

# Life's Quest For Spiritual Well-Being:

## A HOLISTIC AND GERONTOLOGICAL NURSE PERSPECTIVE by Rita K. Chow

**H**ow can we foster spiritual well-being within ourselves, and help older patients find meaning and hope in life? In 1975, Thomas Cook, the first executive director of the National Interfaith Coalition on Aging (NICA), wrote: "Spiritual well-being is the affirmation of life in a relationship with God, self, community, and environment that nurtures and celebrates wholeness." (Thorson & Cook, 1980).

Doenges and Moorhouse suggest that when we have spiritual well-being, we are able to add meaning, purpose, and value to life, and derive peace, harmony, and contentment (Doenges & Moorhouse, 1998, p. 449). Undoubtedly, each of us has a unique spiritual dimension. The term "spirituality" is often associated with spiritual well-being, and considered increasingly important with aging. It should reflect the human traits of compassion, honesty, love, wisdom, and for many, the existence of a guiding spirit or transcendence (Dossey et al, 1995, p. 6). As we age, there is a physical decline, but not necessarily a spiritual one. In fact, spirituality helps us respond to stressful events, promote health, and helps us adapt to chronic disease (Landis, 1996).



### Increased Life Expectancy

Medical, scientific, educational, and technological advancements have helped increase our life expectancy, but gerontologists are concerned about the unprecedented increasing number of the aging population worldwide. In the United States, those 65 and over numbered 35.6 million in 2002. By 2030, this older population is expected to rise to about 71.5 million. The average lifespan for women may be as high as 84.4 years,

and for men, 81 years. (U.S. Health and Human Services, Administration on Aging, 2003). The United Nations predicts that in China alone, persons over 65 will increase dramatically, to about 20 percent in 2040 (United Nations Development Programme, China, 2001).

## Career Characteristics

Holistic and gerontological nurses, health ministers, and parish nurses are known for their interest in incorporating spirituality in nursing practice—from wellness to hospice care. Therefore, their organizations, the American Holistic Nurses Association, the National Gerontological Nursing Association, and the Health Ministries Association, respectively, are represented on the Delegate Council (governing body) of the National Interfaith Coalition on Aging (NICA). These specialists endeavor to prioritize spiritual health among their care concerns. There is a wide spectrum of nurses practicing holistic care who are either certified holistic nurses (HNCs) or advanced holistic nurses (AHN-BCs). They appreciate the core values of the spiritual dimension and the importance of achieving therapeutic presence. Based on nursing knowledge, theories, and research, holistic nurses try to understand the interrelationships of the mind, body, and spirit. On an interpersonal level, holistic nurses are particularly aware of the powerful tool of the healing touch. In fact, as early as the seventies, Krieger postulated that healing can be actualized when we interact and have the intention to help or heal a person (Heidt, P. 1981). Broadly speaking, holistic nursing embodies all nursing practice that has healing the whole person as its goal (Dossey et al, 1995, p. 7).

## Generating Community Service

Numerous innovative projects that are often staffed by health ministers and parish nurses illustrate some of the efforts designed to meet holistic nursing needs. To meet the needs of elderly and frail members of a congregation, or those in a long-term care setting, some congregations and faith-based organizations are implementing congregational care teams. For the past several years, Reform congregations have been successfully developing caring congregational programs, as described by Rabbi Address and his colleagues (Address, R. et al. 2002). Another effective approach is to organize such a coalition as Interfaith Caregivers Trenton, Inc., that consists of 26 congregations and community organizations to help vulnerable seniors cope with chronic illnesses, enabling them and others with disabilities to remain at home (Evans & Iahn, 2005, p. 9-11). The latter is one of the numerous viable programs that were initially funded by a Robert Wood Johnson Foundation Faith in Action Program Grant.

Recently, as a member of a gerontological nurse delegation to Beijing, Nanjing, Suzhou, and Shanghai, I was touched by the evidence of love and compassion during the visit to

Songtang, China's first hospice in southeast Beijing. Founded in 1991 by former countryside barefoot doctor Li Wei, it is among the very limited number of "old people's homes" for long-term care in China. In fact, in 1998, Beijing had 289 such homes that accommodated 9,924 persons, or only 0.6 percent of those over 60. (People To People Ambassador Programs, 2005). Our host hospital and medical administrators expressed concern about how they will care for the burgeoning numbers of the elderly that will need long term care.

## Reaching Out



On our vocational pathway, we can take an advocacy role, not just for helping patients, but also for minority populations with lower income, seniors, and those with disabilities. This opportunity has come to the forefront recently with Medicare legislation offering unique benefits; information is available on software provided by the National Council on the Aging (See [www.BenefitsCheckup.org](http://www.BenefitsCheckup.org) and [www.AccessstoBenefits.org](http://www.AccessstoBenefits.org)).

Nearly 20 million impoverished elderly and/or citizens with disabilities who now have high prescription drug costs can apply for the a Medicare prescription drug card. Nursing students, nurse educators, community and public health nurses can help potential beneficiaries get medication coverage. There are many vulnerable elderly at risk who need their prescribed medications and are eligible for prescription drug cards.

In 2004, researchers Klein, Turvey, and Wallace found that low income elders in poor health with high out-of-pocket medication costs, and many African-American elders, were more likely to delay medications (Klein, et al., 2004). To delay medications meant that in the past two years, they either had taken less medication than prescribed, or they had not filled prescriptions because of cost.

## Anticipating the Future

Increased longevity and the use of complementary and alternative medicine (CAM) are just some of today's growing health care trends. Recent survey findings revealed that 36

percent of adults 18 or older use some form of CAM. The number of CAM users increased to 62 percent when the use of megavitamins and the spiritual aspect of prayer were added to the survey (Barnes et al., 2004). In 2003, Williamson and colleagues surveyed and interviewed a study sample of those over 65, and found that these individuals used CAM for relieving pain (54.8 %), improving quality of life (42.2 %) and maintaining health and fitness (40.5 %). The most common CAM therapies used were chiropractic (61.9 %), herbal medicine (54.8 %), massage (35.7 %) and acupuncture (33.3 %). In response to the public's interest, and as research findings on the evaluation of complementary therapies and botanicals are communicated, we can anticipate that more holistic health and nursing care will be integrated.

Older adults with chronic diseases need supportive care to help them cope effectively with their losses, maintain function, and prevent accidental injury as much as possible. In order to best provide this support, we need to nurture ourselves and others by being accountable, credible (authentic), and empowering as enablers. We need to also take care of ourselves, and observe a balanced schedule of meditation, adequate rest, nutritious meals, and regular exercise. We must also keep in mind the importance of transcultural nursing competencies.

## Thinking Globally

Our nursing career choices can be as limitless as our dreams. Long regarded as a pioneer nurse anthropologist, Madeleine Leininger (1991) postulated that caring and culture are inextricably entwined. Over the years, she has urged all of us to participate in research and provide culture-specific nursing practices. For example, at Case Western Reserve University (2005), nurse researchers Gary, McDonald, Moore, and Zhang are among those developing culturally sensitive nursing interventions. Notably, McDonald's faith-based organization diabetes program is helping African-Americans make lifestyle changes and manage the disease. There is no doubt that the potential of electronic technologies should be maximized now and in the next century. A case in point is Moore and Zhang's study of "Culturally Sensitive Electronic Nursing Interventions." They have obtained data not only about using electronic health interventions, but also about cultural issues of African-Americans regarding maintaining exercise following cardiac events.

## Setting Personal Goals

How can you pursue the spiritual aspect of gerontology? First, be open to holistic and therapeutic approaches. Join faith-based organizations that offer programs ranging from health seminars for self-care management to home visitation. There will always be dynamic shifts and changes in the health care system. New insights from nurse researchers

will delineate new allied nursing roles and proven therapies will emerge, affecting the health care for the elderly. Second, get involved in the quadrennial meetings of the International Council of Nurses, which has a Student Assembly at each of its Congresses. As you grow into your nursing career, you may wish to submit an abstract of your innovative research, educational projects, or best practices to be considered for presentation at that Congress. A group of Johns Hopkins University students established the International Health Organization at the School of Nursing, which provides information about overseas nursing opportunities. (Contact Heike Nuhsbaum at [JHNAA@son.jhmi.edu](mailto:JHNAA@son.jhmi.edu)).

Whether you become a gerontological nurse practitioner, administrator, teacher and/or consultant, the future awaits you. I hope you embrace the spiritual aspects of gerontological nursing, and all that they embody.

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