



Understanding the Diverse Forms of Spiritual Expression of Older People in Residential Aged Care in Australia

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Published online: 7 December 2018

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Abstract

The ability of older people to express their spirituality is an important component of aged care. Spirituality is not specifically religiousness although, for some, religion offers a means for spiritual expression. This paper aimed to explore what constitutes spiritual life for residents in three residential aged care facilities in South Australia. The findings of the research demonstrated that the majority of older resident participants defined spirituality as ‘connection/s’. Three unexpected results of the study became obvious during analysis, reported here as ‘loss’, ‘adaptation’ and ‘they’re busy’. It is offered here that these adjustments enabled participants to compensate for their losses.

Keywords Nursing · Spirituality · Aged care · Older people · Connections

Introduction

Every country in the world is experiencing growth in the number of older persons, with the global population of older people expected to increase to 1.4 billion by 2050 (United Nations 2015). Within Australia, the number of people aged 85 and over is expected to increase to 1.8 million by 2050 or 5.1% of the population (Productivity Commission 2011). Among those living in residential aged care homes, some 15% (total 22,050 people) were born in countries where a language other than English is spoken (Seebus and Peut 2010). The cultural, linguistic and spiritual diversity of older people is therefore a major consideration in the delivery of aged care services, yet ambiguity and confusion still exist

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around the vocabulary of spirituality when applied to older persons (Narayanasamy et al. 2004).

Addressing the spiritual expression of older people is increasingly relevant and, in the context of a diverse and ageing demographic, this expression has significant implications for good practice in aged care (Harrington 2010; Sadler et al. 2013). The diversity of this ageing demographic requires a definition of spirituality which accommodates the contested nature of the term. González-González (2018) claims that there is a variety of perceptions and definitions of spirituality, while other authors note that although spirituality is not specifically religiousness, for people who have a religious faith, religiousness is a part of their spirituality (MacKinlay 2006; Harrington 2006).

Harrington (2016) provides an interrogation of the concept of spirituality in her investigation of the importance of spiritual assessment when caring for older adults. That assessment acknowledges the contested nature of the term, the interplay of various faith traditions within that contest, and the fact that spirituality can take secular or humanist forms.

MacKinlay and Trevitt (2007) contend that issues of spirituality revolve around a relationship with self and other, a sense of meaning and purpose, a sense of hope and of connectedness, and beliefs. This contention provides a constructive working definition of spirituality. MacKinlay and Trevitt (2007) further suggest that these issues appear more urgent at times of situational or developmental change. Thus, they may be precipitated by the need for relocation to a residential aged care facility (RACF), a move that is often accompanied by fear of future vulnerability and loss of control of their lives (MacKinlay and Trevitt 2007).

As our literature search confirmed, although there were many publications exploring spiritual caring practices, spiritual expression of older residents are under-reported in the literature. This study addressed this significant gap. Furthermore, anecdotal evidence within aged care suggests that nursing and healthcare staff want information that will assist them to meet their clients' needs. Research into what constitutes spiritual life for aged care residents *from the perspective of residents* would help identify how care providers may improve the way they meet the differing needs of an increasingly diverse older population.

Literature

A literature search through Scopus, CINAHL, Google Scholar, PubMed, PsychoINFO, ProQuest and University Library Resources (that included grey literature such as masters' thesis) from the period 2008–2018 was conducted using the combined keywords of 'nursing home spirituality' 'aged care spirituality' 'care home spirituality', 'nursing home' or 'residential aged care' or a combination of all five. An initial screening of title and abstract located 67 articles that had relevance to the study area of focus. Inclusion criteria included qualitative studies of aged care residents exploring their spiritual beliefs; where residents had no cognitive deficits; and where residents were not receiving palliative care or End-of-Life care.

Of these 67 studies, 39 were discarded as they were either: literature reviews (14); quantitative studies that used specific tools for data collection or were not specific to aged care (17); mixed method studies that were not relevant (7); or case studies (1). Of the remaining 28 qualitative studies, all but two were discarded as they: focussed on palliative care; aged care workers views of spirituality; family members' views of spirituality; nurses' views of spirituality; the cohort were older people with a diagnosis of dementia;

studies considered quality of life not specifically spirituality; or the cohort were hospitalised patients.

Of the two that were retained, the first (Hutchinson et al. 2011) interviewed older people but specifically focussed on their adaptation to an aged care facility, not specifically spirituality. However, they did find that both cohorts (African-Americans and Caucasians) were similar and that the theme ‘Person Factors’ highlighted the importance of spirituality for these older people. The second study (Timmins et al. 2015) examined the benefit of a Christian Resource to foster Spiritual Well-Being among older people in nursing homes in Ireland. The terms ‘religion’ and ‘spirituality’ are used interchangeably; however, they found that their resource ‘Serenity Spirituality Sessions’ ‘...appeared to have beneficial effects’ (2015, p. 6).

Of the other papers retrieved in our search, one recent literature review (Jackson et al. 2016) was most useful in its approach to capturing available studies. It highlighted the lack of papers defining spiritual needs of people living in residential aged care including those receiving support at home. Other papers considered the quality of life of persons in residential care (Burack et al. 2012; McDonald 2016).

Baldacchino et al. (2014) noted the importance of spiritual expression for older people in coping with adaptation to aged care, while Skomakerstuen Ødbehr et al. (2014) highlight the difficulties that nursing staff experience in responding to spiritual needs. A meta-analysis of Edwards et al. (2010) with end of life and palliative care found that healthcare workers felt they were time poor or understaffed, and in these cases, insufficient time was available to build a rapport for the implementation of spiritual care.

The literature makes note of the point that fulfilling the goal of providing adequate spiritual care is often difficult due to the subjective interpretations of spirituality; the cross-cultural differences in spirituality; and a lack of education, knowledge and confidence in assessing spiritual needs (Broadhurst and Harrington 2015). The lack of knowledge around spiritual needs potentially links to a lack of literature in this area as it pertains to ageing.

In sum, the literature search revealed a paucity of literature on the topic of spiritual life in residential aged care. What the existing literature does offer is a confirmation of the fact that there is a general lack of papers of relevance to the current investigation (Jackson et al. 2016).

Aim and Research Question

The aim of this study was to explore what spiritual life meant for residents in care facilities. This project, conducted in South Australia, determined to answer the research question: *What constitutes spiritual life for residents in three residential aged care facilities in South Australia?*

Methods

Study Design, Analysis and Participants

This study used the methodological approach of phenomenology from Van Manen (1990) and Gadamer (1975). Both follow the phenomenological tradition that began with Husserl (Crotty 1996) which as a mode of inquiry, seeks to understand the meaning of the human ‘lived experience’. Neither Van Manen nor Gadamer advocate prescriptive steps to the analysis of data, rather they provide a general guide to analysis. Van Manen proffers four

flexible steps: orientation to the phenomenon, reflexive analysis, thematic analysis and the process of writing. Each of these steps was used in the analysis of this study.

Recruitment of older people to the study occurred following attendance by members of the research team at residents' meetings or 'chaplain's chats' offered at the three aged care facilities in South Australia. A semi-structured interview guide was developed following the phenomenological philosophy of open-ended questions. The opening question was 'can you tell me what spirituality (issues of hope, strength and meaning) means for you?' Interviews were conducted with 34 residents. The cohort comprised 26 female and eight male residents aged from their early sixties to the oldest in her nineties. Given the known longevity of women and their presence in aged care, this demographic is not unexpected (United Nations 2015).

Using direction from Gadamer (1975) and Van Manen (1990), the approach to analysis was to develop interpretive accounts that accurately reflected participants' feelings, thoughts and actions regarding culture and spirituality. A systematic search through each transcript for common, recurring themes and relational patterns was undertaken, with analysis continuing until saturation of common themes occurred.

The criteria for rigour in qualitative research have been contested for some time (Cope 2014; Koch and Harrington 1998). To address this issue of trustworthiness, this study used the following criteria:

- **Credibility**—all transcripts were returned to participants for verification.
- **Dependability**—the first interview was conducted by the first and second authors. All subsequent interviews were conducted by the second author.
- **Confirmability**—initial analysis was undertaken by the first author, who had a background in phenomenological research and who drew out themes. These were then confirmed through weekly group meetings with the research team consisting of three experienced qualitative researchers who had all read and analysed the data independently.
- **Transferability**—this approach was applied with constant dialoguing with the text, an important step in phenomenological evaluation and analysis. (Gadamer 1975; Van Manen 1990)

Included in this process was a careful effort to consider the researchers' own pre-understandings and history so that there was a 'fusion of horizons' with the text (Gadamer 1975). All researchers considered patterns and trends throughout each transcript individually, seeking the formulation of 'themes', which were always verified by the other team members.

Limitations

These participants were residents from an aged care community where the demographics meant that, for most, their experience of faith and spirituality was in the context of the Christian religion, and they made this apparent in their responses. Gratitude *for* the setting may have also assisted with spiritual connections and subsequent adaptation *to* the setting. (That is the faith-based environment supported their existing spiritual orientation, enabling them to make connections with others of a similar belief.) Furthermore, unlike these participants, residents from different spiritual backgrounds may have different perceptions of the support that spirituality offers them.

Ethical Approval

Ethical approval for the study was obtained from the relevant university committee. A convenient (purposive) sample was used with participants drawn from the three RACFs. Participants were formally invited to be part of the study via the distribution of the literature following information sessions given at residents' meetings in the RACFs. Each participant included in the study gave written consent prior to interview. Thirty-four residents were recruited to the study, with this number deemed more than adequate to obtain saturation (Guest et al. 2006).

Results

The results of the study were grouped into subthemes under the major theme of Spirituality. These subthemes were “Connection to God/faith/church community”; “Connection to music”; and “Connection to family, friends, nature and the residential care facility”. It is known that social support as an aspect of health psychology, is ‘broadly defined as resource and interactions provided by others’ (Wills and Fegan 2001). In addition, Labun (1998) emphasised the relational component of spirituality with MacKinlay (2017) adding another dimension to explain that spirituality is expressed through interpersonal relationships as well as a ‘transcendent relationship with another realm’ (2017 p. 40).

There were three unexpected results of the study that became thematically apparent during data analysis. These themes, reported here as “Loss”, “Adaptation” and “They’re Busy”, were evident across some of the interview data. Subthemes within the Loss theme were labelled as “Loss related to ageing” and “Loss of companionship and connection with others”.

Spirituality

For this group of participants, “spirituality” was defined as “a connection”. This connection related to subthemes of God/faith/church community, music, family and friends, as discussed below. Not all participants expressed a concept of God, but all participants conveyed a relationship with spirituality.

Connection to God/Faith/Church Community

In seeking to define respondents' perspectives of “spirituality”, subthemes of this major construct were firstly to ‘connections’ to their core belief, i.e. relationship/or connection with a God dimension. Here participants suggested that *I still believe in God... everyone believes in a God, doesn't matter what name it is* and that *Spirituality was a very important part of me, my life is guided*. Others talked of the strength of God when aligning this belief with their spirituality by stating that *I'm always praying, I'm a Christian so I guess a lot spirituality means my fulfilment in my life, and Spirituality means that you're in with God. You believe in God*.

Participants emphasised the importance of the act of worship via church processes, including prayer, where a feeling of “being heard” by a Higher Power was granted. Others who believed in God also found a connection with their church community, with some assisting in the church to feel connected. Statements illustrating this include: *I used to do the flowers and clean the brass and I belonged to the Mothers' Union and I belonged to the*

Church Guild, I used to go to church always... every week, all your life... went every Sunday and eventually they had a group for the oldies, and What I call that it's a connection... I was an altar boy... I loved it... told in Latin the ceremony and all the gowns, the priests.

Others referred to the importance of attending church; in some cases, they even changed their denomination to continue the practice: *Yes, my mother was Church of England, my father was Catholic, I was christened in the CoE [Church of England] but I go to both services. We go to the services every Tuesday at ¼ to 11, we have the Anglican one. One participant suggested that Father was Church of England, mother was Methodist. ... it didn't matter where we were, the nearest church at the corner that's where we went.*

For these participants, their connection to spirituality was described in terms of a connection to God, faith and church community. For others, it was manifested differently as described below:

Connection to Music

For some participants, their spirituality related to a connection via music and its role in spirituality, shown through comments such as [Spirituality is] *Listening to my spiritual music—that's my church... I was a singer and I enjoyed the company and the service... but it was the band of the Salvos versus the high-quality organ music... I found it very, very satisfying.* Others shared how “spiritual” they felt when joining in singing, showing how they had a great love of music. *Even in the middle of a concert or sing-song [she felt 'spiritual']. We loved music, everything about music, we lived with music... Another reported that they get a lot of pleasure talking of spirituality and I think it adds to what I regard as spirituality... I'm a great classical music lover and I listen to lots of classical music... very important for me... I couldn't pass a day without listening to my classical music.*

Participants thus experienced their connection to spirituality through music. However, for some, a connection to others featured.

Connection to Family, Friends, Nature and the Residential Care Facility

The last connection was with family and friends (including those within the RACF) and proved an important aspect of spirituality. The company of other residents in the facility via various activities was significant for many residents, *we're very lucky here... every Monday there's a bus trip, half day for three of the days and a full-day trip once a month when we go out to lunch.*

In relating this connection to spirituality, they described it as *being able to mix with other people... the ladies I sit with at the dining table,... that brings in family... although I haven't got any children I came from a fairly close-knit family.*

Other participants also related their spirituality to a “connection” with nature, describing it as *it's a connection... there's the universe and it's massive. Some connected with gardens, I find gardens are therapeutic... spirituality is based on my faith... they've got a nice garden area and you can go for a walk and breathe the fresh air... the exercise and the atmosphere of a garden is very therapeutic; or... that's the nearest that... I get to spirituality... of being in nature.*

The above participants experienced their connection to spirituality as a relationship to their social and broader environment including music, family, friends (including those in

the RACF) and nature. Apart from spirituality described as ‘connections’ as above, other unexpected themes that related to spirituality emerged.

Loss

Loss was a major theme appearing in the data and described how respondents felt as they tried to feel a sense of connection and belonging. Loss had two subthemes, losses related to ageing (e.g. cognition, health, mobility, hearing, eyesight), and the loss of connection and companionship with others.

Loss Related to Ageing

These losses were often unavoidable aspects of ageing, but they were also barriers to spiritual expression as well as impacting on their overall quality of life, requiring considerable adaptation to cope. One participant gave up her connection with friends at Legacy (an organisation that offers support for war widows) due to her increasing deafness: *I purposively stopped going to Legacy. I never heard a word. I could not hear what the Legatees were saying and I had my back to them and I'd turn around and I'd get stuck in the chair, and I thought no, the same thing is going to happen again so leave that space for somebody else to sit in because it's so frustrating.*

Given that music featured as an important component of spirituality, one participant related the loss of hearing music, and another lamented the lack of access to music: *We loved music, everything about music; we lived with music and here I am unable to hear;* Another participant stated *I wish they would turn it on* [the DVD player in the resident's room].

Mobility losses also featured, as described pragmatically here: *I'm here and I can't walk up [to church] ... I don't get around anymore ... I'm not able to go anywhere else [but stay here]. Well I'm old and that's it.*

Participants disclosed that losses related to ageing impacted on their ability to form connections, including those that were identified as significant to their spiritual expression.

Loss of Connection and Companionship with Others

For some participants, this loss of connecting with others was typified by cognitive deficits in those around them that resulted in a loss of communication. *That's what I'm missing, I find it hard to communicate with the people here, which is what I've been used to doing... I want someone who will communicate with me, someone who will talk to me, somebody who will share with me and that's what I'm saying, that you don't get it* [communication].

Other participants added that *mostly all our friends are dying and there is really no conversation ... the gentleman next door has been here a short while. He's very intelligent so he's good to talk to.*

One resident commented, *when they're awake I can talk to them*, indicating there may be times when conversation was not possible with some of the residents. This response highlighted the social losses experienced by the participant group as a significant component of loss related to ageing.

Adaptation

Notwithstanding the participants' comments about the losses they experienced, it was interesting to note the adaptations that they made to compensate for these losses. Adaptation occurred as respondents tried to work through and offset their losses of ageing and loss of connection.

If people successfully found a way to build a bridge to spiritual expression and connection, the adaptation was successful. Although we have no evidence at this point (we only spoke to those participants who chose to speak to us and who may have been more satisfied overall), we suggest that if residents were unable to adapt, they could fall into the loss and grief leading to depression that is well researched in the literature (Djernes 2006; Glaesmer et al. 2011). Adaptation was noted as being what could be termed “ecumenical” (accepting spiritual help in other ways from the familiar, e.g. from a chaplain from a different denomination).

One participant stated her loss thus: *I can't get up to the church that is fine ... (her adaptation as) I still enjoy the other one [Chaplain's Chat] so I trot along to both if I am available.*

Having previously belonged to the Church of England community she identified adaptation by stating *when I was at home we always went to church [C of E]... I'm Uniting now. Another suggested both Catholic and Anglican Church send people around for communion and that sort of thing. They have communion in the ecumenical service... they have an ecumenical service which is on today. It's no great deal if I don't go but I like to go.*

When physical limitations were apparent, other ways of adapting were used: *I haven't quite got the same mental energy as I used to have ... I'm not quite doing as much as I was ... I can still participate. I do a lot of reading.* Another resident told how she no longer attended the Chaplain's Chat because *it is too hard ... getting there and I feel you worry the staff, they dress you and help you ... so I just sit here and read; Old age is difficult, it's something you don't realise though you accept it, well you have to.*

Participants throughout the study identified a range of losses related to ageing that impacted on their spiritual lives. Yet they also demonstrated resilience in their adaptation to these losses that enabled their spiritual needs to be met.

They're Busy

Another theme to emerge from the interviews related to a loss of companionship with family and was described as the phrase “they're busy”. It appeared frequently in the transcripts, presaging a sense of abandonment and loneliness, as well as being an excuse, for example, for family not visiting and leaving the aged person feeling neglected. Examples include: *I've seen them several times but not as much as I'd like to but I understand they're busy,* and *...on weekends, you look out and see all the neighbour's families coming in ... mine haven't come, what are they doing, they're all too busy.*

Some were philosophical and stated that *they've all got their own lives ... spread all over the world; we don't see them that often now because they have their own projects.*

Busyness was expressed in other ways, such as the busyness of staff members and the busyness of mealtimes: *the only way it impacts is at meal times because they rush in and we're trying to slow it down. I mean meal times should be a time of relaxing...*

The pace of contemporary residential aged care did not escape the participants of this study. It is noted, however, that participants made adaptations to their lives in various ways to compensate for this pace. (*I just sit here... and ...you accept it. You...have to*).

Discussion

This study aimed to determine for older people living in residential care, what constituted spirituality. This area of care is important to address as Vitorino et al. (2016) found that older people residing within aged care 'have specific psychosocial and spiritual needs...[and] most of the time are not recognized and met by the professionals who care [for] them (2016 p. 557).

When it came to defining spirituality for these participants, the major theme that emerged was a sense of connection. From the conversations with participants, it was evident that this connection gave people hope and a desire to live onward in the face of difficulty. Connection could be gained through faith, or via friends, family or the church community. The theme of connection reflected in this study is well represented in the literature, where components include a sense of transcendence, connectedness to others and purpose and meaning in life (Brennan and Heiser 2002; Burkhart and Hogan 2008; Harrington 2006).

This study reflected the diversity of spirituality among participants, with some overlap of themes. For example, connections with their spiritual domain could be through several concepts such as God, nature, scripture reading, prayer and other people. For these participants, connection could also be obtained through music, nature, prayer and scripture reading. While a common definition of spirituality is elusive (Ormsby et al. 2016) and while this paper does not seek to engage with the theology of that elusiveness, the above concepts are recognised as its constructs (MacKinlay 2017). Therefore, these constructs should be considered by residential care facilities under their remit of spiritual care.

The former spiritual practice of some individuals was to attend church services weekly, although some acknowledged the "monthly" services and accepted these changes, they made their preference for weekly services known. These variations add weight to the importance of an individual (i.e. unique) focus on care for each person. This approach presents a challenge in residential care where, despite attempts to meet most residents' needs, overall the setting is "communal" rather than "individual" and this approach can lead to a sense of loss regarding an individual's former spiritual routine. Participants within this study also alluded to physical and social losses attached to ageing. Researchers have argued that a spiritual sense of self minimises these physical losses (Harrington 2016).

Of interest was the identification of what is termed here as "They're Busy". This theme captured the observation made by older people of the rush of their surroundings and, in some instances, the lack of visits from their family ("they're busy"). The isolation residents may feel is under-reported in the literature and should be a pointer to further research in this area.

In the face of change, older people in this study showed resilience and an ability to adapt to these changes. Furthermore, the literature argues for 'spiritual resilience' assisting when there are life transitions (MacKinlay and Trevitt 2007; Ormsby et al. 2016).

Considering the concept of connection, it is argued that a sense of loss and loneliness ensued when circumstances meant participants' connection was broken, and they were unable to adapt to this change. When this connection was broken, there was a subsequent lack of adaptation that may have led to depression. For these older people, however,

resilience became evident as they adapted to the circumstances and found different ways, sometimes with the help of others, to make adaptations and move back from loss to connection.

It is offered that this adaptation is dynamic rather than static and, given the busy lives of some of the residents' family members and a lack of connection with them, at any given time a resident could potentially feel the effects of such loss. It would be important, therefore, for staff within RACFs to be attentive to each resident's family dynamic and to be aware of the possibility of loss leading to depression.

One theme that did not emerge from the data, and warrants further investigation, was how residents experienced connection or spiritual fulfilment by the contributions that they made that enhanced the lives of others. Similarly, how these contributions could form a pathway to adaption has not been explored. This dimension of spirituality, as an active contribution to social well-being through constructively engaging with others, was noticeably absent from the data.

The themes presented through this research lend themselves to a number of service recommendations, which we outline below.

Recommendations

Potential for Church Services to be More Frequent than Once a Month

For those residents whose previous spiritual practice was to attend services once a week the possibility of increasing these services to weekly needs consideration. It is acknowledged that residents within aged care facilities are from a variety of faith-based denominations and thus a rationalisation of services may be needed. As some residents expressed an ecumenical view of their spirituality, if their own denomination's service was unavailable there would be the potential to attend another one.

Acknowledgement that Spiritual Expression May Be Fulfilled Through Music

Music featured in this study as an important component to consider, yet it required someone to be alert to this aspect of care. The need to be alert to other forms of spiritual care is an important aspect to consider.

Attention to the Visits of Family, Friends and Connections Made with Those Residents Within the RACF

Given the importance of connections made with other people (i.e. family, friends or others within the RACF) reported within this study, it is crucial that staff within the RACF note the residents' family dynamics, including whether they visit. We suggest that the resident may potentially experience loss, with a subsequent decline, if measures are not instigated when family visits are absent. One measure could be to ensure the resident is placed at the dinner table with someone who will engage in conversation.

Slow the Pace of Care in Residential Care

The expectation that care workers complete their tasks in a reasonable timeframe is acknowledged, with some care workers being more efficient with time management than

others. However, given some residents' perception that there was a pronounced "busyness", especially at mealtimes, the instigation of a policy that "quarantines" mealtime as a time of slower pace should be considered. In addition, care staff need to have the opportunity to engage with those residents who do not have family visiting them.

Conclusion

The findings from this research demonstrate that, among the older residents who participated in this study, the majority defined spirituality as connections. Furthermore, in adjusting to the losses they experienced (due to ageing or family connections) they made adaptations to their lifestyle. It is offered here that these adjustments enabled them to work through and compensate for their losses of ageing and loss of connection. If these residents successfully found a way to build a bridge to spiritual expression and connection, their adaptation to the setting was more successful.

It is suggested that the concepts of loss and adaptation are important aspects to be addressed when caring for older people. It is argued that if a resident experienced loss and was able to make adjustments (i.e. consider another church-based community or embrace other cultures) this approach enabled adaptation to follow.

Author Contributions Each author made a substantial contribution to the paper in regard to (a) conception and design, and analysis and interpretation of data; (b) the drafting of the article and revising it critically... (c) approval of the version to be published.

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