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SPIRITUAL DIMENSION OF CARE:
A CASE STUDY OF CAREGIVERS'
PRACTICES WITH ELDERLY WOMEN RELIGIOUS (SISTERS)

INTRODUCTION

This study explores how caregivers respond to the spiritual needs of elderly women religious (Catholic Sisters). The researchers note that this is an initial study with the intent of learning from this limited demographic group in order to extend findings to other caregivers who address spiritual needs for elderly populations within other settings. However, for this study the limited size and restrictive setting and population are intentional and useful as a reference point.

Research has explored many aspects of spirituality and aging. According to Jernigan¹ “spirituality is important in the lives of older adults”. Jernigan notes that characteristic spiritual concerns of aging include such things as the search for meaning, anxieties associated with loss, grieving, coping with and

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¹ H.L. J e r n i g a n, *Spirituality in older adults: A cross-cultural and interfaith perspective*, „Pastoral Psychology” 2001, no. 49(6), p. 413.

accepting the realities of pain, suffering, death, and dying². Additional studies indicate that “to enjoy retirement, it is important for older adults to be able to cope with adversity in the face of the decline in physical and mental faculties that occur with age”³. Recent research particularly in the nursing field has explored the relationship of spirituality and health. Koenig, Larson & Matthews⁴ report that spirituality and religion are more important to those 65 and older. According to Rumbold⁵, “attention needs to be paid to the spirituality of the settings in which these older people are located”.

Gerontological studies have emphasized the role of the spiritual in an individual coping with final life stages⁶. The spiritual represents “a process of growth that can still go on even when all other growth has stopped and our physical and mental powers begin to decline”⁷. Also, the existential conditions and experiences of old age provide motives for the turn towards the spiritual life as individuals seek to find meaning in loss. Homplewicz speaks of old age as a favorable ground for spiritual development due to greater imperturbability and emotional distance. Jan Paweł II (Pope John Paul II) finds in the aged a natural inclination toward reflection and inner dimensions of life⁸.

Theories of gerontological disengagement⁹ and gerotranscendence¹⁰ sug-

² Ibidem, p. 417.

³ M. L o w i s, A. E d w a r d s, Ch. R o e, A. J e w e l l, M. J a c k s o n, W. T i d - m a r s h, *The role of religion in mediating the transition to residential care*, „Journal of Aging Studies” 2005, no. 19, p. 349-362.

⁴ H.G. K o e n i g, D.B. L a r s o n, & D.A. M a t t h e w s, *Religion and psychotherapy with older adults*, „Journal of Geriatric Psychiatry” 1996, no. 29, p. 155-184.

⁵ B. R u m b o l d, *The spirituality of compassion: A public health response to ageing and end-of-life care*, „Journal of Religion, Spirituality, and Aging” 2006, no. 18(2/3), p. 31-44.

⁶ K o e n i g, L a r s o n, M a t t h e w s, *Religion and psychotherapy with older adults*; S. M c F a d d e n, C. K o z b e r g, *Religious and Spiritual Supports for Late-Life Meaning*, „Generations” 2008, no. 32(2), p. 6-11; R. A t c h l e y, *Spirituality, Meaning, and the Experience of Aging*, „Generations” 2008, no. 32(2), p. 12-16.

⁷ U. K i n g, *The Dance of life. Spirituality, Ageing and Human Flourishing*, in: *Ageing, Spirituality and Well-being*, ed. A. Jewell, London: Jessica Kingsley Publishers 2004, p. 124-142.

⁸ J a n P a w e ł I I, *W doświadczeniach starości łączcie się z Chrystusem na Krzyżu (Spotkanie z ludźmi starymi w Katedrze w Monachium, 19 XI 1980)*, in: *Nauczanie papieskie*, ed. F. Kniotek, vol. III, Poznań-Warszawa: Pallotinum 1986, p. 699-704.

⁹ E. C u m m i n g, L.R. D e a n, D.S. N e w e l l, I. M c C a f f r e y, *Disengagement – a tentative theory of aging*, „Sociometry” 1960, no. 1, p. 23-35.

¹⁰ L. T o r n s t a m, *Gero-transcendence, a reformulation of the disengagement theory*, „Aging: Clinical and Experimental Research” 1989, no. 1(1), p. 55-63; L. T o r n s t a m,

gest old age as a natural time for inevitable withdrawal from former social activity along with a transformation or life-orientation from the materialist and rational towards the inner and metaphysical. The individual¹¹ and cultural context of life of older persons is the important factor¹². Each person's history of events, people, experiences, and each person's cultural and geographical background form unique and individual paths of spiritual development as do different religious traditions¹³. This relation is also noticeable in rules of Christian monastic life (applicable to our research settings), where spirituality is often directly linked with religious practices of meditation, prayer, services etc.¹⁴ For older congregation members the spiritual development is often the prolongation and continuation of the life-long religious pattern accepted in the community. This thesis corresponds with the common behaviors of older adults who usually adjust their current involvements to their abilities or past practices rather than to assume new forms of activities¹⁵.

Because spiritual needs are a significant factor in the general well-being of older people, support in addressing these needs is an important task for both professionals and informal staff who work in the field of care. Assisted living facilities or home care providers can create the specific circumstances for spiritual development of residents¹⁶.

Gerotranscendence: A Developmental Theory of Positive Ageing, New York: Springer Publishing Company 2005.

¹¹ H. B l a c k, *Questions I now ask: Spirituality in the liminal environment of assisted living*, "Journal of Aging Studies" 2006, no. 20(1), p. 67-77.

¹² R. A t c h l e y, *The subjective importance of being religious and its effect on health and morale 14 years later*, "Journal of Aging Studies" 1997, no. 11(2), p. 131-141.

¹³ Ibidem; P. S o c h a, *Psychologia rozwoju duchowego. Zarys zagadnienia*, in: *Rozwój duchowy człowieka*, ed. P. Socha, Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego 2000, p. 15-44.

¹⁴ K. G ó r s k i, *Zarys dziejów duchowości w Polsce*, Kraków: Znak 1986.

¹⁵ R. A t c h l e y, *Activity adaptations to the development of functional limitations and results for subjective well-being in later adulthood: A Qualitative Analysis of Longitudinal Panel Data Over a 16-year Period*, "Journal of Aging Studies" 1998, no. 12(1), p. 19-38.

¹⁶ M. S c h l e h o f e r, A. O m o t o, J. A d e l m a n, *How Do "Religion" and "Spirituality" Differ? Lay Definitions among Older Adults*, "Journal for the Scientific Study of Religion" 2008, no. 47(3), p. 411-425.

1. METHOD

This descriptive study focuses on the perspectives of the spiritual caregivers in facilities that serve retired women religious. Using the qualitative method of case study, researchers used formatted interview questions to investigate and gather information. According to Bromley the case study is a “systematic inquiry into an event or a set of related events which aims to describe and explain the phenomenon of interest”¹⁷. Data comes from documentation of interviews¹⁸. The case study was designed to describe experience and meaning of the caregivers in a narrow setting. The strategy of this case study was to focus on the development and delivery of spiritual care administered and directed by the spiritual caregivers in two facilities that serve retired women religious, one in Poland and one in the United States.

Participants. Researchers conducted interviews with four caregivers (two from the United States (Sr. A and Sr. B) and two from Poland (Sr. C and Sr. D). Interviewees are primarily responsible for coordination of community life, including but not limited to the spiritual needs of the residents. American caregivers assumed their new roles less than six months prior to the interview, whereas Polish have more than two years of experience in the care work. Caregivers also have background in the field of pastoral care or nursing.

Demographics. The facilities vary in terms of organizational aspect. The American facility is privately funded, not a licensed care-facility, whereas the Polish facility is a part of the large General House of the Congregation that provides the medical aid for the whole community. Both of them house approximately ten Sisters. The levels of psycho-physical ability of residents vary – from being independent (residents in US) to severe physical disabilities (Sisters in Poland mainly). The facilities reflect the different pattern of care for elderly members of religious congregations in both countries¹⁹. While residents of the Polish facility have lived at the location most of their

¹⁷ B.D. Bromley, *Academic contributions to psychological counselling: I. A philosophy of science for the study of individual cases*, “Counselling Psychology Quarterly” 1990, no. 3(3), p. 302.

¹⁸ R.K. Yin, *Case study research: Design and methods*, Newbury Park, CA: Sage Publications 1994.

¹⁹ D. W i d e r, *Ostatnie etapy formacji zakonnej*, in: *Życie konsekrowane w trzecim wieku*, ed. K. Wójtowicz, Kraków: Alleluja 2000, p. 154-164.

lives, the American Sisters came together in retirement having ministered in various different locations throughout the Midwestern United States.

Procedure. The interviews occurred at the retirement settings and included two caregivers and researchers in each country. The researchers used an interview script of questions and documented answers and comments separately through note taking or recording. The script consisted of eleven open questions concerning different aspects of spiritual care in facilities: diagnosis of spiritual needs of Sisters, plan and its delivery, forms and frequency of spiritual activities, assessment of adequacy of spiritual care. Participants had also ample opportunity to add information off script.

Analysis of data. Each researcher kept notes separate from the other and analyzed them individually before sharing information with the others. A third party, unaffiliated with the research, compared the notes and using coding procedures, highlighted the similarities. The researchers compared their notes with each other and explored the third party analysis for validity. Using this analysis, the theoretical generalizations have been created.

2. RESULTS AND DISCUSSION

The research conducted both in the US and in Poland resulted in common findings related to the religious members' routines and an intuitive approach by caregivers who valued a holistic approach to care.

The questions posed to caregivers sought to determine how the spiritual needs were being developed, organized, and delivered. During this process, the researchers found that the caregivers addressed spiritual needs from a holistic perspective – as one part of the total needs of any person – including her physical, emotional, cognitive, and social needs. Also the efforts of caregivers to fulfill the spiritual needs were delivered informally in an overall process of care in both facilities. Spiritual needs were also described as directly linked with physical, mental, emotional and psychosocial conditions of Sisters, which was an important factor in defining spiritual needs and adjusting the spiritual care to the individual capabilities of older Sisters. Interviewees from Poland observed the relationship between the level of psycho-physical ability, the extent of spiritual needs, and the sufficiency of spiritual care. Sr. C depicted the adequacy of spiritual care in the facility as follows: “It depends on an individual person, I think. [...] Those who are mentally capable pray, read Bible or the Divine Office more often. They want

to make up for spiritual practices they need. And for those who are less capable, it's enough".

The everyday life of Sisters is similar to other elderly individuals (e.g. illness, disability, less intensive social interactions), but despite typical difficulties related to aging, the space to "savor God's presence" and address the spiritual needs seems very prominent. Physical limitations might become the motive for the turn towards the inner dimension of existence; thus, providing aging individuals a new perspective which emphasizes meaning.

Having a physical or mental difficulty frequently triggers a changed perspective on one's life situation. This research discovered that the older Sisters tend not to focus on current mental or physical loss but rather emphasize and communicate gratitude for a gift that they once had, such as clear vision or hearing, but now experience as diminished. What is revealed here is the coping strategy and the memory-triggered awe, which are dimensions of spirituality according to Elkins²⁰, building on the holistic perspective of human needs.

As other research has demonstrated, the elderly religious women continued routines that have been standard features for most of their lives. Daily prayers and ritual experiences, faith sharing and other practices provided spiritual benefit. Caregivers helped individuals adapt when physical or mental diminishments adversely impacted these practices. For example, Sr. B. noted that a sister with dementia reads scripture aloud at prayer, prompted by the caregiver so that she would read at the appropriate times. Sisters who have vision or hearing loss are encouraged to "just simply be present" during the routine prayer. The caregivers noted that the elderly sisters have a "life-long rhythm" that helps them do what they know. By all indications this "rhythm" refers to religious practices and routines of their service within the church that has permeated their lives for years.

When interviewed, caregivers indicated that they had not developed formal written individual care plans for spiritual needs of the Sisters. However, it became obvious that these caregivers developed ideas as they observed needs emerging. According to Sister A, the absence of such structure was positive in that it "allows for one-on-one and the ability to respond individually and intuitively". The interview process also showed that caregivers struggle in

²⁰ D.N. Elkins, J.L. Hedstrom, L.L. Hughes, J.A. Leaf, C. Saunders, *Toward a Humanistic-Phenomenological Spirituality: Definition, Description, and Measurement*, "Journal of Humanistic Psychology" 1988, no. 28 (4), p. 5-18.

accommodating needs that balanced religious practice with individual desires. This was evident in the American facility as caregivers spoke of one sister who was sleeping in and not coming to morning prayer which was held in common. Caregivers noted their concern with respecting her wishes and physical need while also encouraging her religious practice. What struck researchers was the strong reliance on observation, listening, and intuition. The caregivers were quite satisfied with their abilities to assess and deliver appropriate care without formal assessments or delivery plans. The implications for further study include the extending of demographics. Defining how other caregivers provide spiritual care to aging people in different religious and nonreligious populations and settings should broaden the study of spiritual caregiving in general.

CONCLUSIONS

The researchers' decision to explore how caregivers respond to the spiritual needs of elderly (retired) women religious (Catholic Sisters) was an attempt to identify the "ways of doing" in regards to spiritual care giving. The general conclusions that arise from this pilot investigation are:

1. Physical and mental condition are important factors in determining spiritual needs of older Sisters, thus shaping the spiritual care in facilities.

2. In the institutions studied, spontaneity and intuition played a crucial role in assessment and delivery of spiritual needs by the caregivers which made the process of spiritual care very informal.

3. Spiritual needs are deeply rooted in the each person's life history. The needs are often the consequences of previous experiences, choices, practices, beliefs. In the examined facilities, the life-long religious routines impacted significantly the way spiritual needs were defined and delivered.

4. The life-long membership in a religious congregation may work as the factor that unifies spiritual care in the facilities.

5. Obtained results from the United States and Poland were very coincident despite different socio-cultural context of care in both countries.

Obtained results provide the initial insight in the process of spiritual care - mainly by determining the conditions that influence spiritual needs and ways of fulfilling them by caregivers. Researchers uncovered only a hint of defined methods used in planning the spiritual care and adjusting it to individuals' needs. The idea of a "plan" was not evident, yet the daily caregiving showed

cohesiveness in that it met the needs. However, the very narrow research setting implies further investigations in different care facilities that would extend and verify the obtained results.

While this study found a reliance on intuitive observations on the part of caregivers when addressing the spiritual needs of the elderly, some structured training of caregivers could be of benefit. Determining how to train caregivers requires further research to analyze assessments of effective intuitive strategies such as informative listening and interpreting. Defining and evaluating the processes for quality care requires rigorous study. It also suggests that a future research study might be conducted to assess from the point of view of the senior residents the quality of the spiritual care provided based on the intuitive and subjective strategies.

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DUCHOWY WYMIAR OPIEKI:
STUDIUM PRAKTYK OPIEKUŃCZYCH
WOBEC STARSZYCH SIÓSTR ZAKONNYCH

S t r e s z c z e n i e

Celem studium było zbadanie, w jaki sposób opiekunowie odpowiadają na duchowe potrzeby starszych sióstr w katolickich wspólnotach zakonnych.

Wywiadem objęto czterech opiekunów – dwóch ze Stanów Zjednoczonych oraz dwóch z Polski. Skierowane do nich pytania koncentrowały się wokół sposobów tworzenia, organizowania, realizowania i rozszerzania planów opieki w odpowiedzi na duchowe potrzeby, pojawiające się w codziennej praktyce każdej z placówek.

Badania przeprowadzone w USA i Polsce doprowadziły do uzyskania wspólnych wyników, odnoszących się do ustalonych nawyków członków wspólnot oraz intuicyjnej postawy opiekunów, którzy dostrzegali wartość holistycznego podejścia do opieki, polegając bardziej na spontaniczności i intuicji niż na planowaniu.

Rezultaty badań dostarczają wstępnego wglądu w proces duchowej opieki – głównie poprzez określenie czynników, które wpływają na duchowe potrzeby podopiecznych oraz sposoby ich zaspokajania przez opiekunów. Niemniej jednak zalecana jest ocena przyjmowanych przez nich intuicyjnych strategii opieki w toku dalszych badań.

Słowa kluczowe: duchowy wymiar opieki nad ludźmi starszymi, diagnoza i zaspokajanie potrzeb duchowych osób starszych, intuicyjna strategia opieki, duchowość i starość.

SPIRITUAL DIMENSION OF CARE:
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S u m m a r y

The purpose of the study was to explore how caregivers respond to the spiritual needs of elderly women religious (Catholic Sisters).

The research interviews involved four caregivers – two from the United States and two from Poland. The interview questions posed to caregivers focused on how plans of care were developed, organized, delivered and extended into responses to spiritual needs on a daily basis in the respective facilities.

The research conducted both in the US and in Poland resulted in common findings related to the religious members' routines and an intuitive attitude of caregivers who valued a holistic approach to care, relying more on spontaneity and intuition than on designed planning. Spiritual needs were also framed by physical requirements and life history.

Results provide the initial insight in the process of spiritual care – mainly by determining the conditions that influence spiritual needs and ways of fulfilling them by caregivers, but assessment of the intuitive strategies is recommended as research is extended.

Key words: spiritual dimension of care for the elderly, the assessment and delivery of spiritual needs of older people, intuitive strategy of care, spirituality and aging.