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BIOGRAPHICAL EXPLORATION

Spirituality and Caring for the Older Person: A Discussion Paper

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Abstract

Holistic healthcare to the older person is important. Spirituality is considered to be the very essence of being and for some is what motivates and guides us to live a meaningful existence. Nurses caring for the older person need support in responding to their spiritual needs in order to ensure that they are appropriately and successfully met. The aim of this paper is to explore these needs and highlight some evidence indicating how this care can be implemented and therefore ultimately influence nursing practice.

Keywords Spirituality · Caring · Social connectivity · Older person

Introduction

Older adults are one of the fastest growing demographics in the world and according to the World Health Organisation (WHO), nearly two billion people are expected to be over 60 years old by 2050 (WHO 2015). The older person, namely those aged 65 years and older report spirituality and religion as important aspects of their lives (Koenig et al. 1996). Due to the increased incidence of longevity, global interest in spirituality and ageing has piqued, bringing the spiritual needs of older adults to the forefront in terms of societal priorities (Lavretsky 2010; Mazurek et al. 2015).

Investigations of spirituality can be traced back to the beginning of the twentieth century (Starbuck 1899; Coe 1990). In the twenty-first century, there is a growing need for nurses to develop assessments examing older person's spirituality needs. This needs to become a priority into the future. Religion and spirituality have proven to be important tools in providing emotional support which has a significant effect on both the physical and mental health for the older person (Zenevicz et al. 2012; Best et al. 2015). McFadden and Levin (1996) highlighted the challenges faced in

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sampling research methods when it comes to measuring the level and indeed impact of spirituality and religion for the older person. Pargament et al. (1995, 1998) reflected on the difficulty that exists in defining the concept of spirituality versus religion, sentiments that were also echoed by Zinnbauer et al. (1999, 2006), Zinnbauer and Pargament (1998), whereby religion and spirituality can be defined as separate entities but are also intrinsically confounded with each other (McFadden 1995, 1996; Miller and Thoresen 1999). Pargament et al. (1998) defined religion as being the "search for significance in ways related to the sacred" and spirituality as "the search for the sacred", with spirituality acting as the "heart and soul of religion" (Pargament et al. 1998). It is important to point out that there is a difference between spirituality and religion (Schnorr 1999). Spirituality has its own influence on the quality of life for an individual in later life (Chaves 2017). A connection with a higher power is a key component in spirituality as associated with one's being in the world (Gall et al. 2011).

Loneliness

"Old Age can be a time of great liberating and freedom" (Quinn 2015). One major upset to older people's well-being is loneliness (De Jong Gierveld et al. 2016). Loneliness is the unwelcome feeling of lack or loss of companionship (De Jong Gierveld 1998) and it manifests itself when one's social relationships are not accompanied by the desired degree of intimacy (De Jong Gierveld 1998). With increasing age, an increasing proportion of older people experience feelings of loneliness and social isolation (Kemperman et al. 2019). According to Cudjoe et al. (2020), a significant proportion of older adults' experience social isolation. Lonely or older adults deemed to be isolated are at an increased risk for all-cause mortality: a meta-analysis encompassing 148 longitudinal studies, with 308,849 participants reported that individuals with strong social ties have a 50% greater likelihood of survival compared with those who have poor social relationships and networks (Holt-Lunstad et al. 2010). Chronic loneliness affects approximately 10% of older people (Shiovitz-Ezra and Ayalon 2010; Harvey and Walsh 2016).

As the older person experiences loneliness, real engagement when providing care in an ethical and spiritual way, will help to diminish some of this isolation and social exclusion. A sentiment shared by O'Donohue (2007) in his poem "For old Age", where he states "May the light of your soul mind you". Heidegger (1990, 1996) argued that all existence is meaningful. Dialogue and interactions articulated in an ethical manner are required to make people aware of the possibilities for the older person. Sharing this knowledge, through conscious raising may make a positive contribution to society and assist in reducing social exclusion.

Other research has highlighted late life loneliness to individual (micro) and social network (meso)-level characteristics (Ayalon et al. 2016; Kahn et al. 2003; Shiovitz-Ezra 2013). Reflection on Celtic wisdom embodied by philosophers such as Tolle (2001), Buber and Kaufmann (1971), Lonergan (1992) and Heidegger (1990) in relation to spirituality and ageing provides us with great insights when considering humaneness and spirituality; social connectivity and the older person. The stillness

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embodied by spirituality can assist the older person at various stages through their journey into old age. Kitwood (1997) considers the importance of spirituality for those with dementia, as an example. Buber and Kaufmann (1971) spoke about mirroring the spirituality halo. Such metaphors require further exploration to identify if they can assist health professionals caring holistically for the older person. In the past, metaphors were used and may be useful as a guide for people to discuss the abstract nature of religion and spirituality.

Spirituality

Empirical evidence exists which indicates a certain peace that older people have attributed to spirituality (MacKinlay 2004). MacKinlay (2008b) also echoed that "to be able to provide appropriate spiritual care, spiritual needs should be assessed". The varied societal and individual elements that comprise a religion, religiosity and spirituality are broad terms (Mishra et al. 2017), emphasising the inherent role they have to play in health promotion and the prevention of disease. Spirituality plays a particularly mysterious role in health care (Mishra et al. 2017). There is an onus on modern society to embrace its own unique culture and the various aspects of spirituality it encompasses. The unique essence of ageing and spirituality has to be captured in an ethical way so that international comparisons can be undertaken and policies implemented that may help older people with their spiritual health. Religion and spirituality have both independently and congruently been linked favourably to physical health for the older person (Ellison and Levin 1998; Larson et al. 1998; Thoresen et al. 2005; Koenig and Cohen 2002). Work by Mackenzie et al. (2000) iterated such findings and showed that improving and supporting "older adults' spiritual-religious coping mechanisms" may improve both physical and mental health.

George Bernard Shaw stated that youth is wasted on the young (cited in Apple 2012). In modern-day society, youth is worshipped and commodified at the cost of the older person's wisdom. Spirituality may be handed down from one generation to the next. The metaphor of the Autumnal eclipse mirrors the changing of the scenery for the older person. Thomas Aquinas spoke about "the truth about the way things are". Memory exemplifies the concept of spirituality and a spiritual journey can lend itself to liberation within the ageing process (Quinn 2015). It would be remiss of us as a society if we did not embrace the essence of spirituality from our older people. Tribal cultures highlight the wisdom and spirituality of the older person. Kavanagh (2004) an Irish poet spoke about preparing for life as opposed to living it, in relation to spirituality.

Frankl (1984) reaffirmed the sentiments of our life memories collaborating together in later life resulting in greater wisdom for the older person. Florence Nightingale welcomed spirituality (Macrae 1995) and her concept of nursing care embodied spiritual acts which focused on connectivity with another human being (Palmer 2007; Ortiz 2010; Dossey 2000). Tolle (2001) was able to balance his profound intellectual ability with a caring and pastoral approach which is fundamental into day's world in caring for the ageing population. A spiritual hunger seems to be

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evolving in today's society. Narratives from the older person could assist a younger generation in relation to spirituality and the ethical way of knowing (Carper 1978).

It is important when caring for the older population to acknowledge that compassion goes beyond empathy or sympathy (Tolle 2001). It is vital for members of the nursing profession to consider spirituality and ageing in the twenty-first century this will in turn help address the needs of the older person. Society can benefit from the wisdom of the older person in relation to spirituality. It is essential that all aspects of spirituality are embraced and reflective of the uniqueness of the older person and their specific cultures. Social exclusion and loneliness affects the older person but perhaps if one could identify aspects of spirituality that is relevant to the older person we may be able to decrease the level of loneliness that subscribes to this phenomenon.

An Indian study explored the level of hope, spirituality and subjective wellbeing of older persons in a sample of 200 people in age group 60–80 years (Budhiraja and Midha 2015), it identified a high level of hope and spirituality. An average level of subjective well-being among older people with spirituality emerging as a predictor of subjective well-being. Other research has shown that spirituality/religiosity has a role in enhancing one's happiness and wellbeing (Wink and Dillon 2003; Dillon and Wink 2007) and can be associated with positive mental health (Meisenhelder and Chandler 2002) in addition to improved physical health (Rosmarin et al. 2009). Spirituality has been observed to be negatively correlated with depression (Baetz et al. 2004) and anxiety (Boscaglia et al. 2005).

Lindberg (2005) brought to light the notion that spiritual practices could promote significant social and emotional benefits especially for those experiencing social isolation. Contemplating on the fact that a spiritual model of ageing should have its basis deeply rooted in history and culture, a sentiment also echoed by Fry (2000) and Nader et al. (2000). Research by Koenig et al. (2004) and Helm et al. (2000) reported a strong link between religiosity and adaptation to the challenges of ageing. Fry (2000) indicated that access to spiritual resources are important components of wellbeing. Chaves and Gil (2015) demonstrated how increased life expectancy led to reflection on the importance of spirituality whilst ageing. The relationship between spirituality and old age is very important and has a significance for a person's quality of life. A study of centenarians by Manning (2012, 2013a, b) highlighted this and recognised that spirituality is a known key factor of support, an important resource in later life and helps to ensure the maintenance of continuity over the life course.

Spirituality has been viewed as the quest for the meaning of life (Koenig 2000, Koenig et al. 1988, 2001). Frankl (1988) spoke about the importance of giving value to what is important to people and to recognise their life experiences. This not only has an impact on quality of life, but also has a distinct role to play on a broader societal level through health care and the moves made towards care that adopts a" person-centred" approach (McCormack and McCance 2010; McCance et al. 2011). Healthcare providers, leaders and indeed advocates have struggled for decades to improve people's experiences of healthcare delivery. Health services internationally grapple to ensure health care is "person-centred" (McCance et al. 2011; McCormack and McCance 2010). The general concern behind calls for person-centred care although simple is primarily ethical: patients should be "treated as

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persons (Entwistle and Watt 2013). According to Chaves and Gil (2015), spirituality involves the relationship of the individual with what is "transcendent; and religion/religiosity" is restricted. The authors clearly articulate the importance of spirituality for the older person and its contribution to their quality of life, whilst emphasising that health professionals give value to spirituality as part of holistic care that will promote the health and quality of life for the older person. "Spiritual formation involves finding a favourable balance of integrity over despair and acquiring the virtue of wisdom" (Anderson 2009). Manning (2012) identified women's "spirituality lies in: being profoundly grateful; engaging in complete acceptance and having a strong sense of assuredness".

Religion

Although ageing is associated with physical decline, the spiritual dimension continues to grow (Heriot 1992). A research study carried out by Gallup (2002) highlighted the importance of religion for 77% of adults living in the US aged 75 years and older with 72% of those aged 65–74 years. Religiosity permits enjoyment of good physical and mental health, in spite of the chronic disease affecting an individual (Gómez Palencia et al. 2016). Recent research by Villani et al. (2019) found that having a commitment towards a particular religion worldview helps both religious and uncertain persons generally, to feel positive emotions.

The ultimate goal for promoting spirituality is to enhance the quality of life for the older person (Gaskamp et al. 2006). Life satisfaction is also associated with spirituality (Acton 1994; Martin and Sachse 2002). Spiritual support as explained by (McCloskey and Bulechek 2000) is "assisting the patient to feel balance and connection with a greater power". NANDA nursing diagnoses present specific nursing interventions for providing spiritual support"; risk for spiritual distress and readiness for enhanced spiritual well-being" (Ackley and Ladwig 2004). These interventions are evident in the psychology, theology and nursing literature (Kumar 2004; Taylor 2002; Thompson and Pitts 2006). Frankl (1988) identified hope as a bridge between feelings of hopelessness and renewed sense of hope and meaning. The delivery and giving of spiritual care involves an interpersonal dimension with a prerequisite for strong communication skills (Greasley et al. 2001). This expertise is gained by having a thorough self-awareness, education, practice and sensitivity to the older person's spiritual needs (Gaskamp et al. 2006).

Mishra et al. (2017) highlights that "Religiosity is a factor involved in the management of health and disease". There are researchers who have suggested that spirituality is directly related to better health outcomes, long survival, life satisfaction and happiness (Greeley and Hout 2006; Haslam et al. 2009; Ironson et al. 2002; Hummer et al. 1999) with Kohls et al. (2011) and Levin (1994, 1996) suggesting a placebo effect. It is reasonable to suggest that a religious person forms social support networks which endorses Lim and Putnam's (2010) work that those who attend religious services are very satisfied with their lives. This enhancement is coming through communal prayer and worship rather than solitary worship alone. The importance of assisting the older person to engage with others enables them to

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engage at a level that may decrease their social isolation. Various other studies show that religious/spiritual individuals have an increased sense of happiness (Zullig et al. 2006). Spirituality has been shown to help the older person deal with depression (Blazer 1991) with an increase in enjoyment for life (Kelly 1995; Reed 1991). Spirituality has also been linked to positive physical health and older adults who are committed to their religion appear to abuse alcohol less often experience fewer strokes and have a better quality of life (Miller and Thoresen 1999; Musick et al. 2000; Musick 2006; Richards and Bergin 1997; Koenig et al. 1996; Lewis 2001).

Zinnbauer et al. (1997) highlighted a study between 21 Christian clergy and 20 registered nurses in relation to religiousness and spirituality. In each section, four religiousity and four spirituality cues were used (Zinnbauer et al. 1997). It was remarkable to note that similar to the clergy 83% of nurses used "formal/organisational" cues to rate religion, but interestingly nurses did not use any single cue to rate spirituality (Zinnbauer et al. 1997). The nurses attached a wide range of meanings to spirituality (Zinnbauer et al. 1997).

Impact on Ageing

Healthy Ageing

Spirituality has a positive influence on health and well-being and its association with healthy ageing (Ahmad and Khan 2016; MacKinlay 2015). A study into Barbadian centenarians evidenced how high levels of religiosity correlated to successful adaptation and coping, as well as high levels of life satisfaction which also may have attributed to participant's extreme survivorship (Archer et al. 2005). It is vital that healthcare providers recognise that each individual is unique and that when providing care, they recognise each person's individual spirituality.

In other research (Cohen and Koenig 2003) expands on "religion and spirituality" as being two terms with distinct constructs. Thomas and Cohen (2006) suggest spiritual "turning points" are personal appraisals of events reflective of Erikson's (1996, 1997) work on the older person reviewing life events. Spirituality can be used to create meaning and understanding of one's own life (Thomas and Cohen 2006). Shaw et al. (2016) echoes the sentiments that old age becomes a period of growth and development in relation to spirituality. It is a lifelong process which lead people towards emotional fulfilment. More recently, Reid (2018) described spirituality as a journey of lifelong transcendent formation. In India Jahan and Khan (2014) reported that spirituality has been found to be a major predictor of psychological well-being of older people. Spirituality is an intrinsically motivated behaviour (Ryan and Deci 2000). Myers et al. (2004), Myers and Sweeney (2008) describe spirituality as shaping an individuals' perspectives on the world and it is expressed in the way that they live life. This is endorsed also by Lee (2005). Jahan and Khan (2014) with similar reports that spiritual experiences can improve the older persons' social bonds by enriching their experience of relationships with others.

Koenig (1995) and Moberg (2002, 2005, 2006) show that spirituality increases during later life. Being a whole person reiterates with having physical, emotional,

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social and spiritual dimensions and that ultimately ignoring any of these aspects can interfere with healing (Gallup and Castelli 1989; Mohr 2006). Shaw et al. (2016) in a thematic analysis of a study showed that participants see older adulthood as a period of spiritual growth and development which "provides a means of compensating for losses that can result from physical decline". This would fall into the socioemotional selective theory (Carstensen and Charles 1998; Cohen 2002; Koenig and Cohen 2002), whereby people as they grow older will have fewer relationships but the ones they have will be strong and supportive (Shaw et al. 2016). The evidence from Cohen and Koenig (2003) show that religion and spirituality affect the physical and mental well-being of older adults especially the relationships they have not only with family and friends but their chosen God, contingent on the individual (Glicksman 2002; Glicksman and Glicksman 2008). Koenig (2006) highlighted that clinicians should support religious and traditional cultural beliefs of older adults and assist them with resources that can help them to recover and maintain their mental health and wellbeing (dos Reis and de Menezes 2017; Owenskane 2006). Daaleman et al. (2004) in their study examined the interaction of religion and spirituality with self-reported health status and showed that the older person who reported greater spirituality, but not greater religiosity were more likely to appraise their health as good. Religion and spirituality are important aspects in the lives of older people and it also helps in understanding those who appraises their health as good or bad (Blazer 2006; George et al. 2000, 2011).

Impact on Care Giving

Spiritual care in nursing is "guided by spiritual nursing values, particularly recognition of human dignity, kindness, compassion, calmness, tenderness, and nurses' caring for themselves and one another" (Meehan 2012a, b). MacKinlay (2008a) place emphasis on the fact that care providers must be spiritually aware and be able to carry out an assessment of spiritual needs as it is too "important and too central to the well-being of human beings" (MacKinlay 2008a). Woodward (2008) states "spirituality is not a separate component of life… it underlines the whole of our lives", whilst Ganzevoort (2010) describes how we construct life stories in old age in the "spiritual desire of wholeness" constructed from three assumptions "meaningful coherence in the world", the benevolence of the world and self-worth".

There is limited knowledge about the spiritual needs of residents living in nursing homes when compared to evidence relating to those with life limiting conditions (Erichsen and Büssing 2013). A great deal of work addressing spiritual needs refers explicitly to persons with chronic illness (Murray et al. 2004, 2010; Shaw et al. 2016). Lavretsky (2010) proposes that there are multiple barriers to the assessment of spirituality emphasising the importance of having an improved understanding and respect for individual practices. This will assist in planning personalised medical care for older adults and improve their health outcomes. Although physicians, nurses and patients accept the importance of spiritual care and note both its appropriateness and the benefits associated, its infrequency is acknowledged (Balboni 2013).

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According to Yoon and Lee (2006) who studied a rural older person's population found from their research that practitioners need to develop programmes that respect the spiritual beliefs of the older population as it may help in improving their psychological wellbeing. Bianchi (1984) refers to ageing as a spiritual journey along with Jones et al. (1986; Moberg 1991). Evangelista et al. (2016) suggests that the spiritual dimension of the older person should be further explored in academia. Dealing with existential questions in caring for the older person is highly relevant given that the ageing population is growing (van der Vaart and van Oudenaarden 2018) placing emphasis on the necessity of having further scientific research and practical guidelines available for health professionals. This was also endorsed by Velasco-Gonzalez and Rioux (2014) who suggested that additional work was required to understand the concept of spiritual "well-being." Ajam Zibad et al. (2016) also encouraged research into this subject and stated that "spirituality is a dimension of human existence that emerges in time of crisis, creates meaning in life and inspires individuals to face their problems".

The search for meaning may be different for "older adults depending on their race, religion or life choices" according to (Thomas and Cohen 2006) who used the framework of narrative gerontology to conceptualise the process of making meaning for older adults with four dimensions: personal, interpersonal, sociocultural and structural. The paper suggested that the older person may attain a coherent internal system of meaning and values as opposed to acquiring worldly knowledge.

There is seminal work done by Moberg (1991), Blazer (1991) and Koenig et al. (1996) who list spiritual needs and dimensions of wellbeing, highlighting an overlap with death and dying, along with discussing meaning and purpose. Blazer (1991) listed dimensions of spiritual wellbeing associated with self-determined wisdom, self-transcendence, accepting the totality of life and revival of spirituality.

Spirituality is more inclusive than religiosity (Molzahn Bens 2007; Zinnbauer et al. 1999) and is of considerable interest to nurses. Chiu et al. (2004) identified themes such as existential reality, transcendence, connectedness and power/force/energy. Taylor (2002) found that family caregivers were eager for spiritual care interestingly to also include kindness and respect, compassion, talking and listening, prayer, connecting with symmetry, authencity, physical presence, quality temporal nursing care and mobilising religious/spiritual sources.

Population Ageing

Population ageing has global consequences. The World Health Organisation (2015) estimate that the number of older people is expected to pass 2 billion by 2050, consequently it is of paramount importance to ensure that the older person experiences good health along with increased longevity. Spirituality conveys the idea of personal growth (Crowther et al. 2002; Zimmer et al. 2016). There is a connection between spirituality or religiosity and health, all of which have been recognised for centuries (Lavretsky 2010; Koenig et al. 2012). The impact of an increasing older person population on society is a growing concern (Levin and Chatters 1998; Krause 2002, 2004, 2006a, b). Cardiovascular diseases such as

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increased blood pressure, cholesterol and myocardial infarction have been shown to be decreased in incidence when correlated with religiosity and spirituality (Larson et al. 1998); whilst religious attendance has been shown to buffer the need for and length of hospitalisation (Koenig 1995, 1999; Koenig et al. 1997, 1998). In a study by Schlehofer et al. (2008), Atchley (2009) spiritual attitudes were assessed using different indicators and have found strong associations with both positive and mental health. Hummer et al. (2004, 2007) suggested that there is a need for further research to determine the association of how religion and spirituality impact on health of the older person across different societies. Work has been done in this area and is continuing, however, different individual practices vary across countries.

The literature clearly emphasises the importance of caring for the older person's needs both physically and psychosocially (Erichsen and Büssing 2013). A study by Ross (1997) found that older people's "needs related to religion, meaning, love and belonging, morality, death and dying". If spiritual needs are met for an individual, it may contribute to their sense of wellbeing (Erichsen and Büssing 2013). These spiritual needs may not always be recognised so therefore difficult to address. Borg et al. (2008) argue that adequate health care for the older person should not only consider decreasing functions of the older person but on their perception of self-esteem which is compounded with spirituality needs. It is nurses and healthcare professionals who are available and have the opportunity to listen to the patients. Shea (1986) strongly suggested that "there is a need to develop strategies for providing care". Thirty years later health professionals are still echoing this point.

Spirituality is interwoven with nursing and caregiving (Meehan 2012a, b). It is through understanding and having an awareness of these needs for the older person that we may improve health care. A model for ensuring that spirituality is discussed with the older person admitted for care in an Irish healthcare environment is warranted. It needs to encompass all aspects of the person and must not be focused only on one dimension of spirituality. Sellman et al. (2014) has a model of themes occurring across cross-cultural measures of spirituality whilst Gijsberts et al. (2011, 2019) have a model for the conceptualisation of spirituality at the end of life. It is important to recognise that not one model fits all. Screening and individualised assessments should be done in a caring and empathetic way devising a person-centred approach to deliver spirituality care for the older person. In devising spirituality models of care, it is important that the care giver embraces the moral compass of every individual reflecting their ethical and spirituality values. At the centre of any model of care on spirituality, one would have to reflect on Emblem's (1992) research which defined spirituality as "a personal life principle which animates a transcendent quality of relationship with God". Other evidence from Walker and Pitts (1998) and Goldber (1990) all allude to searching for meaning and truth with Pargament et al. (1998) "searching for the sacred". Each older person's journey is personal and must be respected and acknowledged by care givers (Pargament et al. 2006; Pargament 2008). It is challenging to "separate out spiritual flourishing from physical or mental welfare" of the older person (Kartupelis 2015). This must also be observed by the carer.

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Conclusion

Lavretsky (2010) reiterates the importance of understanding individual spiritual perspectives and the importance of training for healthcare professionals. Zenevicz et al. (2012) have shown that religion and spirituality are important for emotional support for the older person. Spirituality is more inclusive than religiosity. Spiritual practices offer a sense of peace and happiness whilst reducing anxiety, depression and stress (Falconi et al. 2013). dos Reis and de Menezes (2017) have highlighted especially to nurses that when caring for the older person adherence to their spiritual dimension is very important. There is an urgency in this area with an increasing growth in the older population. All interdisciplinary programmes need to include the training of healthcare professionals in assessing and integrating spirituality into educational programmes. If a health professional is accessing an individual's spiritual health, it is vital that they understand that they do not have the right to impart their own personal beliefs. It is an assessment of the older person's individuals' cognition and spiritual beliefs that should be examined.

The literature clearly emphasises the importance of caring for the older person's needs both physically and psychosocially (Erichsen and Büssing 2013). Older patients in a study by Ross (1997) found that "elderly patients stated "needs related to religion, meaning, love and belonging, morality, death and dying". If patients have their spiritual needs met it may contribute to their sense of wellbeing (Erichsen and Büssing 2013; Santiago and Gall 2016).

In view of the growing older person, cohort, there is considerable merit in exploring further links between spirituality and the older person. Perhaps, it is timely to conduct a European study across various societies' which will gain important insights into this particular journey.

This discussion paper has its limitations. It is timely however as there is greater discourse around spirituality within certain cohorts of older people. A consideration for future work would be to measure the relatable concepts of meditation and mindfulness through cross-national studies. It would be a very appropriate time to see their impact if any, on spirituality.

There is also a need for greater debate and discussion surrounding appropriate service provision ensuring that all of the needs of the older person are met. This merits a wider debate to ensure that various older person services provide for all secular needs in a changing society.

Theoretical and conceptual frameworks need to be provided which will address issues such as the change of attitudes, dissonance and positive and negative prejudice towards providing spirituality care to the older person. Notwithstanding that it is easier to change societal attitudes than personal attitudes. Spirituality care for an older person should include all aspects which deal with vulnerability, loneliness and isolation. Nurses are in a privileged position and have a pivotal role to play in the care of the older person and their spiritual growth. There are enormous opportunities to improve life for the older person.

The skills and knowledge of the nurse needs to reflect the patient's needs and requirements. It is crucial that when caring for the older person we have time to

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listen, to share and time to give. These are vital ingredients in providing spiritual support tailored to the specific needs of the person. It is important that the specific preferences and spiritual practices of the older person are identified and that their needs are met. As Koenig et al. (2004) clearly pointed out, spiritual experiences that are prevalent in older hospitalised patients are associated with better psychological health (Koenig et al. 2004).

Religiosity is healthy primarily for adults and the elderly and there is a need to study spirituality from the caregiver perspective (Zenevicz et al. 2012). This will increase the understanding of the holistic needs of the older person. Spirituality must not be seen in an isolated vacuum.

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