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Spirituality in Nursing Homes: A Social Work Perspective

Submitted by Cathleen Ann Tschida

May, 2012

MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

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Cara Carlson, Ph.D., LICSW

**ST. CATHERINE UNIVERSITY AND
THE UNIVERSITY OF ST. THOMAS
MSW PROGRAM**

Spirituality in Nursing Homes: A Social Work Perspective

by Cathleen Ann Tschida

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Abstract

Spirituality is an important issue in the field of nursing home social work. Research studies have shown that spirituality can improve nursing home residents' physical and psychological health. The purpose of this study was to explore nursing home social workers' perspectives on using spirituality. Using a quantitative design, 35 nursing home social workers were surveyed about how much spiritual education and training they received, if they believed that gathering spiritual information should be part the intake process, and the spiritual activities they use with nursing home residents. The data revealed that 12 participants never received formal training in using spirituality in nursing homes. The majority of the respondents felt that taking a spirituality history of nursing home residents should be part of the intake and assessment process at nursing homes. The nursing home social workers surveyed in this study reported that they personally have completed some spiritual activities with their residents such as praying. The spiritual activity of helping residents assess the meaning and purpose of their current life situation was found to be the activity performed the most by the participants. From the findings, it was determined that there were a few spiritual activities some participants thought were unethical to perform with nursing home residents: meditating, using or recommending spirituality books or writings, and recommending prayer to a resident. These research findings reveal that continued effort is needed to ensure that social workers are being trained and educated on the topic of spirituality in order to assist nursing home residents with using this strength to benefit their health and well-being.

St. Catherine University and the University of St. Thomas

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Introduction

Incorporating spirituality into the practice of social work in nursing homes in the United States of America remains an ongoing struggle due to the ethical and political issues involved. According to the United States Census of Bureau, 7.4% of the U.S. population over the age of 75 lived in nursing homes in 2006; according to Pew Center Research done in 2010, 90% of adults over the age of 60 are affiliated with a religion (Nasser, 2007; Cooperman et al., 2010). Since many older adults believe in either God or a higher being, it is important that nursing home social workers be trained and educated on the practice of using spirituality so they can implement spirituality into residents' treatment plans if requested.

Incorporating spirituality into care plans has been shown to be important and effective when utilized with older adults in nursing homes to assist them with the aging process (Hermann, 2007). Using spirituality can assist older adults with learning ways to cope, get support and find meaning and purpose in their lives (Lewis, 2001; Yoon & Lee, 2006; Richards, 2005). Using spiritual activities may also leads to older adults gaining more positive physical health outcomes, improving their psychological needs, and building relationships (Nino, 1997; Lavretsky, 2010; Richards, 2005). However, due to the understaffing of social workers in nursing homes, the lack of training offered to social workers on this topic, and the lack of a universal spirituality framework or tools to assess spirituality dynamics and techniques, there has been a deficiency in incorporating spirituality into the care plans of nursing home residents (Perez-Pena, 2003; Stranahan, 2007; Canda & Furman, 2010).

When social workers do not look at the spiritual aspects of nursing home residents, they neglect to look at the whole person: biological, psychological, social, and spiritual (Ortiz & Langer, 2002). When social workers neglect to look at the whole person, they may overlook care options that can be beneficial to the residents (Yoon & Lee, 2006). It is important to educate social workers in the area of spirituality, so social workers in nursing homes can consequently learn how to best serve their clients' needs and wants from a holistic perspective (Canda & Furman, 2010).

There is limited research on social workers' perspectives on using spirituality in nursing homes. There are many studies, however, on the benefits of using spirituality to assist older people with their problems (Nino, 1997; Chochinov, 2008; Minnix, 2008; Musick et al., 2000; Powell, Shahabi, & Thoresen, 2003). By including spirituality as a treatment activity, older adults can learn to face their fear of dying which in turn decreases their psychological distress (Lavretsky, 2010). Spirituality has also been shown to improve older adults' physical health (Lewis, 2001, p. 232; Koenig, Larson, & Matthews, 1996). As a result, it is important to update the literature to include social workers' perspectives on the inclusion of spirituality in nursing homes.

Spirituality can be defined in many different ways due to its complex nature. The definition used for spirituality in this research paper is "a universal quality of human beings and their cultures related to the quest for meaning, purpose, morality, transcendence, well-being, and profound relationships with ourselves, others, and ultimate reality" (Canda & Furman, 2010, p. 5). The definition of spirituality can be broken down into four parts: "meaning and purpose, inner strength for coping and

hoping, transcendence, and religious practices” (Stranahan, 2007, p. 493). From this definition, spirituality does include religious beliefs and practices.

The purpose of this study was to examine nursing home social workers’ perspectives on using spirituality in nursing homes. The research questions examined if nursing home social workers believed that spiritual information should be gathered during the intake process, and how they utilized it as part of the residents’ treatment plans. This study will allow professionals to gain insight into the nursing home social worker’s role related to spirituality.

The research questions were addressed by performing a quantitative survey. The survey questions were designed to explore the topics of how much spiritual education and training nursing home social workers received, whether social workers believed that gathering spiritual information should be a part of the intake process, and the spiritual activities that social workers used in nursing homes. The sample for this study consisted of 35 social workers who were currently employed in the nursing home field with varying levels of social work education and/or experience.

Literature Review

Introduction

There have been limited studies conducted on the topic of using spirituality in nursing homes from social workers' perspectives. However, there have been spiritual studies conducted on the role of spirituality in social work practice, the spiritual needs of older adults, the benefits of using spirituality with the aging population, and the spiritual activities that can be used with older adults that may improve their lives (Antonelli, 1995; Hermann, 2007; Powell, Shahabi, & Thoresen, 2003; Nino, 1997; Whelan-Gales et al., 2009; Tracy, 1994). Most research studies have shown that using spirituality in nursing homes enhanced the residents' lives (Lavretsky, 2010). In this literature review, the following topics will be covered: definitions of spirituality, history of the social work profession, spirituality in nursing homes, the role of spirituality, the benefits of using spirituality, and spiritual activities.

Definitions of Spirituality

Spirituality is a complex concept that can take on many different meanings. It has historically been "used to describe a deeply religious person;" most recent definitions encompass more than just religion (Lavretsky, 2010, p. 4). The majority of researchers have now developed definitions of spirituality that are very similar. Tracy (1994) has developed a definition that defines spirituality as the "meaning of life, hope, and forgiveness" (p. 9). Stranahan (2007) describes spirituality in four parts: "meaning and purpose, inner strength for coping and hoping, transcendence, and religious practices" (p. 493). Barker and Floersch (2010) interviewed 20 social workers on how they define spirituality. The social workers described spirituality in two ways: metaphysical and

humanly constructed. By metaphysical, they “mean something that is beyond what can be known and experienced in the physical world, yet that is reality to the respondents. By humanly constructed, they mean that spirituality exists only because we experience and interpret it as such” (Barker & Floersch, 2010, p. 364). Ortiz and Langer (2002), identified spirituality as: “interconnectedness, relationship with transcendent force, power for living, meaning making, manifest expressions within a plausibility structure” (p. 8). There are consequently varying, albeit similar, definitions of spirituality.

Canda and Furman’s (2010) definition of spirituality will be used for this research study. Canda and Furman (2010) define spirituality as “a universal quality of human beings and their cultures related to the quest for meaning, purpose, morality, transcendence well-being, and profound relationships with ourselves, others, and ultimate reality” (p. 5). Some people believe spirituality and religion mean the same thing, but they are different. According to Canda and Furman (2010), religion is “an institutionalized pattern of values, beliefs, symbols, behaviors, and experiences that are oriented toward spiritual concerns, shared by a community, and transmitted over time in transitions” (p. 59). Thus, religion is part of spirituality, but spirituality can mean more than just religion.

History of the Social Work Profession

Social work as a profession began with the Settlement House and the Charity House; both were rooted in the Christian and Jewish faith traditions (Richards, 2005). Hull House was the first settlement house founded by Jane Addams, and was run by women who had a college education. The house was located in the Chicago area and helped the residents with their professional and personal needs (Katz, 1996). The Charity

Houses were run by women in the community who volunteered their time to help the less fortunate and were called “friendly visitors.”

In 1877, the first Charity Organizing Society was created by S. Humphreys Gurteen (Katz, 1996). The workers of the Charity Organizing Society were directed to use spirituality and religion in their work to assist people with their needs. Mary Richmond developed a book called *Social Diagnosis*, as tool that “friendly visitors” and other social service workers could use to assess clients. The assessment included questions about the nature of spiritual practice (Richmond, 1917). As the field of social work grew, the need to remove the spiritual and religion piece from the field increased. The social work profession wanted to be taken as a professional organization as it aligned with the government and not as a spiritual or religious organization (Taylor, 2004).

Sigmund Freud’s psychoanalytical approach changed how social workers viewed their work since Freud viewed “religion as a weakness and those who participated in organized religion were never differentiated from other individuals who explored spirituality outside the realm of traditional religious practices” (Roberto-Lvovsky, 2006, p. 8; McInnis-Dittrich, 2004). Many social workers accepted Freud’s views on spirituality and religion, which in turn caused social workers to move away from using spiritual activities with clients. In 1965, the implementation of the Medicare program caused social services to expand into the nursing home field (Medicare, 2011; Luptak, 2004). In the 1980s and 1990s, there was a push to get spirituality and religion back into the profession of social work, so the profession could be reconnected back to its spiritual roots (Canda, 2002). In the 1990s, the Council of Social Work Education acknowledged how important spirituality was for social workers when they were working with clients.

In 1995, the Council of Social Work Education began to include spirituality in the social work curriculum for colleges (Council of Social Work Education, 2011). Currently, there are spirituality groups such as the Society of Spirituality and Social Work that exist to show that spirituality is coming back to the field of social work, along with spirituality textbooks and research articles (Richards, 2005). However, it appears that professionals in the social work field continue to debate whether spirituality should be used to assist clients due to the ethical issues involved.

Spirituality in Nursing Homes

Spirituality has not been frequently used in nursing homes, primarily because of the lack of spirituality in the medical field. Most medical professionals are not concerned with spirituality as a viable treatment option; spirituality remains “elusive, non-scientific, soft, and personal” (Adegbola, 2006, p. 43). Research studies continue to show that spirituality can assist the aging population in developing positive outcomes in regards to health and quality of life, and should be used if older adults request it (Adegbola, 2006; Lewis, 2001; Yoon & Lee, 2006; Richards, 2005).

The research in using spirituality in nursing homes continues to expand, but social workers have often not been integrating concepts of spirituality with their residents as frequently as the residents would prefer. Maugans and Wadland (1991) conducted a study surveying 126 physicians and 135 patients in Vermont to determine the role of religion and spirituality in patients’ lives related to their medical needs. Forty percent of patients surveyed always wanted their medical professionals to include spirituality and religion in their medical conversations, while only ten percent of medical professionals frequently asked their patients about their spirituality.

Spirituality in nursing homes has not always been promoted or used with nursing home residents. If spirituality is used in nursing homes, it usually takes the form of religious services or masses (Antonelli, 1995). Religious services, however, do not serve everyone's needs. One of the reasons why spirituality is not used in nursing homes is because of the expense. "Seventy five percent of long-term care is paid for by public funds" including Medicaid, which will not always authorize payment for social workers to provide spiritual activities to the residents (Antonelli, 1995, p. 2). Therefore, spiritual issues of residents are not always explored in nursing homes as a way to help residents with their personal and medical needs.

A guiding principle in the social work field includes working with residents from a strengths-based perspective by encouraging residents to make their own decisions about spirituality. There remains a discrepancy between the guiding principle of the social work profession and current practices in nursing homes. For example, "social workers are taught about the values of relationships, but too often it seems our role becomes just getting answers to specific questions to complete documentation" (Meyers, 2006, p. 273). The current practices in the majority of nursing homes limits residents' personal rights to spirituality because the primary focus is rather on their medical care, services, and treatments (Meyers, 2006).

Role of Spirituality

The role of using spirituality in nursing homes is to assist the residents with their spiritual needs. In nursing homes, it appears social workers should be encouraging the residents to decide how much spirituality they would like to incorporate into their

treatment plans. The nursing home social workers need to support and enhance the residents' current spiritual beliefs.

When social workers do their initial assessment with residents, they should ask the residents about their spirituality needs and how they would like their spirituality incorporated into their treatment plans. However, a spiritual assessment is not consistently performed by all nursing home social workers. A study conducted by Tracy (1994) involved interviewing five social workers about clients' spirituality and then reviewing the social workers' clients' files to see if any documentation was taken by the social workers regarding the clients' spirituality. The study found that the social workers did inquire about the clients' spirituality related to their social histories, but only documented some of the spiritual information in the clients' files. The spiritual documentation in the clients' files was not comprehensive, so spiritual activities were only used in 42% of clients' treatment plans (Tracy, 1994). The research showed that spirituality of clients needs to be collected and written down in a formal way, so that the spiritual needs of the clients can be addressed in their plan of care (Tracy, 1994). In another study conducted by Hermann (2007), 100 patients, with a mean age of 67, were given the Spiritual Needs Inventory and Cantril Ladder. From these two surveys, it was determined that the patients' spiritual needs were not being met (Hermann, 2007). Some of the patients' needs reported to be unmet in the study included: "talking with a minister, being prayed for, receiving communion, visiting with a hospice chaplain, and being healed" (Hermann, 2007, p. 75). Furthermore, this study showed that as the spiritual needs of the patients were not being met, their life satisfaction decreased (Hermann, 2007). Additionally, in a study conducted by Ross (1997), it was demonstrated that the

aging population was not getting its spiritual needs met. A study in an elderly assessment unit in a Scotland hospital involved interviewing ten patients about their spiritual activities and needs, such as praying and attending church. The ten patients all agreed that their spiritual needs could have been addressed better by giving them “a quiet room for reflection/prayer and if they had been told about hospital church services and provided with transportation to attend” (Ross, 1997, p. 710). The purpose of learning about patients’ spiritual needs is to “learn about how patients cope with their illnesses, the kinds of support systems available to them in the community, and any strongly held beliefs that might influence their medical care” (Koenig, 2004, p. 2881). It was determined that only about two minutes are added to the information gathering stage to learn about clients’ spiritual histories, which includes their spiritual needs (Koenig, 2004; Kristelle, Zumbun, & Schilling, 1999). As a result, it appears that social workers need to address spirituality with nursing home residents in order to assist them with meeting their spiritual needs.

Many social workers who practice in nursing homes do not feel comfortable performing spiritual assessments or creating a plan of care for residents that involves spirituality; this discomfort is due to the lack of education and training social workers receive on this topic (Stranahan, 2007; Oldnall, 1996). Once social workers have been trained on the practice of using spirituality with nursing home residents, they are able to implement the use of spiritual activities to assist nursing home residents. In 2005, a questionnaire study was conducted with 63 professionals in palliative care. The professionals took a three-and-a-half day training on using spirituality. The results showed that the professionals who attended the training learned how to implement

spirituality in residents' treatment plans, which then improved their compassion for the dying and for themselves, increased their satisfaction with work by decreasing their stress, and improved their attitudes toward their co-workers (Wasner et al., 2005).

Therefore, it appears that by providing education and training to social workers on the topic of using spirituality, this will assist them with becoming confident in incorporating spirituality into residents' treatment plans.

When social workers implement spirituality into nursing home residents' treatment plans, it may help the nursing home residents develop a sense of hope and peace (Leeuwen et al., 2007). Spirituality can assist the aging population with accepting and coping with the known and unknown problems they face (Green, 2008). Studies show that social workers should use spirituality to help older adults cope with their lives (Leeuwen et al., 2007; Green 2008). Therefore, "the question is not whether spirituality is a relevant focus area in care, but how and to what degree it plays a role with individual treatment patients" (Leeuwen et al., 2007, p. 482).

As social workers create working relationships with residents in nursing homes, they become aware of the residents' biological, social, psychological, and spiritual needs, and not just the residents' medical requirements. It appears social workers need to take the whole person into account when providing treatment to nursing home residents, which includes spirituality (Richards, 2005). In nursing homes, social workers work extremely hard to keep up with their caseloads, thus leaving minimal time for identifying spiritual needs of the residents. In 2003, the *New York Times* reported that a study conducted in Texas found that the nursing home staff in the state was "stretched too far and were worried about substandard care" (Greene et al., 2005, p. 13; Perez-Pena, 2003).

As the caseloads for social workers in nursing homes increase, a more limited time is consequently spent with each resident in regard to their spiritual and religious needs.

Sometimes social workers do not discuss the topic of spirituality with nursing home residents because they see spirituality as a sensitive, taboo subject (Pieper, 2003). Some social workers do not like to explore subjects that are sensitive because they are worried about the consequences that may develop if they discuss this topic. For example, some social workers are concerned that they might hurt or offend residents if they bring up the topic of spirituality (Pieper, 2003). Social workers usually err then on the side of caution by leaving the topic of spirituality out of conversations they have with residents. However, social workers may be causing more harm by not talking to residents about their spirituality. It is vital for social workers to raise the topic of spirituality in ethical ways.

If social workers want to create a spiritual environment in nursing homes, they have to complete a number of things. First, the nursing homes need to incorporate spirituality into their mission and vision statements. Secondly, spirituality needs to be incorporated into all the services the nursing home provides. In the past, nursing home cultures have neglected to look at the emotional and spiritual needs of residents due to those cultures focusing on the medical problems of the residents (Meyers, 2006). In the new culture of nursing homes, some residents are receiving spiritual services by having nursing home staff listen to their stories, which have spiritual meaning and value (Meyers, 2006). Third, nursing homes need the material resources to provide spiritual activities to their residents. The Eventide Homes has created a structured religion program using their resources to assist residents with meeting their spiritual needs. For

example, they have different spiritual leaders who come to the nursing home on a weekly basis to lead worship services and read scriptures to the residents (Scheible, 1997).

Fourth, the nursing homes need quality staff that will promote the spiritual culture of the organization. Lastly, nursing homes need to have staff trained in the practice of using spirituality and trained spirituality specialists (Minnix, 2008). If social workers in nursing homes can help develop a culture of spirituality in their workplace, they can create a more positive and enriching environment for residents to live (Meyers, 2006).

James Fowler's six stages of spiritual development model can be used to address spiritual needs of nursing home residents. This model can assist nursing home social workers in understanding what stage a resident is in and what spiritual activities would be appropriate to use. The first stage is the intuitive projective faith stage, which occurs during the ages of two to seven; it is the stage in which children begin to learn about and define God. The next stage is the mythic literal faith stage that occurs during the ages of seven to twelve. This stage is "when the family specified perspectives and meanings of morals and God is internalized" (Lavretsky, 2010, p. 5; Fowler, 1991). During adolescence, the synthetic conventional faith stage develops in which the spirituality or religion of the adolescents is accepted as a part of themselves. The fourth stage is called the individualize-reflective faith stage; a person evaluates his or her spiritual beliefs and creates new ones if needed. The fifth stage is the conjunctive faith stage, which happens during a person's midlife. This stage is when "disillusionment with the belief system sets in, and one is caught between it and openness to other religious traditions" (Lavretsky, 2010, p. 5; Fowler, 1991). The last stage is the universalizing faith stage, which happens during the last part of a person's life. This stage is when a person accepts their faith, is

able to bring peace and justice to the world, and accepts others for who they are (Fowler, 1991). If nursing home social workers can determine what stage residents are in, they can develop spiritual activities that would be suitable to use with them (Fowler, 1991).

As people get older, their spiritual and religious needs and interests begin to grow. In a study conducted by Peckham and Peckham (1979) that involved 349 older adult participants, about 66% of the participants stated that “their spiritual needs and interests had increased with age” (Tracy, 1994, p. 19; Peckham & Peckham, 1979). Even though many older people hold spiritual and religious beliefs, some social workers do not acknowledge spirituality or religion in their work with the older population. Taylor (2004) conducted a survey study about spirituality in California that involved 300 National Association of Social Work members. The results concluded that the “majority of respondents felt that social work as a profession did not acknowledge religious and spiritual issues as often as they should” (Taylor, 2004, p. 51). However, “77% of social workers reported that religious or spirituality issues were a factor with their clients about half the time or greater” (Taylor, 2004, p. 51). Hence, spirituality is very important to many older adults, and many social workers do recognize how important it is for them (Taylor, 2004).

Some of the people in nursing homes do not view social workers as the staff that should take on the role of providing spiritual activities. In 2005, a study was conducted with 60 nursing home residents, 20 nursing home family members, and 20 nursing home administrators in 20 nursing homes in Texas to get information about the roles of social workers in nursing homes. The participants were interviewed using the Ohio Survey of Nursing Home Residents’ Satisfaction. The residents in the nursing homes stated that the

role of the social workers were to “help with room changes, obtain Medicaid, refer to psychiatrist, and show respect for staff and residents” (Greene et al., 2005, p. 115). None of the nursing home residents thought it was the social workers’ position to help with their spiritual needs. The nursing home administrators’ responses stated that one of the social workers’ roles was to help residents stay connected to their family and community. This response could be seen as social workers’ role in helping residents stay connected to their faith-based communities. However, in this study there were no other indications that the role of social workers was to help residents with their spiritual needs (Greene et al., 2005).

Many adults in the aging population need to incorporate spirituality into their lives to help them with their medical problems. Research suggests that “religious practice is one of the most common ways that patients cope with medical illnesses and it predicts both successful coping and faster remission from depression in medical settings” (Koenig, 2004, p. 2881; Koenig, George, & Peterson, 1998). Spiritual and religious beliefs can help nursing home residents with their medical issues, and the spiritual and religious communities can help provide the necessary support for residents with medical problems. In a study conducted on loneliness and depression using 40 older adults who completed self-reported surveys, it was determined that loneliness and depression decreased when spirituality was high. The study also showed that spiritual activities, such as praying, were correlated with positive mental health in the aging population (Han & Richardson, 2010). Therefore, some older adults want spiritual and religious activities to be implemented into their treatment plans because of the positive effects they can offer.

There has been a number of assessment tools created to assist social workers with exploring older adults' spiritual and religious needs. The spiritual assessment tools include questions about older adults' spiritual or religious affiliations, beliefs and values, and spiritual practices and/or rituals. The Spiritual Quest form is a questionnaire that was created to gain information about individuals' spirituality. Some of the open-ended statements on this form include: "I think the spiritual..., my relation to God..., and a meaningful life..." (Nino, 1997, p. 211). Nursing home social workers can ask these questions to residents and encourage them to fill in the rest of the sentence to learn about their spiritual needs. Another spiritual screening tool was created by Stranahan (2007) to measure older adults' spiritual distress. The questionnaire was tested and proved to have reliability of 0.776 and validity. The tool is used to tell whether older adults are in spiritual distress. Other spiritual and religious assessments that can be utilized with the aging population include FICA (faith, important and influence, community, and address or application) and HOPE (sources of hope and meaning, organized religion, personal spirituality and practices, effects on medical care and end-of-life issues) (Puchalski & Romer, 2000; Anandarajah & Hight, 2001). By performing these spiritual assessments, social workers may uncover nursing home residents' spiritual beliefs and values that can be implemented into their treatment processes.

Social work professionals need to be aware of several issues when taking spiritual histories of nursing home residents. Professionals should keep in mind, for example, that they should never force residents to talk about their spirituality (Narayanasamy et al., 2004). Social work professionals should additionally use their spiritual knowledge to assist the nursing home residents, but should never force residents to believe in the

professionals' spirituality or religion (Narayanasamy et al., 2004; Power, 2006).

Professionals should avoid using religious or spiritual activities when the residents are non-religious or not of that faith. Professionals need to approach residents with an open mind to spirituality and religion, so residents feel safe to speak about this topic. Lastly, professionals need to be respectful of the nursing home residents and their spiritual needs (Narayanasamy et al., 2004). Therefore, professionals need to approach the topic of using spirituality with nursing home residents in a person-centered way.

Benefits of Using Spirituality

Aging residents in nursing homes can experience many benefits when social workers apply spirituality to their treatment process. Spirituality can assist residents with learning ways to face their fear of dying and decreasing their psychological distress (Lavretsky, 2010). Inclusion of spirituality in care has also been shown to improve aging residents' physical health (Lewis, 2001, p. 232; Koenig, Larson, & Matthews, 1996). Therefore, there are several mental and physical benefits that can occur in older adults when spirituality is implemented into their plan of care.

The inclusion of spirituality in the treatment process has been shown to generate positive physical health outcomes in aging adults. For example, many aging adults who are actively involved in their spiritual communities, are often "physically healthier, abuse alcohol less often, have lower blood pressure, experience fewer strokes, and have longer survival rates" than other aging adults who do not utilize spirituality in their lives (Lewis, 2001, p. 232; Koenig, Larson, & Matthews, 1996). Spiritual activities can also help to reduce aging adults' stress levels, which can assist with improving their physical health (Lavretsky, 2010). In a meta-analysis study conducted by Powell, Shahabi, and Thoresen

(2003), it was established that “some aspects of religion or spirituality, most likely weekly attendance of church services, protected against cardiovascular disease and this benefit may in large part be mediated by the impact of religion or spirituality on the promotion of a healthy lifestyle” (p. 43). As a result, spirituality can help aging adults experience better physical health results.

Spirituality can assist aging adults with their psychological needs. When spirituality is used in the treatment process, it can help aging adults construct internal coherence, which can help to improve their psychological well-being (Nino, 1997). In a hierarchical regression analysis study with aging adults in rural communities in the United States conducted by Yoon and Lee (2006), the results showed “significant associations between dimensions of spirituality/religiousness, social support, and psychological well-being, with spirituality/religiousness inversely related to depression and social support, positively related to life satisfaction” (p. 281). Additionally, a study consisting of 215 older individuals was conducted to find out if spirituality contributed to aging adults’ psychological well-being including life satisfaction. This study determined that “social support (.43), religious/spiritual coping (.31), religious beliefs and values (.26), and religious support (.25) did positively correlate with life satisfaction” (Yoon & Lee, 2006, p. 290). Spiritual activities and rituals also help aging adults decrease their stress levels because these activities and rituals provide a source of comfort and hope to them (Musick et al., 2000; Koenig, 1994). Therefore, if aging adults get their spiritual needs met, their psychological functioning can be enhanced.

Many aging adults use spirituality as a way to cope, get support, and find hope in their lives (Leeuwen et al., 2007). Several aging adults utilize spirituality a coping

strategy, which can include social support from their spiritual communities. “Dr. Cheryl Holt, an assistant professor of medicine with the University of Alabama at Birmingham Center of Aging, stated that a person of faith or spiritual beliefs will be able to rely on the social network surrounding it... as mechanisms for coping, feeling younger, and healthier” (Green, 2008, p. 24). Spirituality activities and rituals also provide aging adults with a source of comfort and hope in their lives (Musick et al., 2000; Koenig, 2004). Thus, spirituality can assist aging adults with coping, getting support, and finding hope.

Spirituality can help aging adults with finding meaning and purpose in their lives, and more specifically assist them with understanding that their lives are still worth living (Richards, 2005). One way aging adults can find meaning and purpose is through the relationships they have with fellow community members. In a focus group study of patients, nurses, and hospital chaplains conducted by Leeuwen et al. (2007), the patients reported that they were afraid of being alone. The patients wanted to know that they had meaningful relationships in their lives with family, friends, and God. During the time of the patients’ illnesses, they reported that they continued to trust in God and their relationship with him (Leeuwen et al., 2007). Thus, spiritual communities help aging adults develop relationships and find meaning and purpose in their lives.

By creating a spiritual environment in nursing homes, the residents are able to continue to build relationships with their community of faith (Richards, 2005). As adults get older, they want to continue to participate in their spiritual rituals as they still have the ability to improve and strengthen their spirituality, even though they may face physical challenges in hearing and seeing (Kemsley, 1993). Furthermore, it is important that social workers in nursing homes develop relationships with spiritual and religious community

members, so they can refer to these relationships to assist residents (Fahey, 1997).

Nursing home residents who form relationships with spiritual members can form bonds of support and create new spiritual knowledge that can help them in their lives.

Spirituality can offer many benefits to aging adults that include helping aging adults to improve their physical health, relationships, and psychological functioning. It also assists aging adults with finding ways to cope and create meaning and purpose in their lives. Therefore, it appears spirituality should be implemented into the care of aging adults to help them experience these benefits.

Spiritual Activities

There are many spiritual activities social workers can employ to help residents in nursing homes enhance their lives. These spiritual activities can include life reviews, referrals to spiritual advisors, prayer, listening to spiritual music, meditation, and physical activities that also have a spiritual component such as yoga. Social workers can perform these spiritual activities with residents or teach the residents how to do these activities by themselves.

Life reviews are a spiritual activity social workers can use to assist nursing home residents with exploring their spiritual lives (Tracy, 1994). Life reviews involve the social workers allowing the residents in the nursing homes to speak about their life events. By having nursing home residents speak about their lives, they are assisting the residents with the last stage of Erikson's development model of integrity versus despair (Harder, 2002). The main goal of having residents share their life accomplishments and despairs is to assist them with developing a sense of integrity. Lewis (2001) completed a life review case study with one female nursing home resident who was 67 years old. After

completing a few sessions with the resident on her life review, the resident reported a more positive life outcome and no longer spoke about killing herself. The study of the life review on the resident could not be completed due to the resident passing away of natural causes. However, the study still shows that this life review assisted this resident with dealing with issues of integrity versus despair (Lewis, 2001).

A life review should not be utilized with every nursing home resident. Social workers should not perform life reviews if the residents are not capable of discovering that their life has meaning because this can lead to the residents developing depression (Merriam & Heuer, 1996). Social workers need to verify if nursing home residents are able or ready to do a life review before implementing it.

When nursing home residents share their life stories, it can help them to find meaning and purpose in their lives and learn what unfinished business they must complete before leaving this earth (Richards, 2005). George Strong, an ecumenical minister, believes that as nursing home residents find meaning in their lives and strengthens their spirituality; their fears that develop with old age such as dying will decrease (Kemsley, 1993). As residents speak about their lives, a spiritual genogram can be created. A spiritual genogram shows spiritual growth and development of nursing home residents over the course of their lives (McInnis-Dittrich, 2005). A spiritual timeline can also be created with nursing home residents to show the dates of important spiritual events (Taylor, 2004). Therefore, life reviews can assist nursing home residents with looking back on their lives so they can find their meaning and purpose.

Social workers might not be able to address all issues related to spirituality of nursing home residents due to their lack of education, experience, and training

(Stranahan, 2007; Oldnall, 1996). However, social workers can refer residents to spiritual advisors as needed. Social workers' main job is to advocate for residents who want to use spirituality in their treatment plans and to ensure the residents get the best care they can receive while in the nursing home environment (Richards, 2005). As a result, the best care for some nursing home residents might be for them to speak to spiritual advisors instead of social workers.

Spiritual advisors can assist social workers with providing spiritual activities to nursing home residents. Spiritual advisors can offer worship services one or more days per week for nursing home residents. In a meta-analysis study, it was determined that people who attend worship services are able to create social roles that help them find a sense of purpose and self-worth in their lives (Powell, Shahabi, & Thoresen, 2003). Social workers can also bring in spiritual or religious interns to assist with meeting the spiritual needs of the residents. One resident in a nursing home had a chaplain intern visit her. She thought by having this intern visit her that she was helping to provide him with valuable training experiences, which helped her to create a sense of meaning and purpose for her life (Minnix, 2008). If social workers cannot provide the best spiritual care to residents, they can refer the residents to a spiritual advisor or intern.

Prayer and reading scriptures are other forms of spiritual activities that can be implemented with nursing home residents as a way to find meaning and purpose in their lives (Ortiz & Langer, 2002). Prayer can be used as a way to help aging adults cope with their life-changing events. Aging adults can also use prayer as a way to ask God for help and to seek comfort. Aging adults can utilize scripture readings as an additional way to find strength and reassurance (Yoon & Lee, 2006). In an online survey study conducted

by Rice and McAuliffe (2009) of Australian social workers, it was determined that 71% of the social workers considered prayer as an ethical activity to do with clients, while 28.3% of social workers stated that prayer was unethical no matter the situation. Another study was conducted in two hospice programs using the Coping with Palliative Care Duties questionnaire. That study found that “more than half of the staff in each hospice program was willing to discuss spirituality and religious issues with patients and even pray with them” (Caddell, 2006, p. 8). Prayer and scripture readings can therefore be used in nursing homes to assist residents with their spiritual and religious needs.

Listening to spiritual music can be used as a spiritual activity with residents in nursing homes. When residents listen to spiritual music, it can help them to relax and enjoy their surroundings. A study conducted on adults who were 65 years or older and had heart failure found that 79% of the participants used music and relaxation as spiritual activities (Whelan-Gales et al., 2009). The spiritual music helped to provide a sense of comfort for the heart failure patients (Whelan-Gales et al., 2009). There were limitations to this study which included a small sample size and the failure to hospitalize the patients (Whelan-Gales et al., 2009). Spiritual music can also be used “to calm an anxious patient or prompt conversations” (Massage, meditation, and music become tools, 2008, p. 2). As a result, social workers should assist nursing home residents with playing their spiritual music, if this is the wish of the residents.

Meditation and physical activities that also have a spiritual component such as yoga can be used to assist nursing home residents with their spirituality. Meditation involves quieting the mind so it can focus. Meditation can be used with older adults as a way to “relax, reduce stress, and decrease heart rate and blood pressure” (Massage,

meditation, and music become tools, 2008). Yoga is a form of exercise that aging citizens can perform to assist with keeping their muscle groups strong. According to Gathman, as people reach the age of 60, their balance starts to decrease (Toole, 2005). However, “Tai Chi helps people center themselves and regain their balance and control of their bodies, and studies have found older adults have about 47 percent improvement in balance” when performing Tai Chi on a regular basis (Toole, 2005, p. D1). It was determined in a survey done with Australian Social Workers that 80.9% of the responders stated that activities such as yoga, Tai Chi, or Reiki are appropriate and ethical activities to do with clients (Rice & McAuliffe, 2009). Therefore, meditation and physical activities that also have a spiritual component can be exercised with nursing home residents to improve their mental and physical lives.

In conclusion, there are many spiritual activities that can be used with nursing home residents. These spiritual activities include: life reviews, speaking to spiritual advisors or interns, praying and reading scriptures, listening to spiritual music, meditation, and physical activities that also have a spiritual component such as yoga. All these activities can be applied if nursing home residents request it.

Conceptual Framework

The strengths-based framework is the conceptual framework used for this research project to understand social workers' perspectives on using spirituality with nursing home residents. The strengths-based framework recognizes the importance of searching for nursing home residents' strengths such as spirituality, and then using their strengths to improve the quality of their lives (Blundo, 2008). This framework helps to acknowledge the importance of using residents' strengths of spirituality to enhance their lives in nursing home environments.

The strengths-based framework has been chosen for this research study for many reasons. First, the strengths-based framework helps social workers change their thinking from a negative, problem-focused approach to a strengths-based approach. However, "integrating the strengths perspective into practice requires a change in attitude and manner by which social workers practice" (Blundo, 2006, p. 28). Thus, social workers will need to start to view nursing home residents as experts of their own lives. By viewing residents as experts, social workers are providing residents with empowerment to use their strengths to help them with their problems. In addition, this view assists social workers in helping the residents to have self-determination because the decision of choice is turned over to the residents to make. For example, social workers can explore residents' spirituality with them, but it is up to the residents to decide if they want to include spirituality into their treatment plans. Self-determination of spirituality assist the residents with having power over part of their lives, even though they are in a nursing home setting that may be restricting some of their choices. The strengths-based framework assist social workers in giving residents in nursing homes empowerment by

letting them be the experts in their lives in relation to spirituality. However, social workers need to be listening to residents in nursing homes to find out if spirituality is a strength of the residents and how they want to use spirituality to assist them with coping with the problems they face.

It is important to recognize that the spiritual dimensions of nursing home environments can help to provide support and meaning for many nursing home residents. For many residents in nursing homes, spirituality plays a meaningful role in their lives in giving them the hope and encouragement they need to continue on with living. Spirituality helps residents in nursing homes stay active by participating in spiritual activities and events. Nursing home residents sometimes build their identity around their spiritual base. Social workers may be missing a significant part of who the nursing home residents are if do not ask about this strength. Therefore, if social workers do not ask about residents' spiritualities, they are ignoring a strength that could be used to assist the residents with finding meaning and purpose in their lives.

The micro level of the strengths-based framework looks at the strengths of the nursing home residents during one-on-one social work visits. This could include speaking to the residents about their spirituality and/or using one-on-one spiritual activities to assist the residents. If residents are unsatisfied with social work professionals not asking about their spirituality or not using it in their treatment plans, this can cause problems such as a lack of meaning and purpose in the residents' lives.

The mezzo level of this framework looks at the strengths of the residents through the nursing home environment. The mezzo level seeks to find out if the residents are satisfied with the spiritual atmosphere of the nursing home. The nursing home could offer

a church service to assist the residents in fulfilling their strength of going to church every Sunday and worshipping with their friends. The mezzo level also searches for the spiritual dimensions that are not offered to the residents due to the social workers not exploring the spiritual needs of the nursing home setting. The mezzo level assists in looking at the strengths of the spiritual atmosphere where the residents' live.

The macro level assists social workers in exploring the larger spiritual environments of nursing homes. "The strengths perspective shifts the practitioner away from assessing what is wrong, lacking, and defective to being alert to the assets and resources that are often unrecognized to meet desired outcomes and changes that will enhance the organization, neighborhood, community, or society" (Blundo, 2008, p. 5). From the macro level, social workers in nursing homes could be working with community clergy members to help improve the nursing home organization. Furthermore, the macro level looks at how nursing homes are not always viewed in a positive light (Feldman, 2008). Nursing homes are sometimes viewed as places where aging adults go when they are going to pass away and there is no spiritual care involved in the process. From this belief, people do not want to enter into nursing homes as they view nursing homes as a non-spiritual place to live. Thus, the macro level helps in creating a better spiritual environment for nursing homes in all societies.

This research study was developed after the researcher completed an undergraduate internship at a low-income assisted living center. The residents in the assisted living center were 65 years or older and were not getting their spiritual needs met by the part-time social worker on staff. The residents came to the social worker with questions about economic assistance, but never about spirituality due to the lack of time

the social worker had. The assisted living center environment consequently created a negative impact on some of the residents' lives as they were not getting their spiritual needs met.

This research project will be investigated through the lens of the strengths-based framework to explore nursing home social workers' perspectives on using spirituality. From the literature review, it shows that nursing home social workers do not always ask or use spiritual activities with residents due to their lack of education or time they have to spend with the residents (Stranahan, 2007; Oldnall, 1996; Richards, 2005; Perez-Pena, 2003). From the strengths-based framework, social workers can better understand why it is so important that they use nursing home residents' strengths of spirituality to assist the residents with improving their daily lives.

Methodology

Introduction

The research design for this project was a quantitative survey that focused on learning about the role of spirituality in nursing homes. As aging adults transition into nursing homes, it has been shown that social workers do not always integrate spirituality into the intake process or use spiritual activities to assist nursing home residents (Stranahan, 2007; Oldnall, 1996; Richards, 2005; Perez-Pena, 2003). The survey questions were designed to explore how much spiritual education and training nursing home social workers received, whether social workers believed that gathering spiritual information should be a part of the intake process, and the spiritual activities social workers used in nursing homes.

Sample

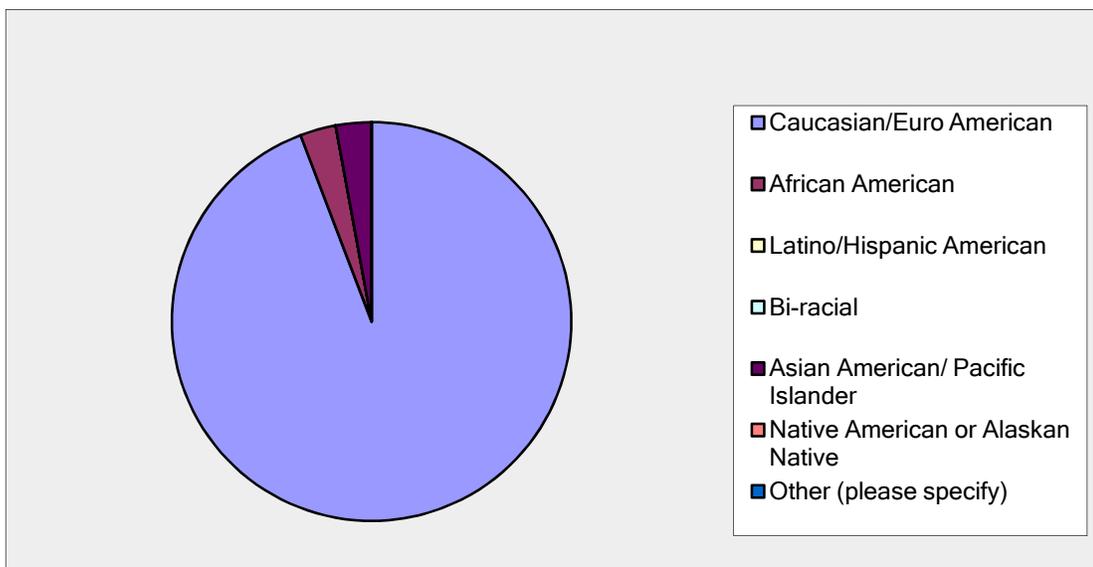
The sample consisted of 35 social workers who were currently employed in the nursing home field. The social workers surveyed were working in nursing homes with different types of social work education, experience level, and licensure type. The sample was obtained using non-probability purposive sampling to locate the participants. Purposive sampling was used because the participants were selected based on the characteristics of them being social workers in nursing home facilities. The inclusion criteria for this study consisted of participants who identified as social workers in nursing homes. One source was used to gather the participants' information for this research study: nursing home social workers' Listserv.

Demographics

The sample for this study consisted of 35 social workers who were currently working in the nursing home field. The majority of the social workers in this study were from a Caucasian/Euro American background: 33 (94.3%) of the participants were Caucasian/Euro American, 1 (2.9%) was African American and 1 (2.9%) was Asian American/Pacific Islander.

Figure 1

Participants' Race

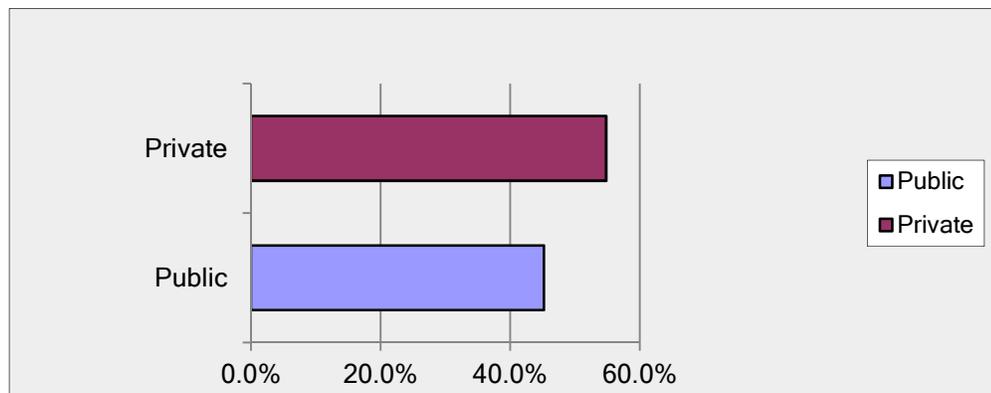


The study consisted of 33 female social workers and 2 male social workers. The ages of the participants ranged from 25 years old to 70 years old (MN = 46). The education level of the participants ranged from BSW to PHD with 10 (29.4%) of the participants having a BSW, 18 (52.4%) of the participants having a MSW, 1 (2.9%) of the participants having a PHD, and 5 (14.7%) of the participants having degrees that were

not in the field of social work. Of the participants in the study, 14 (42.4%) held a LSW (licensed social work license), 2 (6.1%) held a LGSW (licensed graduate social work license), 3 (9.1%) held a LISW (licensed independent social work license), 6 (18.2%) held a LICSW (licensed independent clinical social work license), 8 (24.2%) did not have a current social work license, and 2 did not answer this question. The social workers in this study had varying degrees of experiences in nursing home settings ranging from 2 years to 35 years, with the average being 13 years. Of the participants in the study, 14 (45.2%) worked in public nursing home environments, while 17 (54.8%) worked in private nursing home environments. Four participants in this study skipped this question regarding the type of nursing home setting they worked in.

Figure 2

Percentage of Participants Who Worked in a Private or Public Nursing Home Work Setting



Data Collection and Procedure

The source that was used in this study to collect the data was the nursing home social workers' Listserv. After receiving IRB approval, the researcher contacted the

representative at the nursing home social workers' Listserv about the study. The representative of the nursing home social workers' Listserv was provided with an IRB agency consent form to sign that stated that the representative gave permission to the researcher to use the social workers in their organization for this research purpose. With the researcher's assistance, the representative of the nursing home social workers' Listserv sent the survey information to their members' email addresses. All research participants received a cover letter explaining the survey. The letter included the research study's confidentiality policy, stating that the research information would be kept anonymous and that no participants' names would be used in the project. If the participants agreed to fill out the survey, they were instructed on the written cover letter to go to the direct link on *Survey Monkey* to fill out the survey. The completed surveys were kept in the researcher's *Survey Monkey* account once the surveys were submitted by the participants.

Measurement

The measurement tools used in this study included a demographic form and spirituality survey. The demographic form was created by the researcher and the spirituality survey was created by using and modeling questions from the "Role of Religion and Spirituality in Social Work Practice" survey created by Canda and Furman (1996). There were 22 questions asked on the spirituality survey consisting of a Likert Scale, yes and no questions, and fill-in-the-blank questions. A demographic form was created with seven questions to gain information about the characteristics of the population being surveyed.

The questions in the survey tried to identify if nursing home social workers use spirituality in their practice, what spiritual activities were used with residents in nursing homes, and whether the social workers believed that the spiritual activities were ethically appropriate to complete with residents. The time to complete the spirituality survey and demographic form ranged from 10 to 20 minutes.

Data Analysis

Once the completed surveys were collected, the researcher inserted the data into the Minitab program. The researcher looked at the descriptive statistics for correlations. The data was also analyzed to see what spiritual activities were most used with nursing home residents and if the social workers believed that the spiritual activities were ethically appropriate to complete with residents in nursing homes. A tally system was used to count how social workers responded to the questions related to spiritual activities. The data was organized within each topic; and similarities and differences in participants' responses were explored using the Minitab program. Once the data was correlated and tallied, the researcher looked for patterns and themes related to spirituality and the use of it in nursing homes.

Protection of Participants

To protect the participants in this research study, significant effort was made to protect the confidentiality of the research participants. The cover letter for this research project included a statement confirming that this research project was anonymous. The letter stated that no names would be used in the writing of the research study and participants did not need to place their names on the survey. The study requested that participants did not include any identifying information on their survey. Once the

research project was completed, the surveys were deleted from the *Survey Monkey* account.

The participants were reminded in the written cover letter that they had the option to participate in this research study. The participants were instructed that if they felt uncomfortable answering a question on the survey, they could leave the question blank and move on to the next question. The participants were asked to contact the researcher or the chair of the research study if they had any questions or concerns regarding the study. The phone number for the researcher was a private and confidential number. It was implied that if the participants completed the survey on *Survey Monkey*, that they gave consent for the researcher to use the information in the survey for the research purpose. The participants also had the right to decline participation in the study by not completing the survey. A copy of the cover letter and survey for this research study can be viewed in Appendix A and B.

This research study did not involve any risks. There were no direct benefits for participating in this research study.

Results/Findings

Introduction

The results from the quantitative survey confirmed the following: how much spiritual education and training social workers in nursing homes have received, whether those social workers believed that the intake process at nursing homes should include gathering spiritual information, and the specific activities involving spiritual components social workers used in nursing homes.

Spirituality

Participants' responses differed when asked whether the intake and assessment process in nursing homes should include the gathering of a spiritual history. However, the data revealed that the majority of participants (N = 30) agreed or strongly agreed that taking a spirituality history of the client should be a part of the intake and assessment process. Many participants (N = 24) strongly disagreed or disagreed when asked if social workers should address spirituality only if the client expresses interest. Most participants (N = 29) strongly agreed or agreed that spirituality was a fundamental aspect of being human.

When participants were asked if social work practice with a spiritual component has a better chance to empower clients than practice without such a component, most participants either strongly agreed or agreed (N = 21). One participant commented on how spirituality can empower nursing home residents, but it also can be disempowering.

Spirituality can be empowering to a resident if it has value and/or meaning to them. It is appropriate to ask a probing question or two, and even do a short initial assessment at time of admission, but it may not be empowering or relevant to

someone who has rarely connected to the spiritual part of themselves. Latter age and end of life are a natural path to spiritual discussion and can often connect a person to meaningful activity and coping skills when dealing with physical limitation and/or grieving one or multiple losses.

Many participants (N = 26) in the study reported that social workers should increase their knowledge about spiritual matters. When participants were asked if they believed that social workers do not possess the skills to assist clients in spiritual matters, 13 participants strongly disagreed or disagreed, 12 participants were neutral, 7 participants strongly agreed or agreed. Thus, the data revealed that there were mixed results regarding this question about social workers' skills in using spirituality.

Table 1

Participants' Responds to the Following Statements

Answer Options	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Response Count
Taking a spirituality history of the client should be part of the intake and assessment.	1	0	4	15	15	35
In general, social workers should only address spirituality if the client first expresses interest.	5	19	4	4	2	34
Social work practice with spiritual component has a better chance to empower clients than practice without such a component.	0	4	10	13	8	35
Spirituality is a fundamental aspect of being human.	0	3	3	16	13	35
Social workers should become more knowledgeable than they are now about spiritual matters.	0	2	7	17	9	35
Social workers, in general, do not possess the skills to assist clients in spiritual matters.	3	11	12	5	2	34

Two questions in the survey addressed how much training and education participants had received on the topic of using spirituality. A total of 12 (34%) participants reported that they had never taken a training course or workshop on using spirituality. Participants were also asked on a scale of 1 to 10, with 1 being the lowest and 10 being the highest, how much training they had on assessing spiritual health in nursing

home residents. Of the 34 (97%) participants who answered this question, the average training was 5.7, with the range of responses from 1 to 10.

Of the participants in public nursing homes, 8 reported that they had taken one or more trainings on the practice of using spirituality, while 6 had not. Of the participants in the private nursing homes, 13 reported that they had taken one or more trainings on the practice of using spirituality, while 4 had not. However, the study reveals that the type of nursing setting does not affect the spiritual training participants received.

Table 2

Association between Training and the Type of Nursing Home Setting

	No Response	Public	Private	All
Taken				
Trainings	2	8	13	23
	8.70	34.78	56.52	100.00
	50.00	57.14	76.47	65.71
	5.71	22.86	37.14	65.71
	2.629	9.200	11.171	23.000
Not Taken				
Trainings	2	6	4	12
	16.67	50.00	33.33	100.00
	50.00	42.86	23.53	34.29
	5.71	17.14	11.43	34.29
	1.371	4.800	5.829	12.000
All				
	4	14	17	35
	11.43	40.00	48.57	100.00
	100.00	100.00	100.00	100.00
	11.43	40.00	48.57	100.00
	4.000	14.000	17.000	35.000

Cell Contents: Count
 % of Row
 % of Column
 % of Total
 Expected count

Pearson Chi-Square = 1.768, DF = 2, P-Value = 0.413

Likelihood Ratio Chi-Square = 1.787, DF = 2, P-Value = 0.409

A positive correlation existed (p-value = 0.0001) between the degree of spiritual training and whether participants agreed with taking a spiritual history. No correlation existed between how much spiritual training participants had and their beliefs about whether social workers should become more knowledgeable than they are now about spiritual

matters (r -value = .315, p -value = .069). There was also no correlation between social workers' trainings and their beliefs on whether social workers, in general, possess the skills needed to assist clients in spiritual matters (r -value = -.202, p -value = .252).

Participants were asked if they had personally completed different spiritual activities with nursing home residents. A total of 29 (85%) participants reported that they had helped residents assess the meaning and purpose of their lives, while 5 (15%) participants revealed that they had never done this with residents. Two other spiritual activities that participants ($N = 28$) had personally completed with nursing homes residents were helping residents consider the way spiritual support systems are helpful and referring residents to clergy or spiritual leaders. In assessing participants' responses to the spiritual activities that they had not completed with nursing homes residents, a total of 28 (82%) participants reported that they had never meditated with residents, and 25 (74%) reported that they had never recommended the use of yoga or another spiritual exercise to nursing home residents. However, thirty-three participants (100%) agreed that using spiritual activities can create benefits for nursing home residents, such as better physical health, better psychological functioning, and a coping strategy to use.

When participants were asked which spiritual activities were ethically appropriate to complete with nursing home residents, all the participants ($N = 35$) agreed that it was ethically appropriate to perform life reviews with residents. Two other activities with high response rates for being ethically appropriate ($N = 34$) were helping residents assess the meaning and purpose of their current life situations and helping residents consider the way spiritual support systems are helpful. All the spiritual activities listed in the survey

received 27 or more participants reporting that they were ethically appropriate to do with nursing home residents.

From the findings, it was determined that there were a few spiritual activities that some participants thought were unethical to perform with nursing home residents. Eight participants (25%) stated that they believed that meditating with residents was unethical. Six participants reported that using or recommending spiritual books or writings to residents (18%) and recommending prayer to residents (17%) were unethical. Three other spiritual activities that were considered by some participants to be unethical to use with residents in nursing homes included: praying with residents (N = 5), recommending the use of spiritual music to residents (N = 5), and recommending the use of yoga or another spiritual exercise to residents (N = 5).

Table 3

Spiritual Activities

Answer Options	Have personally done with clients: Yes	Have personally done with clients: No	Is ethically appropriate to do with clients: Yes	Is ethically appropriate to do with clients: No
Use or recommend spirituality books or writings to clients.	16	18	27	6
Pray with a client.	22	12	29	5
Recommend pray to a client.	23	11	29	6
Meditate with a client.	6	28	23	8
Recommend participation to a client in a spiritual support system or activity.	27	7	32	3
Participate in spiritual activities with clients.	25	9	29	4
Help clients assess the meaning and purpose of their current life situation.	29	5	34	1
Help clients consider the way spiritual support systems are helpful.	28	5	34	1
Refer clients to a clergy or spirituality leader.	28	6	31	3
Complete a life review with a client.	25	9	35	0
Recommend the use of spiritual music to a client.	19	15	28	5
Recommend the use of yoga or another spiritual exercise to a client.	9	25	28	5

In the survey, participants were asked what spiritual activity they found to be the most helpful for nursing home residents. Ten participants stated that the spiritual activity they found to be the most helpful for their residents was “prayer.” In addition, 22 (65%) participants reported that they had personally prayed with nursing home residents.

Another dominant theme that emerged was referring residents to a clergy or spiritual leader. Six participants (19%) found this spiritual activity to be the most useful with nursing home residents. Three participants’ wrote comments in regards to referring nursing home residents to a clergy or spiritual leader: “referring them to clergy, as I do

not feel this is my area of expertise nor should it be,” “referring them to whatever practice or support system they use,” and “referring them to their own spiritual leader and faith communities as it would be disingenuous to try to build up or support beliefs I think are wrong.” One participant commented on how their nursing home has a “Spirituality Needs” committee that identifies nursing home residents who could use extra support in the area spirituality and then a referral is made to the chaplain to follow up with these residents. These two dominant spirituality themes appeared in the survey as ways to assist nursing home residents with their spiritual needs. Other responses to this question regarding what is the most helpful spiritual activity for nursing home residents included: “discussion on how their particular beliefs help them,” “music,” “helping the client consider the way spiritual systems are helpful,” “whatever the client identifies as helpful,” “completing a life review to determine client’s view of spiritual importance,” “assessment,” “doing ethical wills,” and “assigning higher meaning to present circumstances and assisting the resident in finding meaning in their suffering/sadness/pain.”

There were two concerns that surfaced when participants were asked in the survey to add any additional comments regarding the practice of using spirituality with nursing home residents. One of the concerns was about social workers only performing a spiritual activity when residents request it, and the other concern was about social workers not imposing their spiritual beliefs on nursing home residents.

Discussion

Introduction

The purpose of this study was to explore how much spiritual education and training social workers in nursing homes have received, whether those social workers believed that the intake process at nursing homes should include gathering spiritual information, and the specific activities involving spiritual components social workers used in nursing homes. The participants in the survey all agreed that using spiritual activities can provide benefits to nursing home residents. There was a difference, however, among their responses on which spiritual activities should be used to promote these benefits.

Training and Education

Spirituality is recognized as an important aspect to nursing homes residents' health and well-being. Twelve (34%) social workers in this survey stated that they had never received formal training on the practice of using spirituality. Because of the lack of training and knowledge in this area, some nursing home social workers may not be exploring this practice with nursing home residents, even though they are aware of the benefits spirituality can bring to residents. It has been shown in other research studies that a growing number of nursing home social workers continue to feel uncomfortable with implementing spirituality into their work due to the lack of education and training they received on this topic (Stranahan, 2007; Oldnall, 1996). The majority of the participants (N = 26) believed that social workers should become more knowledgeable than they are now about spiritual matters. It has been shown that with more education on this topic, social workers can become more comfortable with using spirituality with nursing home

residents (Wasner et al., 2005). As a result, it appears that more trainings and education on the practice of using spirituality is needed to assist nursing home social workers with feeling comfortable and gaining the skills needed to implement spirituality into the care of nursing home residents.

Intake Process

The majority of the respondents (N = 30) in this study felt that taking a spiritual history of nursing home residents should be a part of the intake and assessment process at nursing homes. Many of the respondents (24) strongly disagreed or disagreed with the statement that social workers should only address spirituality if the client first expresses interest. Previous research has showed that spiritual assessments are not consistently performed and/or acknowledged as often as they should be by the social work profession (Taylor, 2004). Some nursing home social workers may not be acknowledging spirituality because they are waiting for the resident to bring up the topic. Social workers' initial assessment with residents should include asking and formally writing down the residents' spirituality needs and how they would like their spirituality incorporated into their treatment plans (Tracy, 1994). It has been shown that taking a spiritual history at the time of intake is an important aspect to nursing home residents, as a spiritual history does not require a huge amount of time to perform (Koenig, 2004; Kristelle, Zumbrun, & Schilling, 1999). This along with the fact that the majority of the respondents in this study agreed that spirituality should be a formal question asked about in the intake process at nursing homes, shows that spirituality needs to be addressed, despite the concerns social workers may have about this practice of using spirituality.

Over half of the respondents (N = 21) in this study believed that social work practice with a spiritual component has a better chance of empowering residents than practice without such a component. When social workers address spirituality in the intake process, they are taking the whole resident (biological, psychological, social, and spiritual) into account, thus empowering the resident (Richards, 2005). As a result, it appears that social workers need to address spirituality with nursing home residents to empower them to meet their needs.

Spiritual Benefits

Many researchers continue to show in their research studies that spirituality can assist the aging population in developing positive outcomes in regards to their physical and mental health (Adegbola, 2006; Lewis, 2001; Yoon & Lee, 2006; Richards, 2005). All of the participants (N = 33) in this research study agreed that spirituality can create benefits for nursing home residents, such as better physical health, better psychological functioning, and a coping strategy to use. It has been shown in research studies that spirituality can help aging adults face their fears of dying, help them find meaning and purpose in their lives, decrease their psychological distress, and assist them with finding ways to cope (Lavretsky, 2010; Lewis, 2001; Koenig, Larson, & Matthews, 1996; Leeuwen et al., 2007; Richards, 2005). As research studies continue to show that using spirituality can create benefits for nursing home residents, there is still a concern over how to implement this practice in nursing homes.

Spiritual Activities

There are many activities that address the spiritual health needs of older adults that nursing home social workers can implement to help residents in nursing homes

enhance their lives, such as prayer, spiritual books, life reviews, referrals to spiritual advisors, listening to music, spiritual or religious activities, meditation, and physical activities that have a spiritual component such as yoga. In this study, nursing home social workers were asked if they had personally completed these activities with residents and whether they believed these activities to be ethically appropriate.

Prayer was reported as the most helpful activity for nursing home residents (N = 10). Three-fourths of the participants reported that they had personally prayed (N = 22) or recommended the use of prayer to nursing home residents (N = 23). However, five (15%) participants in this study thought it was unethical to pray with residents and six (17%) participants thought it was unethical to recommend prayer to residents. The results of this study were similar to an online survey study conducted by Rice and McAuliffe (2009). Rice and McAuliffe's (2009) study revealed that 71% of Australian social workers considered prayer to be an ethical activity to do with clients, while 28.3% of social workers stated that prayer was unethical no matter the situation. Furthermore, approximately half of the participants (N = 16) in this study had recommended spiritual books and writings to residents because they had deemed it ethically appropriate.

Referring nursing home residents to clergy or spiritual leaders was determined to be the second most helpful activity for nursing home residents (N = 6). Most of the participants (N = 28) in this study had personally referred nursing home residents to spiritual leaders and believed this activity to be ethically appropriate (N = 31). This study shows along with other research studies that nursing home social workers cannot address all issues related to spirituality of nursing home residents due to their lack of education, experiences, training, or time (Stranahan, 2007; Oldnall, 1996). One participant in the

study wrote that their nursing home has a “Spirituality Needs” committee that identifies nursing home residents who could use extra support in the area spirituality and then a referral is made to the chaplain to follow up with these residents. Thus, the study reveals that one of the professional responsibilities of nursing home social workers is to advocate for residents’ spirituality, which may mean referring the residents to a spiritual advisor or intern.

There was limited research information found on the benefits of recommending residents to a spiritual support system or activity, or participating in a spiritual activity with residents. However, questions were asked in the survey about the use of these two spiritual activities. Recommending participation to residents in a spiritual support system or activity and participating in a spiritual activity with residents were found to be activities that many social workers had personally done and thought to be ethically appropriate to do with nursing home residents.

Life reviews and helping residents assess the meaning and purpose of their current life situations were found in this study to be ethically appropriate to complete with residents, with most of the respondents personally completing these activities with their residents. It has been showed in research studies that when nursing home residents complete life reviews, they may be able to find more meaning and purpose in their lives (Richards, 2005). All participants (N = 35) in the study agreed that life reviews are ethically appropriate to complete with residents. However, previous research has suggested that life reviews should not be used with all nursing home residents. According to Merriam and Heuer (1996), social workers should not complete life reviews with residents who are not capable of discovering that their lives have meaning because this

can lead to the residents developing depression. It would seem ethically inappropriate to complete life reviews with nursing home residents if it were to cause them more harm. It appears that the concerns of completing a life review with residents were not considered by the respondents in this current study.

Another spiritual activity used with nursing home residents was recommending the use of spiritual music. Only about half of the respondents (N = 19) in this study had completed this activity with nursing home residents. However, most of the respondents (N = 28) in this study thought that this activity was ethically appropriate to use with nursing home residents. It appears that this activity is being under-utilized in nursing homes, even though research studies have shown that nursing home residents may benefit from spiritual music (Whelan-Gales et al., 2009).

The majority of the respondents in this study did not use meditation (N = 28) or recommend the use of yoga or another spiritual exercise to nursing home residents (N = 25). Meditation was seen as the most ethically inappropriate activity to do with nursing home residents. Recommending the use of yoga or another spiritual exercise to a resident was rated the third most ethically inappropriate activity to do. A study completed by Rice and McAuliffe (2009) found that 80.9% of Australian social workers reported that activities such as yoga, Tai Chi, or Reiki are appropriate and ethical activities to do with clients. Since these two spiritual activities are the least performed in nursing homes, it appears that more training and education is needed to assist nursing home social workers with learning about the health benefits these two activities can provide for nursing home residents.

There were two concerns that emerged when participants were asked in the survey to provide additional comments regarding the use of spirituality with nursing home residents. One of the concerns was only performing a spiritual activity when residents request it. One participant stated, "I would find it ethical to recommend praying and meditation if this was the resident's belief. I would not find it ethical to minister to someone who did not want to be ministered to." The other concern was the imposing of social workers' spiritual beliefs on the residents. Another participant stated, "The ethical dilemma arises, in my mind, if a social worker attempts to impose his/her spirituality on the residents." These two concerns also emerged in the literature review. According to Power (2006), professionals should never force residents to believe in the professionals' spirituality or religion. It would be considered unethical for professionals to force their beliefs on their clients, as this type of practice takes away the clients' self-determination to make their own choices about what to believe in. Social work professionals should also avoid using religious or spiritual activities when the residents are non-religious or not of that faith (Narayanasamy et al., 2004). One participant's statement summed up the responses of the surveyed group by stating, "As a social worker, I believe that I should offer all resources available with explanation of risks and benefits and allow the residents to choose/develop how they will be cared for now and in future time of need."

Limitations

There were several limitations to the current study. An online survey with mainly closed-ended questions was used to gather the data from the respondents. The online survey provided convenience to respondents who could take the survey on their own time, and they did not have to complete a face-to-face interview that would have been

more time-consuming. However, a face-to face interview with open-ended questions would have gathered more in-depth answers from the respondents regarding the practice of using spirituality in nursing homes.

The viewpoints of social workers working in nursing homes in the United States were used in this research study. They provided the thoughts and beliefs of professionals currently working in this field. However, surveying other nursing home staff and residents may have given more insight and understanding into how spirituality is implemented in nursing homes around the United States.

The sample size for this study was small as it only included 35 social workers. Most of the social workers in this study had similar demographics, as many of them were Caucasian and female. Due to the sample demographics and size, it is difficult to generalize the findings to the entire population of nursing home social workers. By surveying a larger and more diverse population of nursing home social workers, this study would have produced more generalized findings.

Implication of Policy

There are some concerns with the rules and policies regarding the use of spirituality in nursing homes. In order to work in a long-term care institution, a social worker is required to have a four-year degree in social work, have two years of professional experience, and hold a social work license, if applicable (NASW, 2003). These requirements for social workers do not include education in the area of using spirituality. If social work curriculum were to include trainings on using spirituality, social workers may be able to provide better services to nursing home residents.

According to NASW (2003), nursing home “social work services should be designed to meet the biopsychosocial needs of residents, their families, and others involved with the residents’ care” (p. 13). This definition of social work services and functions does not include any indication of using spirituality to assist nursing home residents. In social work practice, it is noted that social workers should take the whole person into account when providing services which would include biological, psychological, social, and spiritual needs. Thus, there should be an aspect of spirituality added to the practice statement of social work services to ensure that social workers are considering the whole person when providing services to nursing home residents.

Over the past few years, nursing home social workers’ caseloads have increased. The NASW reported in 2009 that the average size of caseloads in nursing homes for social workers was about 90 clients (NASW, 2010). As the caseloads of social workers in nursing homes continue to grow, the time spent with each resident has consequently decreased. Thus, placing a federal or state limit on social workers’ caseloads in nursing homes would assist social workers in providing better services for their clients.

Implication for Social Work Practice

Social workers in nursing homes have a unique role in advocating for residents’ spirituality rights. Social workers can advocate for residents’ spirituality rights by creating spiritual changes in nursing home environments, such as improving the spirituality intake assessment process. As social workers assist nursing home residents with their spiritual needs, they are giving residents self-determination and empowerment in an environment that may seem restrictive.

This research study shows that the use of spirituality in nursing homes may be beneficial to the health and well-being of residents. When social workers address nursing home residents' needs from a biological, psychological, social, and spiritual viewpoint, they are incorporating the social work values by using a holistic perspective. This viewpoint assists social workers along with other nursing home staff with addressing all the needs of the residents, rather than focusing solely on their medical needs.

Using the strengths of the nursing home residents is one of the guiding principles in social work practice. When social workers work from a strengths-based framework, they use the residents' spirituality as a tool to assist the residents with improving their lives. At times, the communication regarding spirituality between the social workers and residents can be affected when the social workers do not understand the residents' spiritual strengths. When this occurs, it is the social workers' obligations to refer the residents to spiritual advisors.

Implication for Future Research

Further research on the practice of using spirituality in nursing homes is needed to develop a stronger empirical base. Further research on this topic might include interviewing social workers to get a more in-depth perspective on how they use spirituality with nursing home residents. Another study could include interviewing or surveying nursing homes residents on their views of how spirituality is implemented into their plan of care and if they view the use of spirituality as helpful in their daily lives. However, this study may be difficult to do because of the vulnerability of nursing home residents. As more and more research studies in the area of spirituality with nursing home

residents are completed, social work professionals will be able to gain a better understanding of how spirituality affects the lives of nursing home residents.

Conclusion

Nursing homes are a place where older adults are placed by their families or friends when they no longer have the capability to care for themselves. As some of the nursing home residents' rights are taken away from them because they are no longer able to function at their full capacity, their rights to spirituality should not. Social workers in nursing homes should advocate for spirituality to be part of the intake process for residents and provide the residents with the needed spiritual resources. Many spiritual activities can be used with nursing home residents if they request it to improve their physical and mental health and coping abilities.

Nursing home social workers need to continue to be educated and trained on the topic of spirituality and how they can use it with nursing homes residents. Nursing home social workers need to be able to openly discuss the topic of spirituality with nursing home residents from a nonjudgmental viewpoint, as spirituality is a fundamental aspect of being human. As social workers build the knowledge and skills they need around this topic, they will begin to feel comfortable with implementing spirituality into the care plans of nursing home residents.

Appendix A

January 4, 2012

Dear potential participants,

My name is Cathleen Tschida and I am a graduate student in the social work program at the University of St. Thomas and St. Catherine University. Due to this program having a clinical focus, part of the requirement to complete this program is to conduct a clinical research project. You are receiving this letter because you have been selected as a possible participant in this research study.

The purpose of this study is to examine social workers' perspectives on using spirituality with nursing home residents. The research question will asked question pertaining to how social workers gather spirituality information and how they utilized it as part of the residents' treatment plans.

If you agree to be in this study, I will ask you to do the following: I will ask you to fill out a 14 question survey that will take about 10 to 15 minutes. The survey information will be collected and the data will be analyzed.

Your participation in this study is entirely voluntary. You may skip any questions you do not wish to answer and/or you feel uncomfortable answering. If you have any question regarding this research study, please feel free to contact me, Cathleen Tschida, a MSW graduate student at the University of St. Thomas and University of Catherine at (612) 387-6003.

You may also contact me the researcher chair Dr. Colin Hollidge at (651) 962-5818 or the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

To participant in this study, please go to <https://www.surveymonkey.com/s/XP2K8L5> to fill out the spirituality survey.

The completed surveys will then be kept in the Survey Monkey research's account once the surveys are submitted by the participants. By submitting the survey at Survey Monkey you are agreeing that you have read this letter and that any questions you may have regarding this survey have been answered. Should you choose to participant in this survey, please return the completed survey back no later than January 30, 2012. Thank you for your support in this research project.

Sincerely,

Cathleen Tschida

Appendix B**Spirituality Survey**

The purpose of this short questionnaire is to examine social workers' perspectives on using spirituality with nursing home residents. Please fill out the survey below. Thank you for your time and cooperation.

Please rate your level of agreement or disagreement with each statement by clicking the one answer that best reflects your opinion.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Taking a spirituality history of the client should be part of the intake and assessment.					
2. In general, social workers should only address spirituality if the client first expresses interest.					
3. Social work practice with spiritual component has a better chance to empower clients than practice without such a component.					
4. Spirituality is a fundamental aspect of being human.					
5. Social workers should become more knowledgeable than they are now about spiritual matters.					
6. Social workers, in general, do not possess the skills to assist clients in spirituality matters.					

Please circle your responses to the two questions below.

7. On a scale of 1 to 10, with 1 being the lowest and 10 being the highest, how much training do you have on assessing spirituality in nursing home residents?

1 2 3 4 5 6 7 8 9 10

8. In your agency, have you taken workshops or trainings on the topic of spirituality?

Yes No

The following section list activities which could be performed with clients. Please indicate by clicking yes or no for the behaviors listed: 1.The activities that you yourself have done with clients; and 2. Whether or not you believe they are ethically appropriate to do with clients (two responses to each question listed).

Have personally Ethically appropriate
done with clients to do with clients

9. Use or recommend spirituality books or writings.	Yes	No	Yes	No
10. Pray with a client.	Yes	No	Yes	No
11. Recommend praying to a client.	Yes	No	Yes	No
12. Meditate with a client.	Yes	No	Yes	No
13. Recommend participation in a spiritual support system or activity.	Yes	No	Yes	No
14. Participated in spiritual activities with clients	Yes	No	Yes	No
15. Help client assess the meaning and purpose of their current life situation.	Yes	No	Yes	No
16. Help client consider the way spiritual support systems are helpful.	Yes	No	Yes	No
17. Refer clients to a spirituality person.	Yes	No	Yes	No
18. Complete a life review with a client.	Yes	No	Yes	No
19. Recommend the use of spiritual music.	Yes	No	Yes	No
20. Recommend the use of yoga or another spirituality exercise.	Yes	No	Yes	No

21. Which spiritual activity, if any, do you find most helpful for the clients? (Please list only one) _____

22. Do you believe that using spirituality creates benefits the nursing home residents such as better physical health, better psychological functioning, and a coping strategy to use?
Yes No

Optional: Please add any additional comments regarding using spirituality with nursing home residents.

Individual Demographic Data Collection Form

1. Gender: Male Female

2. Age: _____

3. What is your race? Please check only one.

Caucasian/Euro American

African American

Latino/Hispanic American

Bi-racial

Asian American/ Pacific Islander

Native American or Alaskan Native

Other _____

4. Education Level (Highest level of education attained)

BSW

MSW

PHD

Other _____

5. Social Work License Level

LSW

LGSW

LISW

LICSW

No social work license

6. Number of years you have worked as a social worker in the nursing home field.

_____ years

7. Do you currently work in a private or public nursing home work setting?

Public

Private

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