

Spirituality and aging: a discussion from a principle-based, evidence-informed and zeitgeist-based approach

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Te Huinga Rangahau Arahi Mate Pukupuku



Who am I?

How one understands, studies and explains spirituality may be considered as much related to the individual researcher's beliefs and worldview, as to his or her discipline, methods or subjects.

(Schneiders, 1989, p.694)



Zeitgeist issues

- Demographic changes
- Long dying – chronic illness
- Well-being high (AUT QoL study) but MI/suicide rates high
- Spiritual cusp – post-religious age (Geering, L.)
- Spiritual needs – growing? Vacuum? Connectedness? Relationships?
- Zeitgeist – led to re-affirmation of principles

Principle-based approach

- Whole person principle – holism, total care, Tapa wha, Fono fale, approaches
- Guidelines/strategies: NZ (MoH – Aging, Māori, Renal, Cancer); UK (NICE, NHS), US (IACHO)
- “It is essential that all staff working in cancer treatment services **have a basic understanding of the spiritual needs of people with cancer**, possess the skills to assess those needs and know how to go about contacting spiritual caregivers when required. Training specific to the cultural and spiritual needs of Māori is essential.” Ministry of Health (2010). (Guidance for Improving Supportive Care for Adults with Cancer in New Zealand. Wellington: Ministry of Health. P.46)
- Developmentally – aging is a spiritual process
- “All patients have spirituality” (Frank Brennan Renal & Supportive Care Position Statement, 2013, Nephrology, p. 422)
- Rhetoric vs reality? Evidence needed.

Evidence-informed approach

The evidence suggests (contestable):

- Thesis: higher spirituality well-being, better life and death
- Spiritual needs high, especially at E-of-L / serious illness
- Holistic approach growing – wellness, healthcare, QoL, but spirituality poor cousin
- Huge growth in publications – Koenig, Oxford Textbook, Journals etc.

Evidence growing: spirituality studies

- Spirituality in New Zealand education
- Spirituality in New Zealand hospice care
- Psycho-social-spiritual supportive care in cancer
- Spirituality in ODHB oncology ward
- Spirituality in medical education
- Spirituality in aged care
- Spirituality and dementia study
- Spiritual care professional development project
- Spiritual care in cancer care across 16 countries
- Spirituality in NZ nursing study (hopefully)

Spiritual care and kidney disease in NZ. What do the specialists think?

- Primary Investigator: Dr Richard Egan Co-investigators: Professor Rob Walker, Professor Rod MacLeod, Ramona Tiatia, Sarah Wood
- **Aim: to [begin to] understand spiritual care in NZ kidney disease care**
- Sparse literature – shows spirituality important
- Methods – generic qualitative
- Participants – 9 nurses, 5 doctors
- Findings – broad, implicit (or forgotten), little training, Māori model, 'time' – very relationship based
- Of interest – death discussion?, mandate?, holistic 'misnomer', implicit good enough?, chaplains missing?

Recommended Books



Final reflections

- As we age – 'what makes your soul sing?'
- How can communities, whanau, institutions be spiritually empowered?
- Policy, government, advocacy – place of spirituality?
- What are the uniquely NZ ways to promote spirituality well-being for our aged population
- Need a spiritual lens/analysis – space, permission, confidence
- Need intervention studies. (Aged Concern spirituality workshop)
- Need to celebrate and encourage the spiritual stage of the aged
- The zeitgeist, principles and evidence can't be ignored.

Comments or Questions

'Ko te Amorangi ki mua, ki te hapai o ki muri'

**'Place the things of the spirit to the fore,
and all else shall follow behind'**

Takitimu whakatauaki (proverb)
(Payne, Tankersley, & McNaughton A (Ed), 2003, p. 85)
