burden, substance abuse and social disruption resulting from war (Brennan and Heiser 2012).

• Also as a resource for wellbeing; assisting individuals to transcend suffering, pain and despair and coping with illness (Chiu et al 2004; Harrington 2006; Picot et al 1997)
Spiritual care??

- I offer a model for spiritual care

Masters - Spiritual Care Model

Spiritual Care Offered

THE NURSE (Beliefs & Values)

PRACTICE SETTING

NURSING EDUCATION

CLIENT

Relatives

Dialogue via a relationship
- listen
- explore issues
- pray
- T.L.C.

CLIENT

CLIENT

CLIENT

Refer
## Tools to assist in the implementation of spiritual care

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<tr>
<th>Author and Source</th>
<th>Tool</th>
<th>Components</th>
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<tr>
<td>Stoll (1979) Guidelines for spiritual assessment</td>
<td><em>Guidelines for Spiritual Assessment</em></td>
<td>Concept of God or deity: sources of hope and strength: religious practices: relations between spiritual beliefs and health:</td>
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<tr>
<td>MacKinlay (2006) Spiritual Growth and Care in the Fourth Age of Life</td>
<td><em>Assessment of the Spiritual needs of Older Adults Level 1</em></td>
<td>Initial screening questions to identify any current and urgent spiritual needs Ultimate meaning in life Response to ultimate meaning Transcendence of loss and disabilities etc.</td>
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| Puchalski & Romer (2000) Taking a spiritual history allows clinicians to understand patients more fully | FICA Spiritual History | Faith and belief
Importance and influence
Community
Addressed in care |
| Anandarajah and Hight (2001) | Spirituality and Medical practice: using the HOPE questions as a practical tool for spiritual assessment | H- sources of hope, meaning comfort and strength, peace, love and connection
O-Organised religion
P-Personal spiritual beliefs and practices independent for organised religion
E-Effects of medical care on spiritual practices. |
Some examples of questions:

- **Spiritual history taking:**
  - H = sources of hope, meaning, comfort, strength, peace, love and connection
  - O = organised religion
  - P = personal spirituality and practice
  - E = effects on medical care and end of life issues

*(Spiritual care in nursing practice* Mauk & Schmidt 2004 Lippincott Williams & Wilkins)*
In conclusion

• Hope is an important component for dying patients
• Spirituality and religion are crucial elements of hope
• Health care providers need to be aware of the importance of hope and instigate measures to facilitate hope in dying patients via their spirituality
Thank you

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