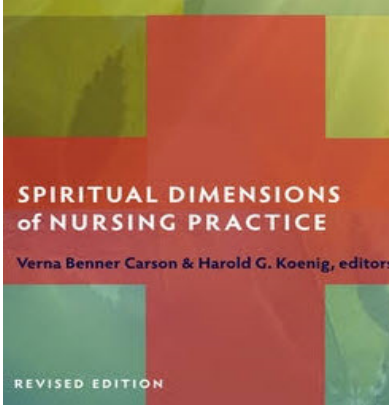
HOW A NIAGARA COUNTY COMMUNITY COALITION *USED A PUBLIC HEALTH PERSPECTIVE* TO CREATE A PROGRAM THAT WAS HONORED BY THE AARP SOCIAL IMPACT AWARD ...AS "A SIMPLE MIND-BODY-SPIRIT PROGRAM FOR SENIORS, ADULTS AND TEENS OF ANY FAITH, OR NO FAITH."



Spirituality and Eldercare

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edited by Verna Benner Carson and Harold G. Koenig

Love Never Fails
(1 Corinthians 13:8)

NOTE:
The story about "Loretta and her son," included in this chapter on pages 4-6, is also reported as a first-person account in ***Caregiver Stories and Stress Solutions*** *on pages 3-4, 41-43, and 50-51.*

KEY CONCEPTS

- *Emotional and spiritual wellness can grow despite physical decline*
- *Love underlies all religions, acts of volunteerism and social support*
- *Cognitive behavioral skills can increase love (i.e., a sense of oneness)*
- *Stress blinds us to the comfort of love, causing poor decision-making*
- *A simple strategy - outlined by a learning poem and four satisfaction skills - can improve each type of wellness (e.g., emotional, physical, social, spiritual)*

Growing old is harder than growing up. Loss looms. Cherished roles and loved ones disappear. Vitality fades – gradually or suddenly. The purpose for living may be challenged or shattered.

Yet, one is never too old to be well (DeLoughry and Levy 2006), despite diminished roles, declining abilities and serious illness. The elder who sits alone in a kitchen that once bustled with life, the ninety year old who has reluctantly moved to a nursing home and the newly diagnosed cancer patient can all find greater happiness – and so can those who care for them.

Lasting peace of mind can be found by prioritizing the pursuit of love. The goal is not to rekindle the physical passions of youth. Instead, deep satisfaction can be found by growing in selfless love, or agape.

Agape is articulated in the "golden rule," expressed by Jesus Christ as "loving your neighbor as yourself." It also is common to all the great religions, including Buddhism, Islam, Christianity, Hinduism and Confucianism (Armstrong 2006). Hillel the Elder, a Jewish religious leader who lived during the time of King Herod expressed it by saying: "Whatever is hateful to you, do not do to your neighbor. That is the whole Torah. The rest is commentary"(Weinstein 2006) .

"Every religion emphasizes human improvement, love, respect for others and sharing other people's suffering," according to the Dalai Lama (Robinson 2006). Thus, these common values are a good starting point for a consideration of spirituality in eldercare, since they are held by people of every faith or no faith.

Studies indicate that spirituality is a consistent predictor of well being, regardless of physical functioning (Daaleman, Perera et al. 2004) or degree of frailty (Kirby, Coleman et al. 2004). Spirituality is an important aspect of eldercare, yet approaching it in eldercare is complicated by the variety of religions.

Spirituality is good medicine for the challenges and disappointments of aging. "I've had to accept that I'm not important anymore," said Isabelle Reilly, a ninety-six year old Sister of St. Francis. She guided the administration of two large hospitals and twenty-five schools when she headed her East Coast province of more than 500 nuns. "But now I have more time to experience love." she added with a quiet smile [citation, p #, if available].

Spirituality is simple—it's about love, caring and being connected. But it's also complex, because everyone has a different view which needs to be respected. Religion can guide us to spirituality and love. But since we're all different, it's important to respect individual beliefs and different ways of finding love, with or without religion.

Most of the same steps that can help the elderly can help each of us. Thus, this chapter is aimed at helping the elderly and family caregivers as well as the professionals and aides that serve them.

In this chapter, "love" -- held up as the greatest of virtues by St. Paul --will be a particular focus. Love is both a spiritual goal (e.g., experiencing the love of God) and a path to reach that goal (e.g., "Love one another").

Although we will use love as a theme for exploring spirituality in eldercare, we must realize that no words -- let alone one single concept -- can ever capture the majesty, wonder and mystery of the Spirit. God is often described as love. For example, Thomas Merton has written: "...He is none of our idols, none of our figments, nothing that we can imagine anyway, He is Love itself. And if we realize this… life itself is transformed." (Merton 1994)

Love will be discussed as a "sense of oneness" – an experience that includes the intimacies of friendship, the ties within a family, a connection to nature and the union with the Spirit. It is also the caring that draws professionals and aides to the patients they serve. There is, of course, both a quantative and qualitative difference between the love or "oneness" someone might feel for a friend, a family member or nature. And there may be an infinite difference between the Love of God and other expressions of "oneness" we may experience. However, "oneness" remains a useful concept to explore the varyng dimensions of love.

This chapter will also describe Love as a behavior. Thus, Love is also the service of the aging volunteer who delivers meals on wheels, serves as a foster grandparent or makes phone calls to lonely shut-ins.

Viewing love as a behavior will allow us to explore cognitive-behavioral strategies, health behavioral concepts and community intervention principles (Green and Kreuter 1991) in the quest to promote greater peace of mind.

Some, who would otherwise be reluctant to interject "spirituality" into elder care, should find it easy to discuss "love" as a relationship issue. This perspective also allows the rich literature and related strategies for enhancing social support to be considered.
What if the goal of "experiencing more love" was incorporated into the care plans of the elderly as well as wellness plans of their caregivers? And what if these plans addressed physical, emotional and spiritual needs through a community program that reached out -- through newspapers, newsletters, television, community workshops, staff training and the Internet – to touch everyone who touched the elderly?

In Western New York, a Niagara County program (DeLoughry and DeLoughry 2002) has been answering these questions for the past three years. Goals for the mind, body and spirit are being supported by the County Office for the Aging, the County Department of Health, the Coalition of Agencies in Service to the Elderly (CASE), the Council on Aging (COA) and other eldercare organizations. Their approach to continuous-improvement care planning meets federal training and mandated accreditation requirements, while teaching relevant cognitive-behavioral skills. Organizational policies and procedures are also considered in an effort to improve both quality and outcomes.

Bridging the Separate Silos of Care

"Optimal physical, emotional and spiritual well-being are our goals for eldercare," says John Kinner, Executive Director of the Health Association of Niagara County, Inc. (HANCI). For the past seventy-five years, HANCI has promoted quality of life for seniors, elders and their caregivers through its social, home health and adult-day-care programs. It touches more than 50,000 seniors each year through its support of the Council on Aging, Golden Age Clubs, Foster Grandparents, Senior Companion and Retired Senior Volunteer Program.

"We are taking steps to bridge the separate silos of care," Kinner says, "by developing care plans that address the needs of the mind, body and spirit. And, we're doing that within the context of a community program that coordinates staff training and presentations at senior centers with newspaper, television and Internet campaigns so that everyone – professionals, aides, seniors, elders, family caregivers – can speak the same language."

The Niagara Caregivers Network, which HANCI sponsors and Kinner helped launch, coordinates much of Niagara's mind-body-spirit program. A simple "learning poem"

(DeLoughry and Levy 2006) is used for care planning, organizational planning *and* community planning to achieve medical, emotional and spiritual goals:

Remember goals and
Check the signs.
Take Some Steps and
Learn Each Time

The progression described in the learning poem will be used in this chapter to discuss the medical, emotional and spiritual issues of eldercare. It outlines a universal process that can help well seniors, frail elders, caregivers, organizations and communities.

Are We Ever Too Sick to Be Well?

During her early seventies, Loretta was an active senior despite the beginnings of emphysema and occasional episodes of angina and depression.

At 74, she suddenly became very ill and was admitted to the hospital. All tests were negative, but she continued to decline. Her physicians predicted that death was imminent, although they were unable to diagnose the problem. Her daughter packed her black dress and flew home.

"How much love can we experience?" Since medicine could not help, that question guided her family over the next few days. Her husband, son and daughter held her hand, and recalled the good times. Music softened the sterility of her hospital room. They prayed together, thanking God for a life where the good outweighed the bad.

The next day she was better, and three days later she was discharged. The cause of her illness was never diagnosed.

Although her physical health never returned to its prior level after that hospitalization, emotionally she seemed stronger. Perhaps the renewed awareness of her family's love was the medicine that she needed.

Shortly before her death five years later, she explained what had happened before the hospitalization. "I had just flunked my high-school equivalency examination," she told her son, who was shocked into silence. .

"It always bothered me that I had to drop out of high school during the Depression and I wanted that diploma," Loretta told him. "So I swore your Dad to secrecy and enrolled in a high school equivalency program. I thought I did pretty well, but when they mailed me the test results I saw I had failed -- by just two points! The next day I started to get sick, and three days later the ambulance took me to the hospital."

She recommitted herself to the Catholicism that had always been an important part of her life, becoming a Eucharistic minister and volunteering at a nursing home.

Her health gradually worsened in her late 70s, but her spiritual health peaked again toward the end of her life after another hospitalization. Meetings with Grace, the hospital chaplain, were comforting.

"During her final months, there was a glow about my mother I had never seen before," her son recalled. "She suffered terribly, yet she seemed happy and peaceful. When friends asked, I could never describe her condition with just one word. Usually, I'd say, "Well, physically, she's a mess, but emotionally and spiritually she's strong."

"My mother was well in the months before she died," he continued. "It's odd to say that because physically she was so sick."

What makes us well? Loretta's emotional and spiritual well-being outshone her physical limitations. Her story shows what research demonstrates: spirituality is an important factor in well being.

You're never too old to be well – regardless of the physical illnesses or limitations you have. You do not have to stop being well, just because your body is sick. In fact, peace of mind can always grow.

Because there is such a strong connection between physical, emotional and spiritual health, this chapter will address all three issues as they affect the goals of eldercare, the assessment of needs and the development of care plans.

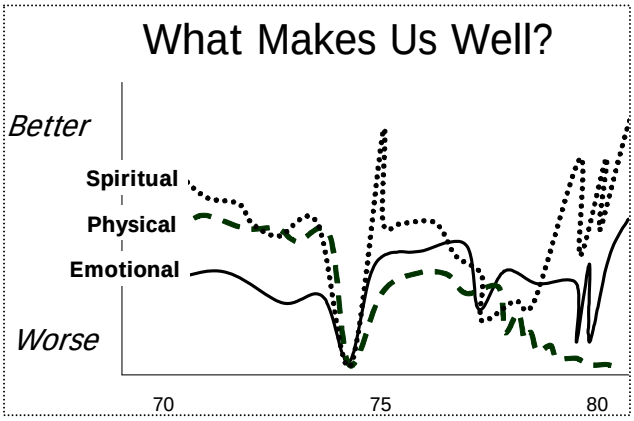

Fig. 1: Spiritual and emotional health can grow despite a decline in physical health

Spiritual and emotional outcomes can continue to improve up until the moment of death. In eldercare we expect that sooner or later a patient's physical well-being will wane, and a major goal of medicine and related therapies is to delay this decline. Equal, or greater, attention should be paid to enhancing the wellness of the mind and the spirit.

The spiritual values of love and compassion may be the best hope for addressing the individual, organizational and community challenges of aging. As baby-boomers age, it is widely anticipated that resources will shrink as demand increases, forcing communities to make difficult choices. A crisis is looming for many families and most communities. Thus, this chapter will also discuss how spirituality can also guide our choices as professionals, administrators and/or policy makers.

REMEMBER GOALS...

The Goals of the Elderly

Aging is a tough battle fought with fewer and fewer resources. Earlier allies, like self-esteem and usefulness, may be weak or absent. Former strategies to conquer depression such as visiting friends, attending a church supper or even walking, are difficult or impossible when you're bound to a wheelchair, worried about incontinence or tethered to an oxygen concentrator.

The words of Jesus on the cross, "My God, my God, why have you forsaken me?" are echoed by millions of elders. Some lie bed-bound in nursing homes or hospitals. Others stare out the windows of empty homes. Too few grow in love and wisdom. Too many never grasp the godly graces that surround them, or the blessings that await them.

Physical impairments and emotional problems make activities of daily living more and more challenging. A sense of meaning or a purpose for living is hard to find. Freedom from family responsibilities creates feelings of futility. The ending of a career may seem like the end of usefulness.

Yet, as expressed in the introduction by Sister Isabelle, the quieter times and slower rhythms of the elder years can be a time to hear the harmonies of nature and see the Light of Love.

Goals for elders might include:

- ***Physical****:*
  - Taking care of all, or most, of your own needs at home
  - Feeling well enough to garden, dance or enjoy some other hobbies
  - Having the mobility to visit friends and family

- ***Social/Spiritual:***
  - Experiencing as much love as possible -- perhaps the most important goal?
  - Maintaining contact with friends, family and relatives
  - Maintaining or restoring a sense of being needed and recognized
  - Having a sense of purpose (e.g., pass on wisdom; share more love)
  - Finding meaning and comfort in life

- ***Emotional:***
  - Feeling content, despite declining abilities
  - Maintaining control and choice
  - Overcoming depression and stress
  - Experiencing love and joy

How Much Love Can We Experience?

"'How much love can we experience?' That was the question that turned the tide," said Loretta's son. "We still urged the doctors to do more tests and to try other therapies. But at least half our focus shifted so we could treasure what we thought would be my mother's final days. We wanted it be a time to enjoy and celebrate love. Apparently that was the medicine she needed."

Love is a useful starting point in exploring spiritual goals in eldercare because of:

- The universality of love in the world's major religions
- The value of love as both a goal (e.g., being loved by God) as well as a means to that goal (e.g., loving God and others)
- The perception of love as both a social experience and a spiritual experience. Thus, a health professional can comfortably discuss love even with a confirmed atheist.
- The importance of love in:
  - Goal setting
  - Assessments
  - Individual care plans and organizational initiatives
  - The measure of our own personal ministries.

This chapter will explore four strategies to help elders, caregivers and professionals to enhance their spirituality by experiencing more love. They are to:

- Employ the ministries of word, action and presence, as presented by Dr. Carson in chapter six
- Use the "satisfaction skills" – four cognitive behavioral (i.e.,, awareness, affirmations, assertiveness and acceptance) that will be detailed later in this chapter
- Implement organizational policies, training programs and other initiatives
- Practice the "golden rule"

The Goals of Caregivers

It is as difficult to help the elderly without considering their caregivers, as it is to help children without involving their parents.

Most babies smile and giggle when their diapers are changed. However, an elderly person, faced with this indignity, is more likely to be curt than cute. Thus, caregivers experience the responsibilities of parenting with few of the rewards.

Viewing caregiving as a spiritual ministry can help a significant proportion of our population, as approximately one out of every five adults is engaged in eldercare. Family caregivers are the most important part of our long-term care system. They provide about 80 percent of the care for people who need help with daily activities, such as bathing and dressing, taking medications, and paying bills.

What issues are faced by caregivers? Burnout, frustration, disappointment and the questioning of God's will. Regardless of education and role, these issues must be addressed whether the caregiver, is paid or unpaid.

Goals for family caregivers might include to:

- Find a spiritual meaning in their caregiving
- Become actively involved in care planning
- Avoid burnout through the use of available resources as well as communication and coping skills

Organizational Goals

"For a long time the spiritual piece was left out of care planning because we were uncomfortable with it," says HANCI's Kinner. "But we conducted a community survey and learned that 87 percent of seniors felt that their spiritual needs were as or more important than their medical needs; and that 94 percent found their emotional needs to be as or more important than their medical needs.

"The needs of the whole person were rarely integrated into one treatment plan when we started to look at spirituality from the organizational perspective," Kinner said.

Organizations are likely to see controlling costs or increasing market-share as more important goals than caring. Yet, caring – a goal with spiritual dimensions – can make a crucial contribution to these "more important" goals. This is true because the spiritual values of love and compassion are associated with better communication. This leads to more satisfied patients who are less likely to sue for malpractice or "jump" to services provided by another organization.

Love, compassion and communication are also crucial factors in reducing costly turnover of eldercare aides and professionals. The top three reasons associated with turnover include: poor communication (Davidson and Folcarelli 1997) (Buelow 1999) ; high stress (Gaddy and Bechtel 1995); and lack of involvement in care planning (Caudill and Patrick 1991) These issues can be effectively addressed in an organization where staff truly cares for one other.

The integration of spirituality into the workplace is not just restricted to healthcare organization, nor should it be restricted just to those who "touch" patients. As reported in the New York Times (Shorto 2004), worksites ranging from the Center for Disease Control and Intel, the technology giant, allow employees to discuss religious issues on company premises.

Organizational goals may include the integration of spiritual values into mission statements, policies and procedures, supervisory sessions, training programs and strategic plans (Smessaert 1989) (Artis 2005) (Woods 2001) in order to achieve:

- Improved medical, emotional and spiritual outcomes
- Greater patient and family satisfaction
- Reduction of staff turnover
- Compliance with Medicare/Medicaid standards and JCAHO accreditation standards
- Improved quality of care

Community Goals

"Niagara County is resource rich. The problem is that people don't know where to go for services," says Christopher Richbart, Director of Niagara County's Office for the Aging. "We want them to be able to access all the resources that might help them, whether they be medical, emotional, social or spiritual services."

Communication about the services and the development of care plans that utilize all appropriate services are important goals for most communities. Because health is co-created – it is important to engage the whole community in developing pathways to care.

In planning sessions sponsored by the Niagara Caregivers Network, two important coalitions have worked together to examine how spirituality can be integrated into eldercare. They are:

- the Coalition of Agencies in Service to the Elderly (CASE), consisting of more than 30 traditional eldercare organizations which has been invaluable in providing professional leadership, and
- the Council on Aging, which has lent grass roots support and practical advice in program planning, while representing over 50 senior clubs and centers throughout the county

The initial collaboration of COA and CASE on a mind-body spirit initiative was the launching of *Sharing Your Wishes* – an end-of-life care planning program which was developed and funded through the Community Health Foundation of Western and Central New York. Four steps are suggested: 1) think about what's important to you and how you want to receive your care; 2) Select a person to speak for you if you are unable to speak for yourself; 3) Talk about your healthcare wishes; 4) Put your choices in writing, using a state-approved health care proxy form. Although much of *Sharing Your Wishes*

is focused on planning for your medical needs if you are unable to speak for yourself, the Niagara County initiative also encourages participants to plan for their emotional and spiritual goals.

It has been integrated with the Aging Well initiative because:

- both programs support the same patient-centered goals espoused by the Community Health Foundation, and
- the health care agent (appointed by the proxy form to represent the patient's wishes if the patient is unable to speak for his or herself) is also likely to be the primary family caregiver, that *Aging Well* enlists as a health care partner.

"It's all about the conversation," says Laurie Marshanke, CASE chairperson and a *Sharing Your Wishes* trainer, who also assisted in the development of *Aging Well.* "We're encouraging discussions that focus on medical needs, but also on what people want emotionally and spiritually in their final days.

"Conversations about mind-body-spirit goals in *Aging Well* are equally or even more important because our goal there is quality of life, rather than respecting wishes at end of life," she added.

Aging Well is funded by the Niagara County Office for the Aging. It uses an interactive CD which includes 45 minutes of video, which introduces families to eldercare services while stressing the importance of considering goals for the whole person. An accompanying booklet: "Are You Too Old to Be Well? Improving the Physical, Emotional and Spiritual Health of Elders and their Families" (DeLoughry and Levy 2006) communicates:

- the range of eldercare services and how to access them
- Two concepts:
    - wellness depends on physical, emotional and spiritual health
    - the choices we make determine how we age
- Two processes:
    - A care planning system, which can be used to enhance physical, emotional and spiritual health, as expressed through a simple poem (introduced earlier) that encourages continuous quality improvement:

      Remember goals and check your signs.
      Choose your steps and learn each time.
    - A communication cycle, called the "Satisfaction Skills," that teaches four cognitive-behavioral skills (i.e., awareness, affirmations, assertiveness, acceptance) which can be used to improve communication, manage stress and/or enhance spirituality

Aging Well pilot participants (i.e., elders, family caregivers, professionals, aides) report that the satisfaction skills can helping them with the goals improving communication, reducing stress and enhancing spirituality:

- One hundred percent of *professionals* (n = 65) and *caregivers* (n = 211) agreed that the satisfaction skills could help *to improve communication and manage stress.*
- Ninety-seven percent of *professionals* (n = 63) and 95 percent of *caregivers* (n = 201) agreed that the satisfaction skills could *enhance their spirituality.*
- One hundred percent of *aides* in home health (n = 64) and long term care (n = 59) agreed that the satisfaction skills could improve *communication,* while 94% of aides agreed that it could help in managing *stress;* and 88% agreed that it could enhance their *spirituality*

Aging Well has been developed as a community-wide intervention (Green and Kreuter 1991) that integrates patient and caregiver education with staff training and organizational policies and procedures, while coordinating a community newspaper, internet and television campaigns that link people to existing programs and services. As shown in figure two, a series of professional seminars have also been used to reinforce program activities.

Aging Well is based, in part, on federally mandated training requirements for aides[1], as well as mandated quality-improvement protocols from the Centers for Medicare and Medicaid Services and the Joint Commission on Accreditation of Health Care Organizations (JCAHO). It also addresses goals of *Project 2015: State Agencies Prepare for an Aging New York.*

"The best way to serve our home health patients is to address the full range of their needs," says Paulette Kline, Director of Niagara County's Health Department. "Our Long-Term Home Health Care program is sometimes called a 'nursing home without walls'. Our staff is incorporating *Aging Well* materials into their care plans because we see it as a way to address the needs of the whole patient, while encouraging a closer collaboration between the Health Department and the Office for Aging."

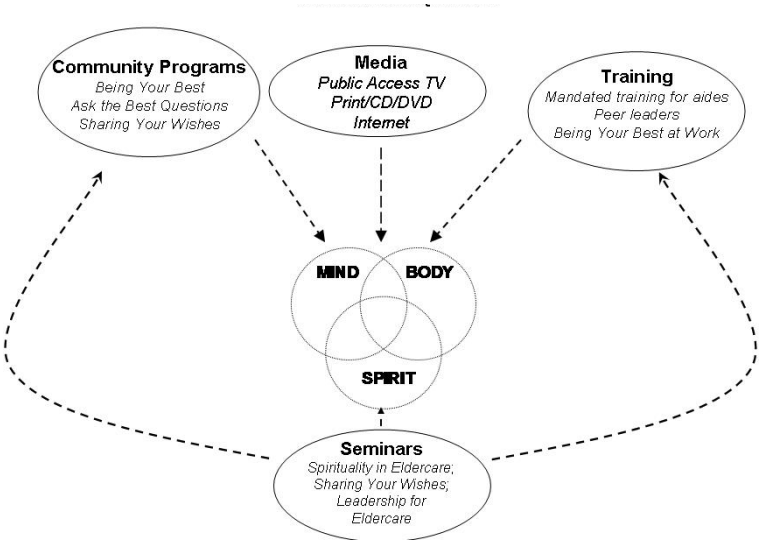

Figure 2: A coordinated community approach to improving quality of physical, emotional and spiritual life

The establishment of a "Leadership for Eldercare" forum, a final community goal, has yet to be accomplished. The

[1] Centers for Medicare and Medicaid Regulations: CHF §483.152 Requirements for approval of nurse aide training and competency evaluation for long-term care; and §484.36 Home Health Aides Services

intent is to bring the business community, insurance carriers, legislators and professionals who provide emotional, medical and spiritual care to the same table to discuss how to improve the quality of life for seniors, elders and their caregivers. The business community has a strong voice in determining legislation, regulations and funding for eldercare initiatives. Thus, it is important to engage them in a dialog that considers the needs of the whole person.

Spirituality and the golden rule can also be good for business, as the "marketplace ministry" movement espouses. Thus, it is hoped that engaging business and insurance leaders in a mind-body-spirit initiative will have multiple benefits for both businesses and the community. By infusing the spiritual values of love and compassion in our dealings with, and decisions about, the elderly, it is hoped that we will be able to cope – or even thrive – despite increased demand on eldercare services from aging baby boomers.

...AND CHECK THE SIGNS

Be Alert, But Don't Convert

The committee members had been spinning their wheels for the last half-hour. "When should assessments be done?" "Who should do them?" And, most difficult of all," What should be done if spiritual issues did surface?"

The questions went back and forth between the members of HANCI's Policies and Procedures for Spirituality Committee, but no progress was being made. Then, a quiet voice spoke: "Be alert, but don't convert."

Sister Marietta Miller, OSF, paused as her words were absorbed around the table. A small woman with deep insights, she is a Franciscan Sister who is a certified spiritual director and has worked for HANCI's Retired Senior Volunteer Program (RSVP).

Her five words had captured the essence of the issue: staff should be sensitive to spiritual needs without preaching or proselytizing.

Required Spiritual Assessments: CMS and JCAHO

The Centers for Medicare and Medicaid Services (CMS) and the Joint Commission on the Accreditation of Health Care Organizations (JCAHO) both indicate that spirituality should be assessed in certain circumstances. However, little detail is provided as to how the assessment should be conducted, or what should be done if spiritual needs are identified.

The Centers for Medicare and Medicaid Services (CMS) states that hospice patients, including those in nursing homes, need to have spiritual needs assessed, (CMS: 42 CFR Parts §418.70(f). §418.88(c)) but no further guidance is presented.

CMS also states, in its Resident Assessment Protocols (RAPS) for Long-Term-Care that "religious needs... should be assessed" if any of these *psychosocial well-being* "triggers" take place:

- Conflict with staff, family or friends
- Withdrawal from activities of interest
- Grief over lost status or roles
- Current daily routine is very different

The Joint Commission for the Accreditation of Health Care Organization (JCAHO) broadens the settings in which spiritual assessments must be performed, and provides examples as to the type of questions that should be asked. JCAHO sets standards for a broad array of health and mental health related settings. These include hospitals, home health, long term care, etc. In each of these settings, JCACHO standards states that

- Spiritual assessment should determine the patient's denomination, beliefs, and important spiritual practices
- Organizations must define the content and scope of spiritual assessments and the qualifications of the individual(s) performing the assessment.

Examples provided by JCAHO include:

- Who or what provides the patient with strength and hope?
- Does the patient use prayer in their life?
- How does the patient express their spirituality?
- What type of spiritual/religious support does the patient desire?
- What does suffering and dying mean to the patient?
- Is there a role of church/synagogue in the patient's life?

Individual Assessments

From HOPE to COPE

An individual's spiritual needs can be assessed through the systematic process described by Dr. Carson in chapter six, whether that person is a well senior, a frail elder or a family caregiver. In addition, other tools are available to assist the practitioner in conducting a spiritual assessments (Koenig 2002).

One of the simplest is "The HOPE questions" (Anandarajah and Hight 2001) which introduce the following concepts for discussion:

- H--sources of hope, strength, comfort, meaning, peace, love and connection;
- O--the role of organized religion for the patient;

- P--personal spirituality and practices;
- E--effects on medical care and end-of-life decisions.

In Niagara's mind-body-spirit project, HOPE has been adapted so that it is presented as "COPE" in the booklet (DeLoughry and Levy 2006) and the wallet card that accompanies the program (see figure 3)

COPE, as an acronym, is more compatible with a cognitive-behavioral approach to aging, since "cope" focuses on current behaviors and "connections", whereas "hope" focuses on more of a future orientation.
An expanded focus on "social/spiritual practices" in COPE, rather than the more narrow "personal spirituality and practices" in HOPE, prompts a discussion of both social support and/or spiritual support.

This may be particularly helpful for patients who are agnostics or atheists. It also provides a more familiar starting point for health professionals experienced in assessing social support, but unfamiliar with spiritual assessments.

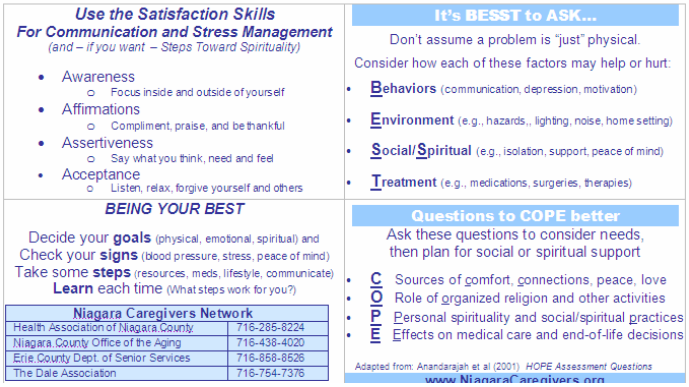

Figure 3: A wallet card summarizes the COPE assessment and the other strategies used in the program.

The wallet card is provided to elders and caregivers, as well as professionals and paraprofessionals or goal of the Niagara County program to encourage:

- A discussion of spiritual issues (i.e., COPE) and a plan for support
- The use of the "goals, signs, steps and learn" care planning system
- The use of the "satisfaction skills"
- A discussion of the BESST Questions, as will be described later in this chapter

An understanding of the above factors can help us to be sensitive to the type of spiritual issue that someone is struggling with. The factors (i.e., beliefs) discussed in the next section can guide us in the development of care plans.

Assessing Beliefs

Beliefs are more than just a spiritual creed – they are a determinant of all of our behaviors, such as prayer and worship as well as exercise, eating habits and medication compliance. Thus, beliefs have great importance for understanding not only spiritual health, but also emotional and physical health.

Practitioners wishing to help patients to move toward greater spiritual health may be wise to take a lesson from what has been learned about promoting physical health.

Compliance (e.g., the actions that a patient and/or the family caregiver take to achieve a goal) is directly correlated with a number of well-researched beliefs, including:

- Seriousness, susceptibility, benefits, barriers (Rosenstock 1985)
- Self-efficacy (Grembowski 1993)

For example, we are more likely to act if we believe that:

- A problem is *serious*
- We are *susceptible* to even worse problems if we do nothing
- There are helpful *benefits* in taking a particular action
- The value of these benefit outweighs any *barriers* (e.g., fears, cost, inconvenience) we may encounter
- We have the personal capability (i.e., *self-efficacy*) to do what is required

The accompanying table provides examples of beliefs that might affect medical outcomes (e.g., taking medications to control diabetes) or spiritual outcomes (e.g., using prayer to enhance spirituality)

TYPE OF BELIEF	**MEDICAL**	**SPIRITUAL**
	I believe....	
Seriousness	...untreated diabetes can cause blindness, amputations or an early death	....spiritual problems can cause deep pain for me and anguish for others.
Susceptibility	...if I don't follow prescribed treatments my illness will get much worse	...if I don't pray, go to church or seek spiritual counseling, my pain will get much (or eternally) worse
Benefit	...this medication can really help me.	...prayer can result in peace of mind
Barriers	...the side effects are worse than the illness; ...Medications are too expensive.	....I'll be embarrassed if I talk to a chaplain or pray; ...A spiritual path is too hard to follow ...I don't have time.
Support	...my friends and family want me to follow doctor's orders	...my friends and family want me to pray and/or go to church
Self-Efficacy	...I could never stick to a diet and/or remember everything I need to do to manage my diabetes	...I could never be a "good" person; that is because God and/or my family could never forgive me

Table 1: Beliefs affect progress toward medical and spiritual goals

Individual movement toward a spiritual goal, then, could be affected by:

- the belief in a heavenly or earthly reward
- the barriers (e.g. fear of "confessing"; "it's 'too late' to seek forgiveness")
- self-efficacy or confidence (e.g." I'm condemned as a sinner" vs. "God loves me")
- support (e.g. personal encouragement, spiritual direction, faith community)
- resources (e.g. availability of sacred texts, worship services)

It is best for health professionals not to impose their own beliefs on a patient. However, a sensitivity to the importance of the above beliefs could allow a professional to say something like:

- It sounds like you believe that spirituality is important to you and that prayer might have some benefits. Would you like to discuss this in more detail with a chaplain? – or
- It sound like you don't believe that spirituality is important or that prayer is particularly helpful. Are there any steps that might bring you more peace of mind? If so, could I suggest some people or organization that could help you with these steps?

Beliefs can be modified through education, role modeling and other strategies. .

Organizational Assessments

"We've got to change the way we're doing business," says John Kinner, HANCI's Executive Director. "An aide came up to me after we did an in-service on Spirituality and Eldercare. She pointed out that our Employee Handbook states that 'no political or spiritual discussions should take place in the home". Our logo says 'HANCI...where caring counts.' But what does 'caring' mean when you look at it from a spiritual perpsective?

"Our community survey, plus JCAHO guidelines tell us that spirituality is important," Kinner continued, "so we formed a committee to reassess our written policies and procedures. We're also taking a closer look at our mission statement."

As Kinner suggests, organizations should reassess their mission statement, policies, procedures and training programs to consider how spirituality can be integrated with eldercare. The beliefs that an organization has about its mission are a good starting point.

Organizational beliefs

Beliefs (sometimes called the "corporate culture") influence organizational behaviors as well as individual behaviors. Thus, an organization's movement toward a spiritual goal (such as the inclusion of "love", "caring" or "spirituality" in a mission statement or care plan could be affected by:

- the belief that a mission statement and/or training program could really make a difference
- the barriers (e.g. fear of being judged as "unprofessional" or a "zealot")
- Self-efficacy or confidence (e.g., I (or we) don't have the ability/influence to change my organization)
- Support (e.g. the attitudes and behaviors of other staff and upper management)

- Resources (e.g. guidelines and/or examples to follow)

Community Assessments

What if we collaborated to improve the quality of life?

In February, 2003, eighteen professionals (engaged in medical, emotional or spiritual care) met at the Center of Renewal at Stella Niagara, a Franciscan Retreat Center about 10 minutes north of Niagara Falls. Their goal was to discuss how a collaboration of medical, emotional and spiritual organizations might improve the quality of life.

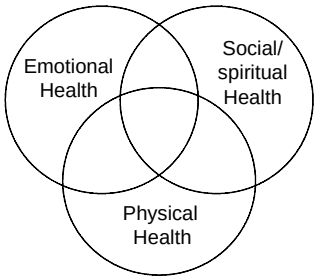

Figure 4: Quality of life goals as viewed by the Niagara Caregivers Network

"One community organization had done a study a few years earlier that showed that elders tended to stay with the first agency they were referred to, regardless of the nature of the problem. We hope that somehow these meetings would help to avoid someone getting stuck in a particular 'silo of care,'" said Kinner.

The group, which was to become the Niagara Caregivers Network (NCN), shared the belief that physical, emotional and social factors are interrelated as expressed by leading medical organizations (American Academy of Family Physicians 1995) and stated by the World Health Organization (WHO) which views health as: "a state of complete physical, mental and social well being, and not merely the absence of disease or infirmity."

The group decided that "spiritual well-being" was an essential dimension to include after reviewing JCAHO accreditation requirements, as well as evidence that spirituality is important to patients (Mueller 2001) and may contribute to better health (Koenig 1999) (Harris 1999). It was linked with "social well-being" because love can be viewed as both a spiritual and a social concept.

Just as the mind, body and spirit are connected on a personal level, it was concluded that connecting the "silos" or systems of emotional, medical, social and spiritual care would benefit the community. This "social assessment" was to serve as "phase one" in the community planning model illustrated in figure 4.

Using a Systems Approach to Achieve Goals

The group used a community-assessment model (Green and Kreuter 1991) which asks which factors (e.g. administrative, educational, behavioral) need to be adjusted to achieve program goals, as illustrated in figure five.

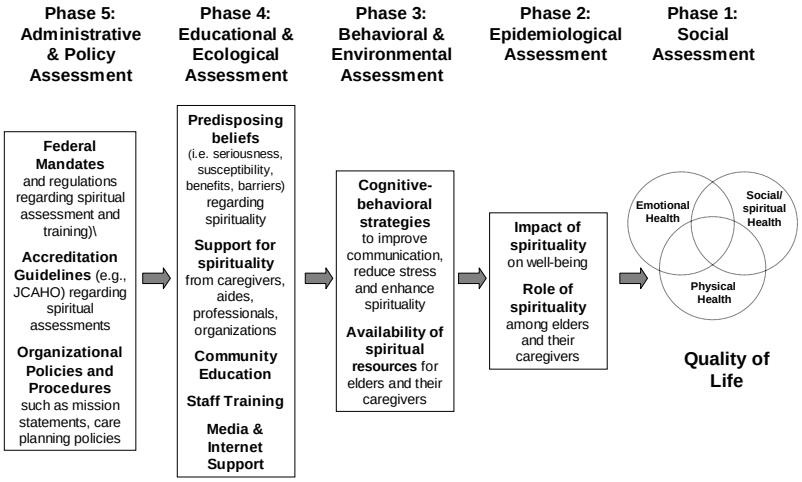

Figure 5: Community assessment to improve spiritual health conducted by the Niagara Caregivers Network (Adapted from: Green & Kreuter, 1991)

For example, quality of life (which the NCN defined as emotional, physical, social and spiritual well-being in their "phase one assessment") is affected by patient behaviors (e.g., physical exercise, prayer) as well as cognitive behavioral strategies (e.g., assertiveness, acceptance). These behaviors are influenced by educational factors (such as knowledge about exercise and prayer) and by the predisposing beliefs discussed above (e.g., seriousness, benefits). Support from family and friends is another important factor, as are the availability of community education, staff training, media and internet programs. Administrative policies are also influential, such as accreditation guidelines and organizational policies and procedures.

In their initial epidemiological assessment in phase 2, the Niagara group reviewed evidence regarding the relationship of spirituality and well-being. It decided to focus their attention on seniors and elderly because of the preponderance of studies among elders and the belief that this age group would be most receptive to the spiritual component of the anticipated programs. There was, however, considerable discussion about also targeting adolescents

The systems approach (Capra 1996) views quality of life as a "co-creation" of both the professionals' and the patient's behavior, as well as administrative, organizational, and community influences. This systems approach, when integrated with the community planning model described above, became the framework from which Niagara County's *Aging Well* program that was launched to improve the well-being of elders, family caregivers and their aides.

Financial Support

The initial community program was approved for coverage as a wellness benefit by three local managed care organizations and was supported by a mailing from the American Association of Retired Persons (AARP). The strong backing was due, in part, to the

research and assessment that has shaped the program, as well as its broad focus on physical, emotional, social and (non-denominational) spiritual well-being.

After three years of service, a second program iteration has been funded through the Niagara County Office for the Aging through their Expanded In-Home Services to the Elderly (EISEP) program. The revised program, which includes an interactive CD (DeLoughry 2006) with forty-five minutes of video designed for staff training and family discussions, includes "love" as a suggested goal for care planning.

TAKE SOME STEPS...

Preach the Gospel always, use words when necessary. – St. Francis of Assisi

Preliminary Considerations:

This section will explore three strategies to help elders, caregivers, professionals to enhance their spirituality by experiencing more love:

- Utilize the ministries of word, action and presence, as presented by Dr. Carson in chapter **six.**
- Practice the "satisfaction skills" – four cognitive behavioral (i.e.,, awareness, affirmations, assertiveness and acceptance) that will be detailed below
- Implement organizational policies, training programs and other initiatives

Before that, however, we will briefly review:

- How four people play a role in creating wellness
- The value of the "golden rule"
- The importance of a care plan to improve physical, emotional and spiritual well-being
- How to address the needs of the whole person by asking the BESST (behavioral, environmental, social, spiritual and treatment) questions

Wellness is Co-created

Three other people play an essential role in "co-creating" spiritual wellness, in addition to the professionals who providing medical, emotional and spiritual care. They are:

- The elder – who must remain the primary focus – especially in any organization that offers patient-centered care.
- The family caregiver – whose own well being is the best predictor as to whether an elder can stay in the community
- The aide – who has the most day to day contact with the elder than the professional

In eldercare, the aide and the family caregiver are crucial in assuring that the care plan is followed. Importantly, these "allies" can provide detailed feedback to the care team

leader and/or the physician regarding what medical, emotional and/or spiritual strategies are most effective, as will be discussed when the BESST questions are addressed below.

Aides, family caregivers and health professionals should be encouraged to follow that same continuous-improvement process (i.e., Remember goals, check your signs, choose your steps and learn each time) that is being prescribed for the elder. The benefits include reduced stress and burnout, as well as improved relationships and better quality of care.

The Golden Years Need the Golden Rule

"Whoever called these the Golden Years ought to be shot."
Overheard at a Senior Center.

For many, the elder years are far from a rich experience that gleams with grace. To them, the promised "golden years" are little more than a well-meaning Santa tale told to brighten a child's Christmas.

Yet, the retirement years *can* be the golden, enriched with blessings and deepened by love. Although the next two sections will detail strategies to enhance this love, the best suggestion may be the simplest – just follow the Golden Rule.

This simple spiritual instruction – *Do unto others as you would have them do unto you* –is a good compass to navigate the complexities of various theologies and/or administrative polices and procedures. As detailed in the accompanying table, the notion of "doing unto others..." is central to all major religions (Armstrong 2006).

Table 2: The Golden Rule as Expressed in Major Faiths	
Buddhism	"Hurt not others in ways that you yourself would find hurtful." Udana-Varga 5,1
Christianity	"Do to others as you would have them do to you." - Jesus (5 BCE—33 CE) in Luke 6:31; Luke 10:27; Matthew 7:12
Confucianism	"What you do not want others to do to you, do not do to others." - Confucius (ca. 551–479 BCE)
Hinduism	"This is the sum of duty; do naught onto others what you would not have them do unto you" - Mahabharata 5,1517
Islam	"Hurt no one so that no one may hurt you" -- Muhammad, The Last Sermon. (570 – 632 CE)
Judaism	" Whatever is hateful to you, do not do to your neighbor. That is the whole Torah. The rest is commentary – Hillel the elder (50 BCE-10 CE)

The heart of spirituality in eldercare, therefore, may be found in the aides, professionals, friends and family who are simply treating the elder the way they would like to be cared for.

Using a Care Plan

Aging Well engages elders, family caregivers, aides and professional in following a care plan that addresses the needs of the whole person.

Most healthcare professionals have been trained in the use of care plans. This may be the SOAP (symptoms, observations, analysis, plan) used by many physician or some other model. Fewer paraprofessionals, who have the closest contact with elders, have received such training. And few family caregivers ever get to see a written care plan, or make a contribution to it.

Aging Well changes that process by teaching a care plan based on a poem that stresses the importance of continuous improvement (DeLoughry and Levy 2006). As can be seen in the illustration of a sample care plan, it:

- Can be used to reach medical, emotional and spiritual goals
- Encourages motivational discussions about goals
- Establishes "signs" or benchmarks to measure programs
- Prompts a consideration of "steps" that include:
    - Communication, stress management and prayer skills
    - Positive lifestyle behaviors (i.e., exercise, nutrition, personal care)
    - Use of medical, emotional, social and spiritual resources
    - Getting and giving support
- Encourages the continuous-quality-improvement of care by "learning each time" (i.e., rechecking signs) which strategies are most effective

Active support from a "wellness partner" is encouraged by his or her signature on the form.

The "Plan with a Partner" care planning form (see figure six) is useful for motivation, communication and the tracking of a few factors. A more detailed "Signs and Steps Learning Log" is also provided for the more detailed tracking of many factors.

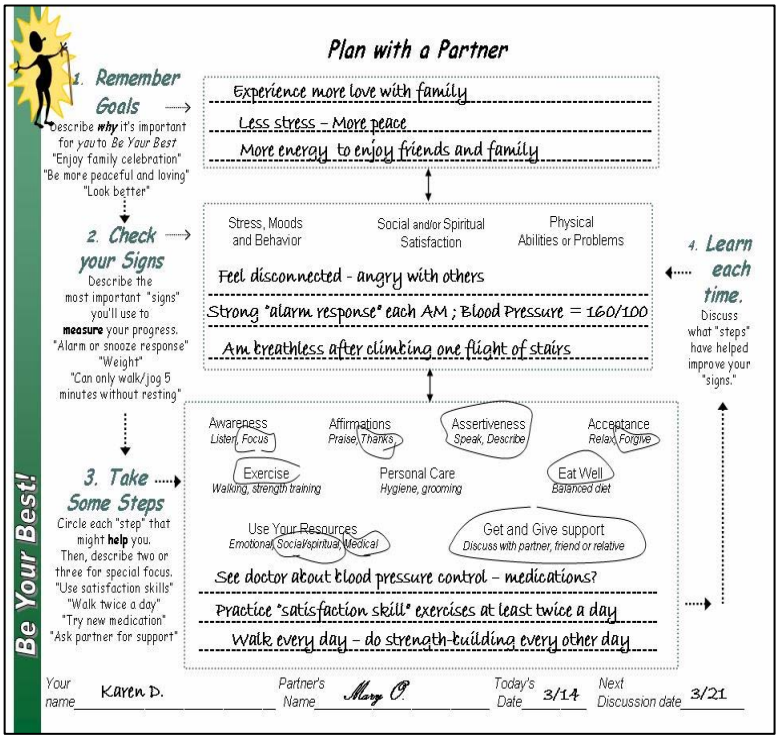

Figure 6: *Plan with a Partner* encourages support for a continuous-improvement care plan.

Asking the BESST Questions

All *Aging Well* participants are also trained to ask the BESST questions, an acronym that stands for each of the aspects that may

either contribute to a problem, or may help to cure it.

- B – Behaviors
- E – Environmental
- S – Social
- S – Spiritual
- T – Treatment

The twenty most common problems of the elderly (e.g., dementia, incontinence, falls) are the focus of detailed guide (DeLoughry and Levy 2006) that outlines "Warning Signs" and BESST Questions" to address the needs of the whole person. They are adapted from the Resident Assessment Protocols (RAPS) that are mandated by the Centers for Medicare and Medicaid for long-term-care facilities.

Improving the Quality of Care

It is anticipated that this approach can make a significant contribution to improving the quality of care because:

- It encourages the application of "the Golden Rule". By encouraging the spiritual values of love and compassion, it is anticipated that incidents of elder abuse will decrease.
- It teaches the basis principle of continuous-quality-improvement through the "learn each time" component of the Being Your Best care plan.
- It enables elders, family caregivers and aides in home settings (where the great majority of the elderly reside) to use a quality-improvement tool (i.e. the BESST Questions) derived from the Resident Assessment Protocols that are mandated in that long-term-care settings by the Centers for Medicare and Medicaid.

Individual Steps

After the elder's goals are understood and "signs" have been identified for benchmarks, it is important to consider what "steps" may help him or her to achieve the chosen medical, emotional and spiritual goals. This can be achieved through the ministries of word, presence and action and the satisfaction skills, in addition to other strategies (e.g., exercise, nutrition, medications, therapies) that are part of the care plan.

The Ministries of Word, Presence and Action

The ministries of word, presence and action, described by Dr. Carson in chapter six, should not be restricted to professionals. This is especially true in eldercare when the elderly are looking for meaning; and family caregivers as well as aides might benefit from a spiritual perspective on their work.

The "ministry of presence" is more than just physical presence. Instead, it is a connection that is established through a commitment to, and practice of, active listening and empathy.

"Our 'presence' may be the most important part of our ministry" says Anne Marie MacIsaac, who is president of the Western New York Parish Nurse Institute. "And it's not just being fully present when the patient and I are in the same room. It's also being available for the patient. For example, I have a patient who calls me every Thursday at 9:30 AM, just to say hello. It gives her comfort, I think, for her to know that I really am there for her."

The "ministry of word" includes: the discussion of spiritual issues; the support and encouragement of spiritual beliefs; referrals to a chaplain or spiritual director; as well as the sharing of prayer and sacred texts.

"Sometimes the 'ministry of word' is a very casual thing," says MacIsaac. "I might reference a scripture passage in passing as a comment on a personal experience I'm having. Sometimes, though, it's the sharing of a sacred text that may bring some comfort to a troubled patient."

"The "ministry of action" is simply how you do what you do.

"Sometimes – or maybe most of the time – the action isn't "overtly" spiritual. It may be helping someone find some food when they are hungry or arranging for a ride. It's not so much what you do, it's your reason for doing it," MacIsaac adds.

These ministries are also important considerations for "well seniors" who could benefit from the spiritual sense of purpose that is expressed through these ministries as they volunteer to help the community, a friend or a family member. Also, these ministries are not just the province of professionals who provide medical, emotional or spiritual care. They are also a path for aides – the paraprofessionals who, in many ways, work harder for fewer rewards.

The Satisfaction Skills: A Cognitive Behavioral Approach to Communication, Stress Management and Prayer

Cognitive behavioral techniques have demonstrated their effectiveness in helping caregivers of elders suffering from Alzheimer's Disease (Livingston, Johnston et al. 2005) and Parkinson's (Secker and Brown 2005). This approach, that recognizes the importance of our thoughts in how we feel and what we do, has also been effective in reducing anxiety in family caregivers (Akkerman and Ostwald 2004).

In Niagara's *Aging Well* program, four cognitive-behavioral skills are being used to improve communication, reduce stress and enhance spirituality, while also playing an important role in fostering forgiveness. They are: awareness, affirmations, assertiveness and acceptance. (DeLoughry and Levy 2006).

The role of each of these skills in improving communication will be addressed below, as well as the role of each in reducing stress. First, however, we will address their use as prayer skills.

If prayer is "any thought or action that connects us to God and God's creations," as suggested earlier in this chapter, then each of these skills addresses a different form of prayer:

- *Awareness* - Awareness of the Spirit in each of us and all of creation is an form of contemplative prayer. Awareness, as taught in *Aging Well*, uses focusing as meditation technique to focus attention in the present moment, a strategy employed in many mystical traditions
- *Affirmations* – "Praise worship" in which the wonders of the Spirit are appreciated and God is thanked for blessings, is a common form of workshop. Halleluiah!
- *Assertiveness* – Assertiveness is useful as a "petitioner's prayer" as exemplified by "Give us this day our daily bread" in the Lord's Prayer. Although physical healing may be possible, *Aging Well* especially encourages people to pray for an awareness of God's love and peace of mind, two goals that are rarely denied.
- *Acceptance* – "Thy will be done" from the Lord's Prayer captures the essence of acceptance. It is a crucial step in forgiving oneself, others or God."

"Anger at God blocks many people from experiencing the Spirit or His love, " says Sister Isabelle Reilly, OSF, whose comments about love introduced this chapter.

"The essence of peace, joy and contentment is accepting God's will, which sometimes means we need to 'forgive' Him. The Spirit is loving, but His plan and wisdom is beyond our understanding," she added.

Prayer, whether it is the recitation of a familiar passage learned in childhood, or a more personal communication with the Spirit as suggested by the satisfaction skills, can move us toward forgiveness and joy. It may also reduce caregiver burnout, especially if these spiritual expressions are practiced on a daily basis (Holland and Neimeyer 2005).

We can reduce stress by focusing our awareness on the present, affirming the good things about ourselves and communicating our needs and feeling, while accepting what cannot be change. Thus, the following steps concurrently reduce stress while enhancing communication.

Acceptance and Forgiveness

Forgiveness of self, others and God is a crucial task at any age, but especially in our final years. Forgiveness can be defined:

- Behaviorally - as attention in the present rather the past
- Emotionally - as a reduction of anger, fear or guilt
- Spiritually – as an acceptance of God's love

Forgiveness can be enhanced by the following cognitive-behavioral skills:

- Becoming *aware* of resentments, anger, guilt and strengths
- *Affirming* self and others for strengths, successes and positive qualities
- *Asserting* our needs, feelings and goals
- *Accepting* what can't be changed by focusing on the present

Acceptance can be the "saving grace" when, despite everyone's best efforts, a situation gets worse instead of better. It also helps when people are frustrated with others or disappointed in themselves.

Acceptance doesn't mean giving up, just as forgiving doesn't mean forgetting. Instead, acceptance, as taught through Aging Well means letting go of your anger, fear or guilt. When you accept or forgive, the goal isn't to "forget" what happened. Instead, the goal is to *not dwell* on past actions or future fears, so goodness or beauty might be seen in the present moment.

It is easier to see goodness and love when we are not stressed, fearful, angry or guilty. Focusing and relaxation are skills that make it easier to let go of negative feelings and accept what is. Focusing helps you keep your mind in the present, and relaxation calms both your body and your mind.

To get better at acceptance and forgiveness, practice <u>all</u> the satisfaction skills, plus relaxation and focusing on a daily basis.

The behavioral skill of relaxation (i.e., the physical easing of muscle tension) and the cognitive skill of focusing (i.e., returning one's attention to the present moment) can be easily taught through a relaxation tape, CD or DVD. These skills have been successfully incorporated into the American Lung Association's national program for emphysema and chronic bronchitis (DeLoughry 1983)as well as a stress management program (DeLoughry and DeLoughry 1991) created by a large managed care organization. Video instruction in both of these skills is included in Niagara's Aging Well program (DeLoughry 2006).

Communicating with the Elderly

Examples as to how each skill can be used in communicating with the elderly include: - *Awareness* – Make sure you note the abilities and potential of the senior you care for– as well as the handicaps and barriers that make change difficult. Ask questions.
- *Affirmations* – Offer encouragement by reminding the senior of his/her past accomplishments and success, as well as more current qualities he or she displays or can draw on.
- *Assertiveness* – Encourage the elder to follow the steps that are part of the comprehensive care plan. Use short, direct phrases to minimize confusion. Share your thoughts and feelings. Encourage the elder to be assertive.
- *Acceptance* – Tolerate mistakes, setbacks and missed goals. Accept that progress and/or benefits may not be as great, or may be different, from what you hoped.

The Satisfaction Cycle: When? …How?

Any one of the satisfaction steps may be helpful at any time. However, for the most success, it may be most helpful to use them in this order (as shown in figure seven):

1. Awareness – Take a few deep breaths and *focus on the present moment* – let go of past problems or future fears and pay attention to right now.
2. Affirmations - Start your discussion with some *compliments* or "*thanks*" to help reduce the fear and anger the other person may have. Then, they can listen better to the rest of what you have to say. Remember also to affirm yourself!
3. Assertiveness – *Say what's on your mind*, using "I" statements described below
4. Acceptance - *Relax and listen.* What is true about the other's point of view?

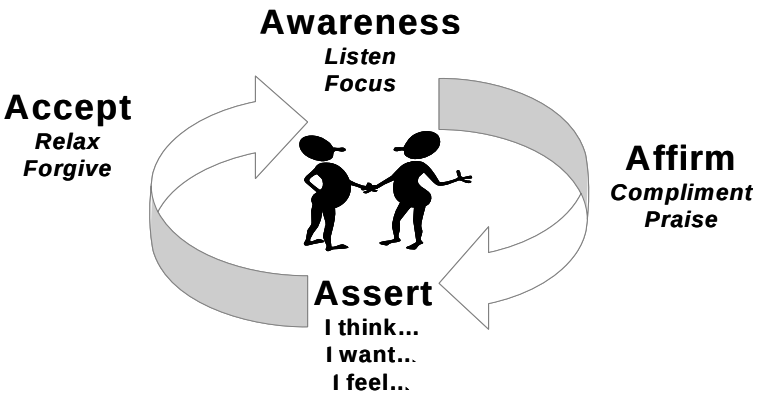

Figure 6: The Satisfaction Cycle consists of four cognitive-behavioral skills that can improve communication, reduce stress and enhance spirituality.

In summary, the following steps can help elders, family caregivers, aides and professionals integrate spirituality into eldercare:

- Consider the ministries of word, action and presence as a guide to your interactions
- Use a continuous improvement care plan, such as: "Remember goals, check your signs, choose your steps and learn each time"
- Use the satisfaction skills of awareness, affirmations, assertiveness and acceptance to improve communication, reduce stress and enhance your spirituality
- Utilize the spiritual resources within your organization and community, such as chaplains, ministers, churches and parish nurses

Steps for Organizations

"Sometimes I wish that we had something, like at Hippocratic Oath that physicians follow, to guide our staff," says John Kinner, reflecting on the steps the HANCI is taking to integrate spirituality into its care plans. But, then, I suppose that we do - - It's the Golden Rule and it's respected by everyone.

"But caring needs to be something more than being nice to each other and our clients at work and on home visits. We are a family here, and need to have a presence at the milestones in each other's lives. For example, if volunteers have lost a loved one, we should have a presence at the wake or the funeral. They've helped us deal with our crises, we should be there for theirs.

The steps that an organization can take to integrate spirituality into eldercare include:

- Discuss the issue of spirituality and eldercare with staff, clients and the board of directors
    - Consider how the values of love and compassion might assist in achieving other goals that are important (e.g., patient satisfaction, decreased staff turnover, increased market share, better communication, better outcomes)
- Survey staff and clients to learn more from their perspectives
- Establish a committee or task force to review or examine
    - Mission statement
    - Policies and procedure
    - Employee handbook
    - Relevant accreditation and training mandates
- Reach outside your organization to others (e.g., Hospice, spiritual directors, hospital chaplains) who are integrating spirituality with eldercare
- Integrate staff training with patient education and caregiver support, so that a common vocabulary and set of skills can enhance communication as well as improve the quality and outcomes of care

Steps for Communities

The following steps may be helpful in developing a community approach toward integrating spirituality into eldercare:

- Contact the officers of relevant professional organizations (e.g., parish nurses, discharge planners, human resource managers) to determine their interest in these issues
- Contact the officers of relevant grassroots and professional coalitions (e.g, Council on Aging, Golden Age Clubs, Network in Aging) to determine their interest in these issues
- Contact the directors of local government organizations (e.g., Office for Aging, Department of Health, Department of Social Service, Department of Mental Health) to determine their interest in these issues
- Contact the directors of relevant eldercare organizations (e.g., home health, adult day care, long-term-care; managed care) to determine their interest in these issues
- Organize a conference on "Spirituality and Eldercare" to start a community discussion and identify interested individuals from other organizations who are interested
- Convene a community planning session of interested parties to examine the behavioral, educational, predisposing, administrative and other factors that can influence your success (Green and Kreuter 1991)

- Pilot programs and evaluate results
- Seek grants and governmental support

...AND LEARN EACH TIME

Individual Lessons

"There is, after all, something eternal that lies beyond the hand of fate and of all human delusions. And such eternals lie closer to an older person than to a younger one oscillating between fear and hope. For us there remains the privilege of experiencing beauty and truth in their purest forms."

Letter from Albert Einstein to Queen Elizabeth of Belgium, sent March 20, 1936

Beauty was once described by S.T. Coleridge (Perry 1999) as "the many seen as one." In doing so, he distinguished the beautiful from the agreeable (which is merely "pleasant"). His definition of beauty embraces a mystical understanding of spirituality, and also encompasses the definition of love (i.e., "a sense of oneness") that has been used in this chapter.

A sense of beauty, a sense of meaning or a sense of love can all be seen as measures of spiritual understanding. The degree to which they are present, or absent, is a lesson that can help each individual to "learn each time" which "steps" or strategies are most successful.

How much beauty do elders see around them? The trillions of cells that work as one to produce a flower -- or a smile -- hint at an eternal wisdom within the cycle of life. This can be appreciated even by those, like Einstein, who do not believe in a personal God who intervenes in human affairs (Dukas 1989).

The spiritual path is different for everyone, and some may see it only as a social or a moral experience. But the rewards of love, beauty and peace of mind await everyone who seeks them, regardless of their theology or philosophy.

"You can never take anyone higher than you are," said Ram Dass, a spiritual teacher who devoted his life to the teaching of Hinduism as an alternative to the excesses of LSD and other drugs. His comment illustrates how easily professionals can overlook a spiritual issue faced by the elder.

The blinding effect of our own limitations can restrict our grasp of the spiritual lessons the elder is learning. It is very possible that a patient may be "stuck" in a "higher" stage of spiritual development than the professional has achieved. This reinforces the importance of listening and encouraging, rather than judging, as the elder "learns each time" what spiritual strategies work the best for him or her.

In some Eastern cultures, old age is a time for these spiritual reflections. In caring for our elderly patients, we can encourage these reflections by helping them to use the process and the skills presented in this chapter, by modeling these behaviors ourselves.

The process of "remembering goals, checking signs, taking steps and learning each time" is an unending cycle. It can take us ever closer toward our goals, although the experience of God is beyond words, and an understanding of the Spirit is beyond the human mind

The satisfaction cycle of awareness, affirmations, assertiveness and acceptance is another process of steps that never ends. But one is never too old to appreciate more of the beauty, love and peace that the Spirit brings.

Each time individuals re-measure the signs (e.g., blood pressure, alarm response, peace of mind) that mark progress toward their goals; they learn an important lesson about what strategies are most helpful.

Organizational Lessons

"We're not there yet, but we're on the path toward achieving a goal we're comfortable with." Kinner said as he reflected on HANCI's future. "Right now, we're a little jittery because it's new and it's important. But, whenever we've been challenged in the past, our staff has shown great facility in reaching beyond the walls of our organization for answers.

"Regarding the integration of spirituality and eldercare, there are some organizations that have already accomplished this, such as Hospice. And we're asking for advice from spiritual directors, ministers and others who have more experience than we do," he continued.

"We think we're facing a future with shrinking resources, but the spiritual values of love and compassion have helped us in the past, and they'll help HANCI in the future."

No one professional (whether they provide medical, emotional or spiritual care) has the power to confer spiritual health. Instead, the enhancement of spiritual wellness occurs within the context of the patient's personal, medical, social and spiritual environment. The greater the organizational support, the greater the likelihood that spiritual values can be integrated into eldercare.

Striving toward an enhanced sense of spirituality is an unending process for organizations, as well as for individuals. The organizational steps suggested above may be helpful for organizations that want to "learn each time" which strategies are most successful.

Community Lessons

Professionals work within the context of the community where the patient lives. Thus, the role of the entire "system" must be considered if we wish to enhance spiritual well being. The steps suggested above might be considered by those who wish to help communities "learn each time" what strategies may be most effective:

In working with community projects, as well as large organizational initiatives, it is easy to become distracted by politics and turf wars. Thus, it may be helpful to recall the words of St. Francis of Assisi: "Preach the gospel always. Use words when necessary."

In that regard, greater personal satisfaction will likely come from placing a higher priority on "how much love you can experience" rather than "how many objectives you can achieve." And, in the paradox common to many spiritual endeavors, focusing more on love, and less on the task, may actually lead to a greater integration of spirituality and eldercare in your organization, your community and your life.

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Chapter Review Questions:

1. Give three examples as to how spiritual and emotional health can grow despite physical decline in old age.
2. Describe how the "Golden Rule" has been addressed in four different religions.
3. Discuss why love can be defined as "a sense of oneness." How does this definition apply to the intimacies of friendship; the ties within a family; a connection with nature and the union with the Spirit? What are the quantitative and qualitive differences regarding the "oneness" that might be felt for a patient, a family member or God?
4. 'Name four cognitive behavioral skills that can improve communication, reduce stress and enhance forgiveness of self and others.
5. Discuss why it is easier to experience love after fear, guilt and anger have been reduced
6. Describe how the same "Being Your Best" process (Remember goals, check signs, take steps and learn each time) can help individuals, organizations and communities to reach their medical, emotional and spiritual goals.

Reflective Questions:

For professionals providing medical, emotional and spiritual care:

- *In your personal life:* What are the five most important goals in your life? Is spirituality or "experiencing more love" included? Should they be ranked higher or lower?

- *In serving patients*: How important is spirituality or "experiencing" more love to the patients you serve? Have you discussed it? Is it part of a written care plan? What are the barriers to including it in the plan? What are the benefits of including it in the care plan?
- *In dealing with co-workers*: What role would you like love or spirituality to plan in your relationships with your peers? ...with your supervisor? ...with those you supervise
- What professional forums (or conferences) exist to discuss these issues with your professional peers from other organizations?

For organizations:

- What do you think are the top five values within the culture of your organization?
- Is love, spirituality and/or caring among them?
- Should they be ranked higher or lower?
- How would greater expressions of love and caring affect the following within your organization:
    - satisfaction with care?
    - market share?
    - malpractice complaints?
    - the quality of care?
    - health outcomes?
    - costs?
- Review your organizations mission statement. Are spiritual values such as love and compassion included?
- How is love or spirituality reflected in the "culture" of your organization?
- What professional forums (or conferences) exist to discuss these issues with other eldercare organizations?
- How are the values of love and caring integrated into:
    - care plans?
    - staff training?
    - supervisory sessions?

For communities:

- How does your community help elders and their caregivers to bridge the separate silos of emotional, medical and spiritual care?
- What steps (e.g. seminars, consortiums, directories) might help the community to bridge them?
- What professional and community forums currently exist to discuss these issues as a community?
- What conferences or ongoing forums could be organized to stimulate discussion about these goals?

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Figures and Legends

Fig. 1: Spiritual and emotional health can grow despite a decline in physical health.

Figure 2: A coordinated community approach to improving quality of life

Figure 3: A wallet card summarizes the COPE assessment
and the other strategies used in the program.

Figure 4: Quality of life goals as viewed by the Niagara Caregivers Network

Figure 5: Community assessment to improve spiritual health conducted by the Niagara Caregivers Network (Adapted from: Green & Kreuter, 1991)

Figure 6: *Plan with a Partner* encourages support for a continuous-improvement care plan.

Figure 7: The Satisfaction Cycle consists of four cognitive-behavioral skills that can improve communication, reduce stress and enhance spirituality.

Tables

TYPE OF BELIEF	MEDICAL	SPIRITUAL
	I believe....	
Seriousness	...untreated diabetes can cause blindness, amputations or an early death	....spiritual problems can cause deep pain for me and anguish for others.
Susceptibility	...if I don't follow prescribed treatments my illness will get much worse	...if I don't pray, go to church or seek spiritual counseling, my pain will get much (or eternally) worse
Benefit	...this medication can really help me.	...prayer can result in peace of mind
Barriers	...the side effects are worse than the illness; ...Medications are too expensive.	....I'll be embarrassed if I talk to a chaplain or pray; ...A spiritual path is too hard to follow ...I don't have time.
Support	...my friends and family want me to follow doctor's orders	...my friends and family want me to pray and/or go to church
Self-Efficacy	...I could never stick to a diet and/or remember everything I need to do to manage my diabetes	...I could never be a "good" person; God and/or my family could never forgive me

Table 1: Beliefs affect progress toward medical and spiritual goals

Table 2: The Golden Rule as Expressed in Major Faiths	
Buddhism	“Hurt not others in ways that you yourself would find hurtful.” Udana-Varga 5,1
Christianity	"Do to others as you would have them do to you." - Jesus (5 BCE—33 CE) in Luke 6:31; Luke 10:27; Matthew 7:12
Confucianism	"What you do not want others to do to you, do not do to others." - Confucius (ca. 551–479 BCE)
Hinduism	“This is the sum of duty; do naught onto others what you would not have them do unto you” - Mahabharata 5,1517
Islam	″Hurt no one so that no one may hurt you″ -- Muhammad, The Last Sermon. (570 – 632 CE)
Judaism	"What is hateful to you; do not to your fellow man. This is the whole Torah. The rest is commentary." – Hillel the elder (50 BCE-10 CE)

Table 2: The Golden Rule as Expressed in Major Faiths.