



## Research Article

### Meeting Spiritual Needs: An Essential Aspect of Caring for Senior Adults at End of Life

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#### Abstract

**Purpose:** Recently, there has been a great focus on spirituality and spiritual care. However, the potential impact on terminally ill senior adults at end of life and palliative care remains unaddressed. The purpose of this systematic review is to synthesize publications that addressed the effect of spirituality and spiritual care, particularly at palliative care and end of life. It also highlights the role of palliative health care providers and reviews measures that enable them to effectively address the spiritual needs of critically ill senior adults.

**Method:** To meet the purpose of this systematic review research was conducted through Pubmed and PsychINFO databases. The search was specified for the period between 2005 and 2016, using the key terms "spiritual care," "spirituality," "elderly," "senior adults," "palliative care," and "end of life." The inclusion criteria for studies selection were applied included: a) articles published in English language, b) studies' participants aged 50 years and more, and c) articles should be relevant to the addressed concepts.

**Result:** A total of 64 articles were retrieved from the two databases and 18 duplicated articles were eliminated. Titles and abstracts of 46 publications were reviewed, and 22 were eliminated for irrelevancy. The remaining 24 articles were reviewed comprehensively and eight were excluded. 16 articles were retained for final review, which found to be relevant to the inclusion criteria.

#### Synthesis and Summary of Findings

The findings from this systematic review prove that spirituality positively enhances the healthy well-being of senior adults, supports them to cope with the catastrophes, and adjusts well in their lives. Palliative health care providers obviously play an essential role in meeting the spiritual needs of critically ill senior adults. Addressing practical strategies to increase their awareness, knowledge, and skills regarding spirituality will effectively enhance delivery of efficient spiritual care.

**Keywords:** Spirituality; spiritual care; elderly; senior adult; palliative care; end of life

## Introduction

A vast body of literature recognizes that spiritual care is an essential dimension of palliative care. Spirituality positively impacts the quality of life and well-being of critically ill patients [1,2]. Spirituality provides strength, increases patient tolerance, and decreases the burden of their life-threatening illnesses [3-5]. Studies consistently show spirituality as being an important component and a basic need of patients with fatal illnesses, which has to be addressed effectively and included in their end of life care plan [6-8].

To meet the purpose of the current review, 16 articles were comprehensively evaluated. A total of 13 quantitative studies and three qualitative studies were included. Incorporated studies participants were terminally ill senior adults patients and healthcare providers (12 studies and four studies) respectively. Integrating the data from both palliative healthcare professionals and at end of life patients supports the importance of spirituality and spiritual care at the end of life and palliative care settings. This review addresses the role of spirituality in the quality of life and well-being of terminally ill patients, particularly senior adults receiving palliative care. Additionally, it highlights the role of palliative care professionals, particularly the nurse's role to effectively implement high quality spiritual care to senior adults as part of holistic care at the end of life. It determines gaps in knowledge, skills, and practical issues to support effective delivery of efficient spiritual care for senior adults at palliative care settings.

## Background and Significance

Many scholars suggest that spirituality has a great positive contribution to senior adults' overall wellness. Mowat and O'Neill (2013) [9] considered ageing as a journey which includes a spiritual aspect as an essential route to age successfully. Coleman (2011) [10] stated that physical, biological, and psycho-social dimensions of caring for ageing populations have been addressed comprehensively in the literature. Unfortunately, the spiritual aspect has been ignored. Coleman (2011) [10] suggested that to achieve effective delivery of patient-centered care, health care providers should concentrate on spiritual care for senior adults as a crucial aspect. Mackinlay and Trevitt (2010) [7] determined the effectiveness of spiritual reminiscence amongst 113 senior adults with dementia, and found that the discussion of spiritual events helped seniors to find deeper understanding, meaning, and purpose in their lives. As the number of senior adults needing palliative care increases, there is a critical need to emphasize spiritual care to enhance near death senior adults' quality of life and well-being, which may promote peaceful dying. Moberg (2012) [8] urged stakeholders, decision makers, and health care

professions working on geriatric to find effective strategies to meet senior adults' spiritual needs.

A vast amount of research shows spirituality as a major source of support for senior adults patients with chronic illness and advanced cancer, which in turn positively impact their quality of life [11,12]. Despite the research, many patients with advanced cancer deprived of spiritual care they desired, which led to psychological distress, hopelessness, spiritual demeaning, and lack of inner peace [13].

The positive role of spirituality on enhancing individuals' well-being is evident. Spirituality among senior adults seems to be neglected, with limited research being done to examine effective strategies to determine how palliative health care professionals may promote the spiritual health of senior adults [5]. The spiritual needs of near death senior adults might be different from other terminally ill patients of different age. Erichsen and Büssing (2013) [6] determined that elderly populations residing in nursing homes have particular spiritual needs that are usually under-addressed and inadequately recognized. The spiritual needs of senior adults suffering from life threatening illness might be more unique and specific. Thus, the main issue of spiritual care is to acknowledge and support the spirituality of terminally ill senior adults.

## Findings from the Evidence Reviewed

### Concepts Definitions

#### Spirituality

Puchalski et al. (2009) [14] defined spirituality as "the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred" (p. 887). A more comprehensive definition of spirituality set by Puchalski, Vitillo, Hull, and Reller (2014) [15] is, "Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices" (p. 646).

Spirituality concerns seeking the deepest meaning and purpose in life and the way they experience the essence of connection with God. This connection is expressed clearly when an individual is facing psychological distress, crisis or fatal illness [16]. Nelson-Becker, Nakashima, and Canda (2006) [17] described spirituality as the desire to search for meaning, purpose of one's life, and connections with the ultimate transcendent reality. There is no one inclusive definition of

spirituality, but it is obvious that various definitions focus on how spirituality is a fundamental source of purpose, deep meaning, and hope in an individual's life.

### **Spiritual Growth**

Spiritual growth is described qualitatively by 13 cancer survivors as their lived experience with cancer. This suffering heightened their belief that their experience of cancer served higher purpose and sense of meaning to their lives. It fostered their sense of trust and connectedness to higher being "God" [18].

### **Spiritual Needs**

Büssing and Koenig (2010) [19] in their proposed model quantified spiritual needs under four essential interrelated dimensions, "Connection, Peace, Meaning/Purpose, and Transcendence" (p. 20). These core dimensions addressed various spiritual needs in a patient with chronic illness and cancer. In a study aimed to investigate the spiritual needs in 285 cancer patients, 94% of the study participants reported a minimum of one spiritual need. The result showed that inner peace and actively giving had the furthest scores compared to other spiritual needs [20].

### **Spiritual Distress**

Spiritual distress is defined as a state when an individual fails to incorporate meaning and purpose in one's life and experience a sense of disturbance in a system of belief which he/she considers a source of strength and hope in life [21]. Several potential negative effects of spiritual distress among advanced cancer patients have been documented, such as persistent psychological distress, desire to hasten death, poor prognosis and low quality of life [22,23].

### **Spirituality and Senior Adults Well-being**

A study examined the essence of spirituality among senior adults age 65 to 100 years of age. Participants viewed spirituality as a vital part of their lives which provided them with the strength to cope with hardship encountered and handle difficult situations more efficiently [5]. Similarly, Mystakidou (2008) [24] examined the influence of socio-demographic factors on spirituality among terminally ill patient and found that senior adults considered spirituality a major source of support and tend to be more spiritual at the end of their life experience. A study aimed to examine the inter-dependence between spirituality and psychological well-being among 157 Korean senior adults and their caregiver. Results revealed that elderly patients' psychological well-being was significantly fostered by their caregivers' spirituality, and higher spiritual

senior adults positively linked with greater well-being compared to less spiritual participants [1].

Davis (2005) [25] examined the linkage between hope, spirituality and well-being of senior adults. Result revealed that spirituality was found to be mediator between hope and psychological well-being among the participants. To support the above findings, another study comprised of 100 Indian senior adults, found that participants with high spirituality showed increased sense of well-being and were able to adjust to their illness [2]. Likewise, in a survey of 69 terminally ill patients, 84% of the participants showed high reliance on spiritual coping fostered their adaptation to hardship of the advanced illnesses which further boosted their quality of life [4].

These results reveal the positive impact of spirituality on overall well-being of senior adults. Tsai, Wu, Chiu, Hu, and Chen (2005) [26] recommended that health care professionals to provide comprehensive care and to address patients' spiritual needs as an effective intervention to decrease fear of death and achieve peaceful death in advanced cancer senior adults in hospice care settings.

### **Spirituality and End of Life Treatment Decision**

High level of spiritual well-being found to be effective in fostering patient coping capabilities and enhancing positive response to illness. Tsilika, Prapa, Smyrnioti, Pagoropoulou, and Lambros (2008) [3] investigated the association between the hopelessness, spirituality, and psychological distress among 91 terminally ill patients. They found that patients with higher spirituality had a sense of hope, less desire for hastened death and lower levels of depression symptoms. Greater support for the spiritual needs of terminally ill patients by health care professionals significantly enhance a patients' spiritual well-being, which is linked to improve quality of life and a decreased need for aggressive care at the end of life [27].

Balboni et al. (2013) [28] considered spiritual care as a key element that greatly influences patients' end of life medical decision. Patients near death who received spiritual support by a religious community were associated with less hospice utilization, but are more likely to utilize intensive medical treatment and die in ICU. Conversely, Phelps et al. (2009) [29] after controlling demographic variables such as gender, age, and level of education, found positive religious and spiritual coping was significantly associated with the preference of intensive life prolonging interventions during end of life care ( $p < 0.05$ ). Balboni et al. (2007) found that spirituality was significantly correlated with patient acceptance of extensive life measures to prolong life, and the study participants who received higher spiritual support reported higher quality of life. These findings support spirituality as being an essential component in shaping

patients' preference of treatment and as an effective measure to enhancing end of life patients' well-being.

### **Spirituality across Various Cultures and Faith**

A study included 205 multi-faith participants, consisted of Christians, Muslims, Quakers, Jews, and Buddhists, found that participants with higher level of spirituality and religious involvement attained higher scores of well-being, compared to less spiritual individuals [31]. This result confirms the positive impact of spirituality on a persons' overall well-being, regardless of the religious affiliation and faith group. Consistent with the previous result, a qualitative study included 39 Iranian breast cancer survivors aged between 30 and 87, indicated that spiritual and religious approaches had a significant role in supporting the participants' coping effectively with severity of their illness [32]. A similar study done by Ahmad, Binti Muhammad & Abdullah's (2011) [33] reflected the Muslim cultural context showed that the cancer survivors considered their illness as a positive experience and a reward from Allah (God). The study participants acknowledged that "spirituality had become their greatest source of knowing and learning" (p. 43).

### **Spirituality and Health Care Providers**

Palliative care staff plays a major supportive role in enhancing terminally ill patients' spiritual integrity and assists in decreasing any distress and pain. Patients in palliative care were asked to rank measures that facilitate their movement from spiritual distress toward integrity and well-being. They indicated that the support received from health care professionals was at the top of the list [34]. Through an international survey included 971 clinicians and researchers, the author highlighted the most important future research from the viewpoints of palliative care professionals regarding spiritual care in palliative care. Three themes were outlined: first, was the enhancement of health care providers' skills to address the spiritual needs of terminally ill patients. Second, was the identification of the spiritual needs of patients and their family members through proper screening and assessment. The final theme focused on development of spiritual care interventions that are effective and culturally sensitive [35]. These themes demonstrated the awareness of health care professionals regarding the importance of spiritual care education as a key component to enhancing confidence of palliative health care provides. In turn, this component will enable them to provide effective spiritual support for patients and their family members. Equally, Balboni et al. (2014) [36] ascertained that although palliative care practitioners recognize the importance of providing spiritual support to patients during end of life and palliative care, a lack of training hinders their ability to provide appropriate spiritual care for terminally ill patients.

Skalla and Ferrell (2015) [37] suggested that, integrating spiritual assessment as an essential part of care of terminally ill patients. They argued that this assessment is feasible at outpatient setting or through online tools. Therefore, they recommend that nurses and health care providers become aware of the appropriate language and knowledgeable of various religious beliefs in order to accurately assess the spiritual needs and spiritual distress among terminally ill patients. Ford, Downey, Engelberg, Back, and Curtis (2014) [38] emphasized the importance of finding strategies to enhance spiritual communication among physician-trainees in order to ensure competence in meeting spiritual needs of patients and their family's as an essential domain for end-of-life care. Similarly, Touhy, Brown, and Smith (2005) [39] emphasized that incorporation of spiritual care education in the curriculum will enable providers to explore different views of spirituality and enhance their competency to discuss end of life treatment decisions among terminally ill senior adults. Knowledge of spiritual care augments practitioners' awareness of patients' spiritual needs that will enhance patients' well-being and peaceful dying.

### **Nurse's' Role to Enhance Spirituality among Senior Adult**

Palliative care team, particularly nurses, may support at end-of-life patients' spiritual health and promote sense of peace by listening compassionately, being present, showing respect and kindness [5]. Similarly, Ferrell, Coyle, & Paice (2014) [40] ascertained that "quality spiritual care does not require superhuman acts; it does require human kindness, compassion, and caring" (p. 671). Additionally, palliative care nurses have to be open-minded, and ask their patients about their spiritual preferences. These patients' preferences and views should be accepted to effectively support their spiritual needs [41,42].

Caldeira, Carvalho, and Vieira (2014) [21] required nurses to consider assessing the spiritual well-being of terminally ill senior adults as being a standard component of the comprehensive patient assessment. This will enable the early identification of patients in spiritual distress and recognition of appropriate efficient intervention.

Touhy, Brown, and Smith (2005) [39] called to create model of spiritual and end-of-life care aiming to guide palliative care staff to ensure a peaceful, dignifying death for dying senior adults at end-of-life and palliative care settings. Sartori (2010) [43] viewed spiritual care as an opportunity for ill patients to communicate their spiritual needs and beliefs, which gives them the power to overcome the burden of their illness. For that reason, identification and awareness of patients' spiritual needs and preferences will enable palliative care staff to provide respectful spiritual care, upholding the dignity of their patients. Palliative care nurses should consider spiritual care as a core to

their practice. It is important to address the spiritual needs of patients by considering all means that may help patients to find hope, purpose, and give meaning to their lives.

## Discussion

Numerous literatures shows that the majority of terminally ill patients from Western and Eastern countries consider spirituality and religion as a primary sources of support to cope with their illness [29,32]. Senior adults at the end of their lives have admitted that spirituality has positively enhanced their well-being and quality of life [1,5,24,25]. Moreover, critically ill senior adults used spirituality as a framework to shape their decisions regarding medical care interventions at the end of their lives [24,27-29].

These findings signify the importance for having a better understanding of the influence that spirituality and religiousness have as an integral source of support to terminally ill senior adults patient. Accordingly, spiritual awareness among health care practitioners will help them enhance and maintain their patients' quality of life and effectively cope with their serious illness.

A significant positive association between spirituality and well-being of senior adults has been clearly identified. Accordingly, comprehensive integration of spirituality and spiritual care concepts in nursing curriculum is required. Thus, it will enhance the confidence in nurses to effectively employ these concepts in practice, and facilitate the delivery of essential spiritual care for patients and their family members [25].

There is a clear overabundance of evidence demonstrating that health care professionals lack the knowledge and skills required to address the spiritual needs of near death patients [35-37]. Accordingly, present literature suggests that there is a need for well-designed educational and training programs in order to guide healthcare professionals on effective strategies to determine the spiritual needs of terminally ill senior adults and to provide them with the appropriate spiritual care support at the end of their lives. Spiritual care might be exhibited through a nurse being able to recognize the significance of spirituality for a terminally ill patient, locating spiritual resources to promote the peace of mind for patient near death, and alleviate their suffering by promoting a painless transition to death.

Additionally, spirituality was found to be a major source of inner strength across various ages, and particularly becomes more eminent among senior adults. Saleem and Khan (2015) [2] suggested the need for senior adults to be engaged in religious practices in order to enhance their spirituality and foster a positive sense of well-being, promoting graceful aging as well as a positive and a peaceful death.

## Application to Practice

It is evident that spiritual care is a pivotal aspect of end-of-life and palliative care for senior adults. Literature reveals that there is a need for training and educational programs that particularly focus on various aspects of spiritual care to strengthen health care providers with the required skills and guidance to deliver appropriate spiritual care for terminally ill senior adults.

Nelson-Becker, Nakashima, and Canda (2006) [17] claimed that scarce materials were found to deal with spiritual care that specifically focus on senior adults during the end of their lives. The authors ascertained that scientists and scholars ought to provide explicit attention to spirituality and clarify the vital role of spirituality in the lives of the aging populations. Consequently, more in depth research is needed to explore proper measures to meet the spiritual needs of terminally ill seniors. More research is also needed to clarify the roles of health care professionals regarding the effective implementation and delivery of spiritual care for this population. Moreover, assessing spiritually will help palliative health care professionals in the identification of appropriate interventions and providing optimal end-of-life care. Therefore, systematic assessment of spirituality must be considered as fundamental part of palliative care of senior adults. To effectively incorporate spiritual care in practice, Puchalski, Vitillo, Hull, and Reller (2014) [15] recommended developing appropriate assessment tools that can be used in clinical settings for training purpose, as well as, enhancing the awareness of palliative care providers about the importance of spiritual care through establishing various educational activities. Additionally, they emphasized the importance to identify a clear set of roles and competencies in a variety of clinical settings to help strengthen the spiritual role of palliative care staff.

Moreover, it is well-known that religious communities play an important role in the enhancement of spirituality among ageing people. Accordingly, health care providers should strengthen this role and utilize religious communities as an effective resource to promote the well-being of distressed senior adults during the end of their lives.

Seniors deserve to be treated holistically at the end of their lives with a focus that is not only their bodies and minds but given special attention to their spirit as well. Palliative care professionals ought to recognize the importance of spiritual domain in the well-being of seniors near death, and to provide efficient patient- centered spiritual care.

## Conclusion

Spirituality appears to be a fundamental component in maintaining the quality of life and well-being for terminally ill

seniors. Patients' decisions about their end-of-life treatments were interconnected with their level of spirituality. The engagement of a medical team in spiritual care was found to be essential to meeting the spiritual needs of critically ill patients. The three barriers that hinder spiritual care identified by health care providers include lack of time, personal or institutional factors, and lack of knowledge and skills. Addressing the identified barriers may play a vital role in meeting the spiritual needs for senior adults at the end of their lives. Understanding and addressing the effects of spirituality and spiritual care for senior adults in end-of-life and palliative care settings presents a number of critical issues.

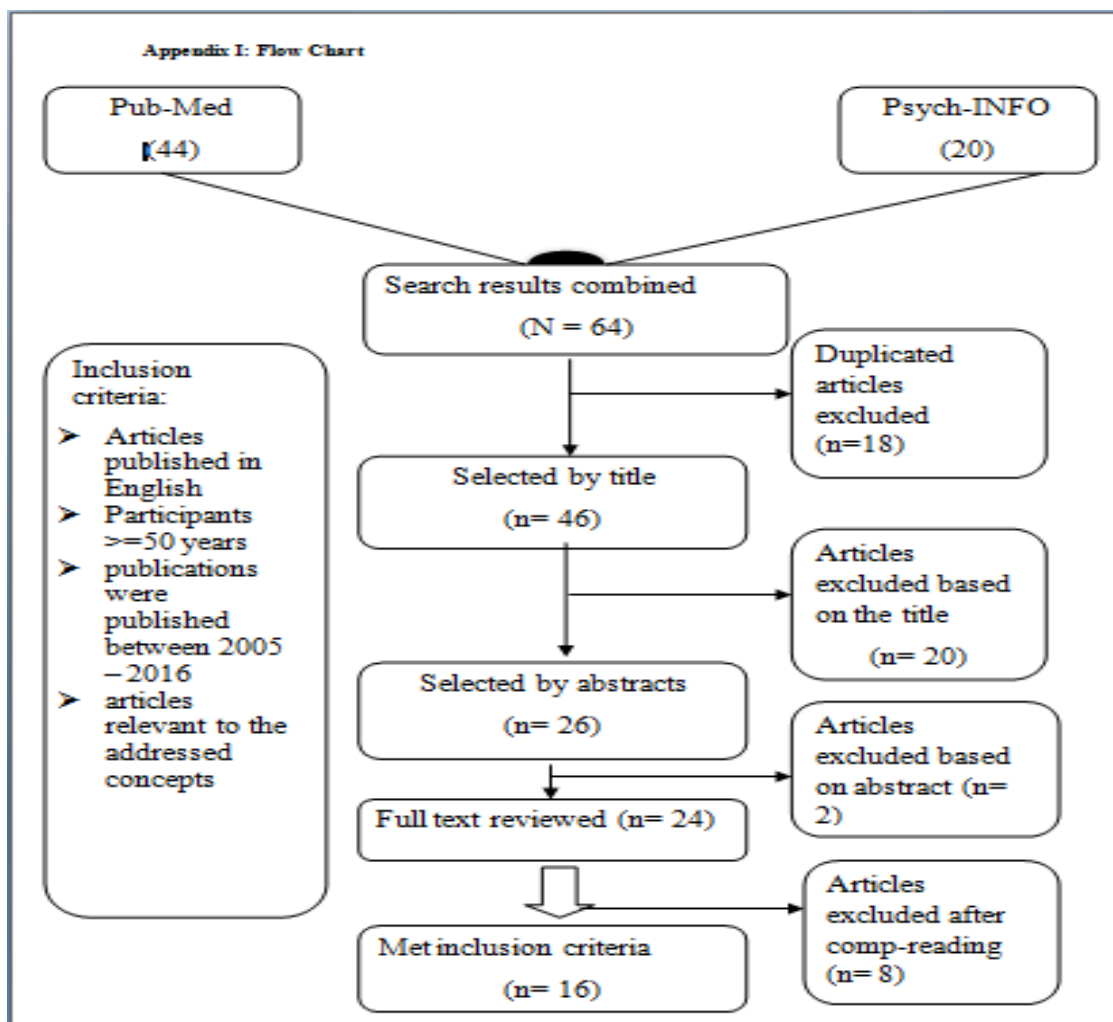
Based on the findings of the current review, there are a number of recommendations offered to address these issues. First, there is a need for a broad comprehensive definition of spirituality. Second, there is a need to engage of terminally ill senior adults to properly identify their spiritual needs. Moreover, to create a clear guideline that is relevant to the spiritual care of terminally ill senior adults at the end-of-life and palliative care settings to ensure effective delivery of spiritual care. Third, there is a need for training programs for palliative care providers and role specification to ensure the delivery of high quality spiritual care. Finally, there is a need for mutual collaboration between geriatric stakeholders (at various levels), clinicians, and researchers to explore more in-depth issues surrounding spirituality and spiritual care as an essential component of palliative care among terminally ill senior adults.

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### Appendix I: Flow Chart





## Appendix II. Evidence Table

#	Author/s	Purpose	Design	Setting	Sample	Survey/Instruments	Findings	Other/Implication
1	Wallace, M., & O'Shea, E. (2007) [5].	The purpose of this analysis was to investigate perceptions of spirituality and spiritual care among older nursing home residents at the end of life.	Survey	USA	26 older long-term care residents	Spirituality and Spiritual Care Rating scale	The sample reported on several interventions that nurses could use to support spirituality, including arranging visits with religious personnel, showing kindness, spending time listening to residents (presence), and showing respect for resident's needs.	The results of the study provide information that may be used to increase knowledge and improve spiritual interventions for nursing home residents at the end of life.
2	Mystakidou K, Tsilika E, Prapa E, Smyrnioti M, Pagoropoulou A, & Lambros V (2008) [24]	To assess the relationship between spirituality and hopelessness, desire for hastened death, and clinical	Patients were asked to complete 4 questionnaires	A palliative care unit in Athens, Greece	A total of 91 patients with advanced cancer	the Greek version of the Spiritual Involvement and Beliefs Scale, the Greek version of the Schedule of	stronger hopelessness, male sex, younger age, and receiving chemotherapy were found to be the strongest predictors of being spiritual. Demographic	Interventions to improve patients' spiritual wellbeing should take these relationships into account.

		and disease-related characteristics among patients with advanced cancer, and to investigate predictors of spirituality . Spiritual well-being is thought to have a beneficial effect on patients' response to illness.				Attitudes toward Hastened Death, the Beck Hopelessness Scale, and a questionnaire on demographics	and clinical characteristics and stronger hopelessness appeared to have statistically significant relationships with spirituality.	
3	Balboni T, A, Paulk M. E, Balboni, M. J., Phelps, A. C., Loggers, E. T., Wright, A. A., ... & Prigerson, H. G. (2010) [27]	To determine whether spiritual care from the medical team impacts medical care received and quality of life (QoL) at the end of life (EoL) and to examine these relationships according to patient	interview	USA	343 patients	The Brief Religious Coping Scale (RCOPE) assessed positive religious coping	Spiritual support from the medical team and pastoral care visits were associated with higher QOL scores near death. Support of terminally ill patients' spiritual needs by the medical team is associated with greater hospice utilization and, among high religious copers, less aggressive	These findings underscore the need to educate medical caregivers in their appropriate roles in providing patient-centered spiritual care and the importance of integrating pastoral

		religious coping.					care at EoL. Spiritual care is associated with better patient QoL near death.	care into multidisciplinary medical teams
4	Balboni et al., (2013) [28]	To determine whether spiritual support from religious communities influences terminally ill patients' medical care and quality of life (QoL) near death.	multisite cohort study of 343 patients	USA	multisite cohort study of 343 patients		Terminally ill patients who are well supported by religious communities access hospice care less and aggressive medical interventions more near death. Spiritual care and EoL discussions by the medical team may reduce aggressive treatment, highlighting spiritual care as a key component of EoL medical care guidelines.	
5	Balboni, T. A., Vanderwerker, L. C., Block, S. D., Paulk, M. E., Lathan, C. S., Peteet, J. R., & Prigerson, H.	Religion and spirituality play a role in coping with illness for many cancer patients. This study	Longitudinal	USA	(N = 230) participants 56 and older	Religious coping. Pargament's Brief RCOPE (14 items) QOL. The McGill Quality of Life questionnaire	Many advanced cancer patients' spiritual needs are not supported by religious communities or the medical	However, additional research is essential to their appropriate implementation

	G. (2007) [30].	examined religiousness and spiritual support in advanced cancer patients of diverse racial/ethnic backgrounds and associations with quality of life (QOL), treatment preferences, and advance care planning.				re (16 items)	system, and spiritual support is associated with better QOL. Religious individuals more frequently want aggressive measures to extend life.	ntation. Methods for meeting patient spiritual needs should be explored, and the impact of such interventions should be assessed. In addition, the appropriate roles of various health care providers (eg, physicians, nurses) in managing spiritual needs should be clarified
6	(Selman, Young, Vermandere, Stirling, Leget, 2014) [35].	To determine research priorities of clinicians/ researcher	An online, cross-sectional, mixed-methods		from 87 countries	, 971 responses, including 293 from palliative care physicians,	In this first international survey exploring researchers' and clinicians'	

		s and thus inform future research in spiritual care in palliative care.	surve			112 from nurses, and 111 from chaplains	research priorities in spiritual care, we found international support for research in this domain. Findings provide an evidence base to direct future	
7	Skalla and Ferrell (2015) [37].	This study sought to test the feasibility of a screening process describing spirituality, distress, and spiritual transformation in cancer survivors after chemotherapy for lung or gastrointestinal cancer.	descriptive pilot study		rural northern New England region	29 survivors with advanced-stage cancer, aged 60 years or older	Participants reported mean spiritual well-being, positive degree of spiritual growth, and little spiritual decline. The opportunity for spiritual growth among survivors creates a need for effective assessment and intervention to promote spiritual growth and mitigate spiritual decline and spiritual distress.	
8	Balboni, et al., (2014) [36].	The study aimed to describe nurses' and	survey-based, multisite study conducted		USA	339 nurses and physicians participated	Most nurses and physicians desire to provide SC	SC training is suggested to be

		physicians' desire to provide SC to terminally ill patients and assess 11 potential SC barriers.	from October 2008 through January 2009				within the setting of terminal illness (74% vs. 60%, respectively; $P = 0.002$ ); Barriers that predicted less frequent SC for all medical professionals included inadequate training	critical to the provision of SC in accordance with national care quality standards.
9	(Höcker, Krüll, Koch & Mehnert, 2014) [20].	The purpose of this study was to conduct a spiritual needs assessment with cancer patients living in a Northern European metropolitan region in order to (a) examine the relevance and nature of spiritual needs; (b) to clarify the role of demographic and clinical characteristics in	cross-sectionally. Instruments included the Spiritual Needs Questionnaire (SpNQ) and measures of anxiety, distress, hopelessness and meaning-related life attitudes	Europe	N = 285 outpatients aged 61 years or older	The Spiritual Needs Questionnaire (SpNQ) (Büssing et al. 2010)	Almost all patients (94%) reported at least one spiritual need. The needs for Inner Peace and Actively Giving emerged to be of greatest importance. Significant, but weak differences were found for age, gender and being in a partnership.	The results emphasize the relevance of spiritual needs in cancer patients. The call for spiritual assessment and interventions to meet spiritual needs in cancer patients is strengthened.

		spiritual needs; and (c) to identify their associations with dimensions of psychological distress.						
10	Phelps, A. C., Maciejewski, P. K., Nilsson, M., Balboni, T. A., Wright, A. A., Paulk, M. E., ... & Prigerson, H. G. (2009) [29]	To determine the way religious coping relates to the use of intensive life-prolonging EOL care among advanced cancer patients.	longitudinal	USA	cohort of 345 advanced cancer patients, age 56 or older	Brief RCOPE, <sup>3</sup> a previously validated 14-item to assess religious coping questionnaire The McGill Quality of Life Questionnaire assessed patient QOL	Religious coping in advanced cancer patients is associated with receipt of intensive life-prolonging medical care near death.	Future research is needed to determine the mechanisms by which religious coping may affect the intensity of EOL care received.
11	Kim, S. S., Reed, P. G., Hayward, R. D., Kang, Y., & Koenig, H. G. (2011) [1]	The purpose of this research was to test the newly developed family spirituality - psychological well-being model to explore how spirituality	Across-sectional, correlational design		157Korean, elder-family caregiver dyads		The caregiver's spirituality significantly influenced the elder's psychological well-being, but the elder's spirituality did not significantly influence the caregiver's psychological well-being.	

		influences psychological well-being between elders and caregivers in the context of Korean family caregiving .					Findings suggest that elders' and caregivers' spirituality should be assessed within the family to provide holistic nursing interventions.	
12	Harandy, T. F., Ghofranipour, F., Montazeri, A., Anoosheh, M., Bazargan, M., Mohammadi, E., ... & Niknami, S. (2009) [32].	To explore the role of religiosity and spirituality on (i) feelings and attitudes about breast cancer, (ii) strategies for coping with breast cancer, and (iii) health care seeking behaviors among breast cancer survivors in Iran	Qualitative	Iran	39 breast cancer survivors		Result showed that spirituality is the primary source of psychological support among participants. Almost all participants attributed their cancer to the will of God.	These findings can help researchers to provide a framework for the development of appropriate and effective culturally sensitive health interventions
13	Davis, B. (2005) [25].	This research examined well-being in relationship to the	a cross-sectional correlation design to test two mediation models.	New Jersey-USA	The convenience sample of 130 older adults,		tatistically significant and positive correlations were found between hope and well-	



		variables of hope, spirituality, and state anxiety using a cross-sectional correlation design to test two mediation models.			ages of 60 and 89,		being, hope and spirituality, and spirituality and well-being	
14	(Saleem & Khan, 2015) [2].	The main objective of the study to see the impact of spirituality on well-being among old age peoples.		India	100 old age peoples between the ages of 50 to 65 years	Spirituality Attitude Scale Well-being Scale	Correlation was applied between Overall Well-being and Different dimensions of Spirituality i.e. Sense of Purposeness and Maintenance of Discipline which was found to be .696 and .534. Well-being is concern for an individual by which he can live a better life on which the happy life of the society is based.	In order to be living long an individual should be involve in religious practices throughout his/her life.
15	(Vallurupalli, et al., 2012)	aims to characterize patient spirituality,	cross-sectional survey	USA	69 patients with advanced	Scripted interviews assessed patient spirituality,	Most participants (84%) indicated reliance on	Limitations include a small sample

	[4].	religiousness, and religious coping; examine the relationships of these variables to quality of life (QOL); and assess patients' perceptions of spiritual care in the cancer care setting.			cancer	religiousness, religious coping, QOL (McGill QOL Questionnaire)	R/S beliefs to cope with cancer. Patient spirituality and religious coping were associated with improved QOL in multivariable analyses ( $\beta = 10.57, P < .001$ and $\beta = 1.28, P = .01$ , respectively). Most patients considered attention to spiritual concerns an important part of cancer care by physicians (87%) and nurses (85%).	size, a cross-sectional study design, and a limited proportion of nonwhite participants (15%) from one US region.
16	Touhy, T. A., Brown, C., & Smith, C. J. (2005) [39].	The purpose of this qualitative study was to explore spiritual care for dying nursing home residents from the perspectives of registered nurses, practical nurses,	qualitative study	USA	25 participants were RNs (n = 5), LPNs (n = 5), CNAs (n = 6), MDs (n = 4), and APNs (n = 5)		Five major themes of spiritual caring emerged from the data: <ul style="list-style-type: none"> <li>● Honoring the person's dignity.</li> <li>● Intimate knowing.</li> <li>● Wishing we could do more.</li> <li>● Personal knowing of self as caregiver.</li> <li>● Struggling</li> </ul>	Findings from this study offer suggestions for specific spiritual care interventions, education, and research to improve spiritual care for the

		certified nursing assistants, advanced practice nurses, and physicians					with end-of-life treatment decisions	dying, and development of new models of spiritual and end-of-life care in nursing homes.
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