

## GERONTOLOGICAL CHAPLAINCY: THE SPIRITUAL NEEDS OF OLDER PEOPLE AND STAFF WHO WORK WITH THEM.

*Harriet Mowat*

*Abstract: Two recently completed studies form the basis of this article. These studies focussed on those who work with older people and older people themselves in terms of their spiritual needs and the implications of this for healthcare chaplaincy. Using the concept of successful ageing the article suggests a link between spiritual support with successful ageing and considers empirical data from residents and staff in the light of this. Staff were able to identify spiritual practices that helped them achieve balance between the demands of work and their own needs. Both groups talked about the importance of relationships with colleagues, family and friends and between staff and patients or residents. The article suggests that healthcare chaplains have an opportunity to develop particular support interventions based on researched need, for both older people and staff who work with older people and raises the question of the case for gerontological chaplaincy.*

*Key words: gerontology, chaplaincy, spiritual care, older people, healthcare staff*

### Introduction

This workshop considered the role of the chaplain as spiritual carer for older people and those who work with older people. It drew two small empirical studies carried out by the author. There are some distinguishing features of frail older people in hospital or residential care and their networks that require particular attention and particular types of caring. The chaplain is well placed to respond to and lead this compassionate caring attitude.

#### Background

Two recently completed studies formed the basis of this workshop (Welsh, Whittick and Mowat 2006, Mowat, 2007).

These research studies were prompted by consideration of the body of work on “successful ageing” and the understanding of old age as a spiritual journey (Mackinlay, 2006). The underlying assumption of this perspective is that there are behaviours, opportunities and attitudes that make up a “presumption” of successful ageing.

#### Successful Ageing

Successful ageing is a concept that is used a great deal in the research literature. This concept has generated a number of theories about ageing which have been responsible for driving policy and practice.

These are summarised as follows:

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Table 1

- The ability and opportunity to adapt to current circumstances, compensate for any losses and to optimise one’s abilities.
- The ability and opportunity to form and sustain confidential relationships Ability to form and sustain social networks
- Occupation –meaningful daily work with which to engage the brain

- The importance of activity - both mental and physical
  - Spiritual opportunities and practices
  - Search for Coherence
  - Integration
  - Individuation
  - Continuity across the life span – routines and rituals
  - Good health, strength and vitality
  - The ability to manage change
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### **Spiritual journey and successful ageing**

The spiritual journey is not necessarily an easy journey. However it does allow us to relocate ageing as a *task* or *spiritual work*, the fundamental purpose of which is to search for meaning through a search for the spiritual self. Sometimes that meaning is found through God. The journey is invariably operationalised through relationships. These relationships can be variously with others, with the environment and with God. It follows therefore that the task of those who care for older people is to help facilitate and encourage this spiritual work and generate opportunities for relationship.

#### **The spiritual (and religious) needs of older people**

The first and study involved the collection of data from three residential homes run by the Church of Scotland and three groups of people, staff, residents and families.

#### **What the residents said**

For most residents, there had been **no real choice in entering residential care** because of various crises such as illness or bereavement. However there was marked variation in how the residents then adapted to being in care. For many, the transition had been smoothed by the efforts of caring relatives and staff, and residents expressed themselves content. For others, however, even with caring relatives and staff, the move was not seen as a good one and around half of the small sample interviewed expressed themselves unhappy.

**Relations with relatives and close friends from outside:** overwhelmingly this was appreciated as adding enormously to residents' sense of themselves and enjoyment of life.

Relations with 'the outside world': Ministers' visits enable this. These visits are generally greatly valued but in some cases very infrequent. One lady described these visits as 'more social than spiritual'. Past church life is of considerable importance – one lady pointed out that another resident in the same home had gone to the same church as she had, for a period of years, about 25 years ago – although the two ladies do not remember each other from that time, they had figured this out. It seems to be part of people's identity.

**Relations with other residents:** Most people were diffident about this, in particular expressing irritation or discomfort with other residents with dementia; one unusual lady took it upon herself to read the newspaper every day so that she could tell the other ladies what was happening in the world.

**Relations with staff:** Some residents were appreciative. *'Sometimes one of the staff sits on the foot of the bed after she's got me ready for the night, and we have a wee blether. Just before I go to sleep – that's nice.'* Another lady, who had been a community midwife during her working years, made sense of her own past by making connections with those around her: *'One of the carers here was born at Loanhead and I worked there at that time. I didn't deliver her though, it was my colleague. But I helped her mother and went on some home visits.'* Some of the residents however seemed oblivious to the efforts of staff and made no comments, either favourable or unfavourable.

Relations with God/Spirituality: For some there was a sense of following life's journey, and for others, issues of death such as wills and funerals were a matter of priority and had been discussed with their families.

One resident's comments seemed to resonate with others:

*'I don't find the public devotions very inspiring; personal prayer and reading is better. I started a prayer group; but people seem to find it difficult to join in.'*

The residents interviewed demonstrated a lively interest in spiritual matters, and a willingness to engage in discussion.

### **Spiritual Practices of staff**

The attempt to achieve balance was at the heart of the spiritual practices.

There was an expressed need to find a place of quiet, either within themselves or physically. This place of quiet was part of the restoration of the balance when work became overwhelming. The need to withdraw

at work however has to be legitimised in some way. A "chapel" gives that permission. However, in the absence of such a physical place, staff used other means, such as sitting in their cars, listening to music, walking up the road on breaks. The "noise" of the hospital or the workplace was mentioned by many of the respondents.

### **Spiritual needs and lives of staff working with older people**

The second study looked specifically at the spiritual lives and needs of staff working in a psychiatric hospital and working with older people. The methods were similar.

(See table 2)

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**Table 2 : Summary of Spiritual aspects of working with older people -**

- Learning about lives helps you think about your own life : Can learn from older people
- Okay to speak about God – easier with older people
- Problems around spiritual beliefs because of early church instruction
- Worship and music help with very ill older people
- Spiritual task is to try and understand the loss of personality and retain choices
- Difficulties around discussing the spiritual because that inevitably involves discussing the personal :Clashes with professionalism
- Listening carefully is a spiritual task. Listening to what older people actually want to do
- Take people out to see other things; Countryside and colours.
- Music as a form of communication
- Contributing to a "beam" (smile) a small encouragement during a long day
- It's a great honour to learn about people's lives and earn their trust
- Telling people about their diagnosis and helping them come to terms with it
- Working with families and helping families face truths of situation
- Getting a rapport with a patient who is quite severely impaired
- Coping with unexpected social behaviour (falling asleep, shouting)

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The other way in which staff re-found their balance was through talking things through with others A general attempt to form and sustain supportive relationships was identified quite clearly as a spiritual practice.

Relationships are the bedrock of hospital life and of spiritual life. This empathy or recognition that what happens to others happens to us is hugely important in delivering care and making the hospital a

"school" of learning. Arguably the greatest challenge we face when working together is to recognise and accept ourselves in the other. Nowhere is this more difficult and more important than in the field of elderly mental ill health.

Another way of maintaining balance was to control the hours of work. Those respondents who worked part time talked about its value, and how they used the time off as part of their restoration. Taking

physical exercise, in particular walking, was mentioned; also just sitting without needing to fill the time.

The use of physical exercise as a proxy for spiritual practice was evident. Walking and other forms of organised exercise were the main examples. This made the respondents feel better, more balanced and more able to cope with difficult jobs. It was to them, a spiritual process.

Part of the stress and strain of the job was living with uncertainty. Older patients situations were ever changing, volatile and to some extent inevitably declining. One of the particular aspects of working in this setting is working with relatives, particularly grown up children of the older patients. Many people in this situation find the decline and change in their parents virtually intolerable. Staff are dealing with their own ageing whilst also observing the ageing of their patients and the reaction to this of the relatives. None of this is particularly easy and spiritual practices seemed to help staff manage these complexities (WELSH H., WHITTICK J., MOWAT H. 2006).

The relationships between staff were also uncertain in so far as jobs were uncertain and boundaries between professionals needed constant revision. Some staff mentioned the pleasures and pains of gossip which is a feature of any institution. Managing uncertainty was seen as a spiritual matter.

More obvious spiritual practices such as attendance at Church and prayer were also mentioned. For some respondents Church provided the foundation of their week. For others Church was an occasional activity. Prayer was both formal and part of the church-going practice, or informal and part of a general "calling up". Some of the less formal prayer took place on a regular basis and as a conscious practice rather than an ad hoc cry for help. Sometimes review was seen as prayer.

For the Christians, the attempt to maintain their integrity as practicing Christians in an environment where they did not feel comfortable discussing their faith, provided some challenges and uncomfortable feelings. However this was not a huge problem for them. It was more a general inclination to keep "religion" out of the caring relationship rather than keep faith out of it. This may be a particular factor

in Highland. Several respondents spoke about the damage that formal religion had done to their patients over the years and in particular the misattribution of sin which had so distressed their patients.

## Conclusions

### **Gerontological Chaplaincy: A specialism?**

Chaplains are charged with working with all involved in the hospital or institution that they serve. This means that the gerontological work is with staff as well as older people.

From the data we can perhaps start compiling a list of possible activities that will promote successful ageing amongst staff and patients.

#### **Building relationships**

Helping staff and older people build and sustain relationships with each other, with their families, with their environments and with God.

#### **Normalising spiritual talk and reflection**

Legitimising spiritual "talk" and practices by hearing the stories of the older people. Careful listening, interpretation and reflection. Legitimate discussion of ageing and strategies to manage ageing.

#### **Making and sustaining links**

Help link the local church community with the older person and the staff

#### **Working with the teams**

The data shows that the team is a very important concept to the staff. The team supports, irritates, informs and ultimately delivers care. The team is the vehicle by which relationships are made and sustained and "doing" relationship is part of the spiritual practices identified by staff.

Health Care Chaplains are in an important position to help the team develop in positive ways, deal with dissent and act as team "coaches". If the team is the primary vehicle for relationship then the chaplains can coach the development of productive and supportive relationships within it.

#### **The Ageing Worker**

Staff had not given much thought to themselves as ageing workers. The NHS, has an ageing workforce

and needs to find ways of helping older workers age successfully. Part of the ageing process is the spiritual journey. Health Care Chaplaincy can help staff and organisations think about their ageing selves by offering a life review service. This could be in the form of specific work with HR for instance.

### **Specific service for staff struggling with ageing or dying parents**

A feature of an ageing population is that the experience of the dying or ill parent is increasingly likely and is common to virtually all the respondents in this study. These staff are seen as the “sandwich” generation who are caring at home for elderly relatives, caring for teenage children or young adults and working, in this case, with elderly people. The subject of their work, the older adult, is a living and ever present reminder of the possibilities of ageing.

Specific support for staff who are in this situation would offer genuine help and could be evaluated as an intervention.

### **Supervision**

The emotional component of clinical supervision is now the subject of study and it is hypothesised that those staff who have had emotional supervision provide better emotional support for their patients (MILNE, 2003).

Health care chaplaincy could offer pastoral supervision on a more formal basis, again set up as an intervention, to establish whether or not this contributes positively to both individual levels of satisfaction and also team levels (as discussed above).

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*Harriet Mowat is a lecturer and researcher with particular interest in Spiritual Care, Chaplaincy and the care of older people. She is based in Aberdeen.*